Strathclyde University

Faculty of Humanities and Social Science

Department of Social Work and Social Policy

Thesis

Valued Voices

and

Villages of Support:

Parent and Professional Partnerships

Diane Delaney

PhD Public Health and Health Policy

A thesis presented in fulfilment of the requirements for the degree of Doctor of Philosophy

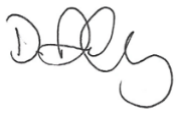
2025

Declaration

‘This thesis is the result of the author’s original research. It has been composed by the author and has not been previously submitted for examination which has led to the award of a degree.’

'The copyright of this thesis belongs to the author under the terms of the United Kingdom Copyright Acts as qualified by University of Strathclyde Regulation 3.50. Due acknowledgement must always be made of the use of any material contained in, or derived from, this thesis.’

Signed:



Diane Sylvia Delaney

Full Name (Candidate)

16th June 2025

Date

Abstract

Aim and background:

This thesis explores how Scotland's policy commitment to supporting and valuing parents is enacted and experienced in interactions between parents and professionals working with children aged 3-5 years old. Although Scottish policy consistently positions parents as central partners in promoting children's health, wellbeing, and development, my review of relevant Scottish children and families policy and the wider literature indicates limited empirical evidence on how these commitments are realised in practice. This study addresses this gap by exploring parents' and professionals' experiences within this policy context.

Methods:

This research adopts a qualitative design informed by realist, social constructivist, interpretivist, and feminist perspectives. Semi-structured interviews were conducted with 14 parents/carers living in Scotland and 11 professionals employed across Early Learning and Childcare, Primary Education, Social Work and the Third Sector. Data analysis followed a reflexive thematic approach.

Findings, implications and conclusions:

Findings demonstrate that parent-professional interactions are influenced by fluid, sometimes conflicting interpretations of the parental role. While many parents reported positive and supportive interactions, this study also reveals how structural constraints, particularly resource limitations, waiting lists, and the requirement to navigate complex systems, can limit access to timely support for some families. These

barriers, alongside inconsistent opportunities for genuine partnership working, can leave parents feeling undervalued and negatively affect their wellbeing.

This study highlights a clear gap between policy intentions and their implementation. Although the existing policy landscape provides a strong foundation for supporting children and families, this support is not experienced consistently. When implemented effectively, policy can encourage relationships in which parents feel supported and valued, contributing to improved family wellbeing. However, persistent barriers risk reinforcing existing inequalities.

This study contributes new empirical evidence to inform policy development and crucially, enhance consistent implementation practices to ensure that support for families is equitable, accessible and effective.

Acknowledgements

As a teenager, I never imagined pursuing academia. However, I have been inspired and motivated by a small group of friends and family who encouraged me to follow this path. One of these friends, my longest and closest, passed away in May 2024. Carolann was my greatest champion, seeing potential in me that I couldn't see in myself. She lifted me up and was endlessly proud of my achievements. I am deeply grateful for her friendship and constant support over the last 35 years.

I want to express my gratitude to my supervisors Professor Katherine Smith and Professor Marion Henderson for their invaluable guidance, expertise, and encouragement throughout this PhD journey. Their support has been instrumental in helping me navigate this path.

I am very thankful to all the participants of my study. Their time, openness, and contributions made this work possible. Thank you to them and I extend my thanks to everyone who has played a part in this journey, your support has meant the world to me.

Finally, I dedicate this PhD to my husband and son, my greatest sources of inspiration and support. My husband encouraged me to embark on this journey during the Covid-19 pandemic, making countless sacrifices and always believing in me. His love and patience have been my foundation. My son has been my reason, my motivation and greatest pride. His love and support has been a constant reminder of why I do this, and I hope I make him as proud as he makes me.

Table of Contents

Declaration *2*

Abstract *3*

Acknowledgements *5*

Table of Figures *10*

Table of Tables *12*

Table of Abbreviations *13*

Chapter One: Introduction: Valuing and supporting Scotland's parents' *15*

1.0 Introduction **15**

1.1 From initial idea to research proposal **15**

1.2 Background and overview of research subject **16**

1.2.1 Children and parent's rights 17

1.2.2 Universal service provision 21

1.2.3 Covid-19 pandemic 22

1.3 Research aim and questions **24**

1.4 Structure of thesis **26**

Chapter Two: What does international evidence say about parent-professional interactions around children's health and wellbeing? *30*

2.0 Introduction **30**

2.1 Aims **30**

2.2 Literature search questions and review **31**

2.3 Literature search strategy **32**

2.4 Search tools **40**

2.5 Literature search stages **43**

2.6 Data extraction and analysis **45**

2.7 Quality assessment **45**

2.8 Findings **46**

2.8.1 Parents' skills and knowledge 48

2.8.2 Parent concerns and professional responses 53

2.8.3 Gatekeeping 64

2.8.4 Enabling factors 68

2.8.5 Positioning and power 69

2.8.6 Partnership working 72

2.9 Discussion **74**

2.10 Conclusions **80**

Chapter Three: Children and families Scottish policy context *82*

3.0 Introduction **82**

3.1 1979 - 1997; Conservative administration **83**

3.2 1997 - 2007; Labour administration (UK and Scotland) 86
3.3 2007 - 2024; Scottish National Party (SNP) administration 89
3.4 Reflective discussion 107
3.5 Conclusions 111
Chapter Four: Methodology 113
4.0 Introduction 113
4.1 Epistemological and ontological rationales 114
4.2 Theories shaping research design: relativism 115
4.3 Qualitative design and relativist perspective 116
4.4 Social construction and interpretivism 117
4.5 Gender and feminism 117
4.5.1 Positionality 120
4.6 Reflexivity 121
4.7 Research methods 126
4.7.1 Recruitment of participants 127
4.8 Ethics 137
4.9 Data collection 140
4.9.1 Semi-structured interviews 144
4.9.2 Refining the interview design 144
4.9.3 Visual aid 145
4.9.4 Visual aid for parents/carers and professionals 147
4.10 Data analysis – Thematic analysis 151
4.11 Rigour 155
4.12 Freedom of Information Requests 157
4.13 Limitations and conclusions 160
Chapter Five: "It took me a while to find my tribe" 166
5.0 Introduction 166
5.1 *'It takes a village to raise a child'* 168
5.1.1 Do villages to help raise children exist in Scotland? 169
5.1.2 Parent experiences of villages raising children 170
5.1.3 Professional experiences of villages raising children 172
5.2 Who is in participants' villages? 173
5.2.1 Parent views and experiences of who is in their village 174
5.2.2 Professional experiences of who is in villages 180
5.2.3 Section summary 183
5.3 What role does the village play in supporting families? 183
5.3.1 Parent experiences on the role that villages play in supporting them 183
5.3.2 Professional experiences on the role that villages play 187
5.3.3 Tensions and inconsistent views 189
5.3.4 Section summary 193
5.4 The Role of parents 193
5.4.1 Parent experiences of where they interact with professionals 194
5.4.2 Professional experiences of where they interact with parents 197
5.4.3 Parent experiences of when and why professional interactions occur 198
5.4.4 Professional experiences of when and why they interact with parents 203

5.4.5 Section summary 210

5.5 Expectations on parental roles 210
5.5.1 Parent views and experiences of expectations of their role 211
5.5.2 Professional views and experiences on the role of parents 215
5.5.3 Section summary 226

5.6 Covid-19 pandemic 227

5.7 Conclusions 228

Chapter Six: "There are some parents who professionals love" 233

6.0 Introduction 233

6.1 Participant experiences of parent-professional interactions 235
6.1.1 Parent experiences of interactions with ELC professionals 235
6.1.2 ELC professional views and experiences of interacting with parents 244
6.1.3 Parent experiences of their child's transition to P1 247
6.1.4 Professional experiences of children transitioning to P1 249
6.1.5 Parent views and experiences of interactions with health professionals 258
6.1.6 Parent views and experiences of interactions with Social Work 259
6.1.7 Social Work and Third Sector experiences of interacting with parents 260
6.1.8 Parents views and experiences of professionals as gatekeepers 263
6.1.9 Professional views and experiences of gatekeeping 267
6.1.10 Parent experiences of being asked to 'wait and see' 278
6.1.11 Professional experiences of a 'wait and see' approach 280
6.1.12 Parents views and experiences of organisational structures 283
6.1.13 Professional views and experiences of organisational structures 286
6.1.14 Section Summary 289

6.2 Are parents/carers valued? 290
6.2.1 Parents views of feeling valued in their role as parents 291
6.2.2 Household income and parental value 297
6.2.3 Professional views on the value of parents 299
6.2.4 Section summary 304

6.3 Conclusions 307

Chapter Seven: "It's almost like I've brought an alien in, and they don't know how to cope" 309

7.0 Introduction 309

7.1 Disability, additional support needs, assessment pathways 310
7.1.1 Parent views and experiences of support from professionals 311
7.1.2 Professional views and experiences of interacting with parents/ carers 325

7.2 Conclusions 338

Chapter Eight: "That's just a societal thing, isn't it?" 341

8.0 Introduction 341

8.1 Participant experiences on the role of gender and family arrangements 342
8.1.1 Parents experiences on the role of gender and family arrangement 342
8.1.2 Professional experiences on the role of gender and family arrangements 350
8.1.3 Section summary 356

8.2 Participant views and experiences on the role of ethno-cultural factors 357
8.2.1 Parents views and experiences on the role of ethno-cultural factors 358
8.2.2 Professional experiences on the role of ethno-cultural factors 362
8.2.3 Section Summary 365

8.3 Participant views and experiences of income and social class 366
8.3.1 Parents views and experiences of income and social class 366

8.3.2 Professionals views and experiences of income and social class 369
8.3.3 Section summary 372

8.4 Conclusions 373

Chapter Nine: Comparing policy with reality 376

9.0 Introduction 376

9.1 Discussion of my key findings 378

9.2 Interpretations and implications 384
9.2.1 Parents as authentic partners? 384
9.2.2 Law, policy and reality; disability 397
9.2.3 The influence of parent or child characteristics on interactions 399

9.3 Strengths and limitations 404

Chapter Ten: Conclusions and recommendations 406

10.0 Introduction 406

10.1 Conclusions 407
10.1.1 Research Question 1: 407
10.1.2 Research Question 2: 409
10.1.3 Research Question 3: 412
10.1.4 Contribution to existing research 414

10.2 Recommendations 417
10.2.1 Policy makers 417
10.2.2 Professionals and organisational leaders 420
10.2.3 Parents and carers 422
10.2.4 Future research 423

Reference List 425

Appendices 468

Appendix 2.1 469

Appendix 2.2 482

Appendix 2.3 483

Appendix 2.4 484

Appendix 2.5 501

Appendix 4.1 505

Appendix 4.2 513

Appendix 4.3 517

Appendix 4.4 518

Appendix 4.5 530

Appendix 4.6 531

Appendix 4.7 532

Appendix 4.8 533

Appendix 4.9 553

Appendix 4.10 554

Appendix 4.11 557

Table of Figures

Figure	Title	Page Number
2A	Key search terms for literature review	**33**
2B	Databases used in my literature search	**41**
2C	Diagram of literature review process	**44**
2D	Summary of the seven features of the Candidacy Framework (Sinnott et al, 2024:684)	**66**
3A	SHANARRI Wellbeing Wheel (reproduced from Scottish Government 2023h)	**92**
3B	Dodge et al, (2012:230) Definition of Wellbeing	**94**
3C	Actions set out in the Children and Young People (Scotland) Act (2014a)	**99**
3D	What's the problem represented to be? framework questions (Bacchi, 2009:xii)	**108**
4A	Flowchart for recruiting participants	**133**
4B	Visual Aid; Age 3-5 years' timeline	**145**
4C	Pre-populated stickies for Google Jamboard identifying professionals that parents may interact with about their 3-5 year old child	**148**
4D	Pre-populated stickies identifying potential reasons for professionals interacting with parents of 3-5 year olds	**149**
4E	Example Google Jamboard for parent participants	**150**
4F	Example Google Jamboard for professional participants	**150**
4G	Four stages of coding for reflexive thematic analysis	**153**
4H	Final three themes I constructed from reflexive thematic analysis	**154**
5A	Word Cloud visualising words used to describe parent participant understanding of villages raising children	**169**
5B	Parent Google Jamboard	**174**
5C	Parent Google Jamboard	**175**
5D	Professionals that parents have interacted with about their child's health, wellbeing and development	**176**

5E	Spectrum of views on support for children and families in local communities	**191**
5F	Reasons conveyed by social work and third sector professionals for interacting with parents	**208**
5G	Sharon, Social Worker's Google Jamboard (reasons for interactions with parents)	**209**
5H	Arnstein's(1969:217) Ladder of Citizen Participation	**225**
5I	Covid-19 impacts for children and families	**227**
6A	Examples of ELC settings that families use in this study	**236**
6B	Example of topics for discussion between parents and ELC professionals	**237**
6C	Professional participants working in the ELC sector	**245**
6D	Concerns observed by Primary Teachers of P1 regarding children's support needs	**251**
6E	Parent experiences as first time parents and help they would have appreciated	**259**
6F	Examples of barriers' professionals observe that families they work with are experiencing	**271**
6G	Theme 1: Professionals, organisations, systemic structures in Scotland	**283**
6H	Example of words used by parent to describe what feeling valued looks like	**294**
6I	Example of words used by parents to describe feeling unvalued by professionals	**294**
7A	Direct quote from NHS, (2022:1) on making reasonable adjustments for disabled people accessing the NHS	**321**
8A	Parent participant self-defined ethnicity categories	**359**
8B	Words used by parent Helen to describe her views and experiences as a non-white migrant to Scotland	**360**
8C	Professional participant self-defined ethnicity categories	**363**

Table of Tables

Table	Title	Page Number
2A	Inclusion criteria	**34**
2B	Exclusion criteria	**38**
2C	Example of search string, hits and number of articles screened during a search using Scopus	**42**
3A	UK and Scottish political administrations and leaders 1979 – 2024	**83**
3B	Key Scottish children and families' policies and legislation	**87**
4A	Key (and desirable) characteristics of parents and professionals	**130**
4B	Inclusion and exclusion criteria for recruitment of participants	**131**
4C	Demographic information about parent/carer Interviewees	**135**
4D	Demographic information about professional interviewees	**136**
4E	Timing of participant interviews	**142**
4F	Outcome of Freedom of Information requests to Scottish Local Authorities on policy information about accessing School Nurses	**158**
4G	Example responses from Local Authority Freedom of Information requests on policy information about accessing School Nurses	**159**
4H	Participant Vignettes – Parents/Carers	**161**
4I	Participant Vignettes – Professionals	**164**

Table of Abbreviations

ADHD	Attention Deficit and Hyperactivity Disorder
ASL	Additional Support for Learning
ASN	Additional Support Needs
BAME	Black and Minority Ethnic
CAMHS	Child and Adolescent Mental Health Services
CASP	Critical Appraisal Skills Programme
CPAG	Child Poverty Action Group
CRER	Coalition for Racial Equality and Rights
CSP	Child Support Plan
DHSS	Department of Health and Social Security
ELC	Early Learning and Childcare
ESL	English as a Second Language
EY	Early Years
FOI	Freedom of Information
GIRFEC	Getting it Right for Every Child
GP	General Practitioner
GuS	Growing up in Scotland
HaSS	Humanities and Social Sciences
HM	His Majesty
LA	Local Authority
NHS	National Health Service
NPF	National Performance Framework
OT	Occupational Therapist
PICOT	Population, Intervention, Comparison, Outcome, Timeframe
PPP	Positive Parenting Programme
PVI	Private, Voluntary, Independent
SALT	Speech and Language Therapist
SHANARRI	Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included
SNAP	Scottish Needs Assessment Programme

SNP	Scottish National Party
SPICE	Setting, Perspective, Intervention, Comparison, Evaluation
TAC	Team Around the Child
UN	United Nations
UNCRC	United Nations on the Convention of the Rights of the Child
UNICEF	United Nations Children's Fund
UHVP	Universal Health Visiting Pathway
UK	United Kingdom
WHO	World Health Organisation
WPR	What's the Problem Represented to Be?

Chapter One: Introduction: Valuing and supporting Scotland's parents'

1.0 Introduction

This Chapter introduces the rationale for undertaking this research project. The research aims and questions are presented, as well as a brief overview of the research design, and the contribution that this empirical study makes to the interdisciplinary fields of children and families, public health and policy. The Chapter concludes with an outline of the structure of this thesis.

1.1 From initial idea to research proposal

I've spent my career working with families in the third and public sector, across health, social care and education. Conducting research for a Master's in Public Health degree in 2020 provided an opportunity to explore the current evidence on issues impacting parents and parenting. My research project explored the experiences of parents/carers in their interactions with professionals during the process of their child transitioning to primary school in Scotland. The findings from that project pointed to a need for further investigation into the role and value of parents/carers living in Scotland. My PhD journey started from these reflections. Reviewing Scottish policy development since devolution revealed an extensive policy rhetoric around the importance of supporting children and families (see Chapter Three). A thread running through this rhetoric is that parents should be key contributors and decision makers in

supporting their child's health, wellbeing and development, along with professionals (when necessary). My motivation for conducting this research stems from both personal and professional experience, working with families across diverse sectors, combined with my own personal experiences of being a parent and professional. These experiences have created a desire to understand the role and value of parents within the evolving Scottish policy landscape on supporting families. My research aim and questions were developed based on insights from my Master's project and the literature and policy review findings.

1.2 Background and overview of research subject

The National Parenting Strategy (Scottish Government, 2012) is a policy dedicated to parents/carers in Scotland. It arguably set a precedence about the national position of valuing the role and contribution of parents. Furthermore, the strategy outlined the government's commitment to supporting parents. The opening sentence from the Minister at the time (Aileen Campbell) was unambiguous:

> "*Valuing and supporting Scotland's parents is one of the single biggest ways of giving the nation's children the best start in life"* (Scottish Government 2012:5)

My research project is fundamentally about this statement. If valuing parents is acknowledged by the government to be fundamental to better outcomes for children, it is important to investigate the experiences of how parents are being valued (or not). Over ten years have passed since the publication of this strategy; ample time for policy rhetoric to have been translated into practice. An outcomes framework was devised

for the parenting strategy (Scott et al, 2014), yet, neither a formal evaluation, nor empirical studies exploring how parents are valued in Scotland, have been published. Indeed, as my Literature Review, in Chapter Two concludes, I have not been able to pinpoint evidence exploring the perception or experiences of parental role and value in relation to their interactions with professionals in Scotland.

Parents/carers are legally responsible for the upbringing, including the health, wellbeing and development of their children in Scotland (Children's (Scotland) Act, UK Parliament, 1995). This includes making decisions in their best interest, and where necessary working with other professionals to support their child's optimal health and development. The important role of parents and families is also recognised by the United Nations Convention on the Rights of the Child (UNCRC) (UN, 1989), ratified by the UK in 1991, and implemented from 1992 (UNICEF, 2024). The UNCRC is an international agreement that sets out the specific rights of children and their parents, focusing on their protection, participation, health and development (UNCRC, 1989). The UNCRC has also been incorporated into Scots law (Scottish Government, 2024a), placing a legal imperative on duty bearers to uphold children and parent's rights.

1.2.1 Children and parent's rights

As established in the Children (Scotland) Act (UK Parliament, 1995), a mother automatically has parental rights and responsibilities for her child. Fathers have the same rights/responsibilities if they are registered as the child's father. In certain circumstances as set out in the Children (Scotland) Act (UK Parliament, 1995), a court may appoint other adults or corporate bodies who then supersede the rights and responsibilities of parents. There are other occurrences where adults assume parental

responsibilities for a child without a court intervention (i.e. step parents). Therefore, in recognising this, the term parent is used throughout this thesis to reflect all adults with responsibilities for raising children. This means that guardians, carers, family members, and any other adults who are responsible for the health, wellbeing and development of children are included. The term professional is used throughout the thesis to refer generally to paid workers who have a direct role in working with children and families.

The publication of the *'Voice of the Infant',* is an example of the developing policy rhetoric on the importance of children's rights in Scotland (Scottish Government, 2023a). The '*Voice of the Infant'* is guidance and a pledge which emphasises the rights of babies, toddlers and infants in Scotland. The guidance highlights that parents and professionals may have different perspectives and priorities in understanding the best interests of the child. The guidance suggests that there may be times where professionals will need to support parents to develop an understanding of their child's development, such as their communication and health needs. The guidance recognises the important role parents play in the healthy development of their children; thus the criticality of both the child and the parent being supported. The focus of my research is 3-5 year olds, therefore, this policy document is not directly relevant to the participants of this study. However, this is an example of the policy rhetoric set out in Scotland regarding the role, value and necessary support required for parents and families.

The UNCRC, (1989) also outlines parent rights and the state's responsibility in supporting, responding to, and working with parents. The UNCRC positions the state

as a key actor in supporting and collaborating with families. It affirms the integral relationship between children and their parents, recognising that where parents are struggling, there can be an impact on children. Consequently, the UNCRC reinforces the obligation of signatory states to adopt supportive measures that strengthen families and promote the best interests of the child.

The UNCRC also recognises parents as primary carers and educators, those who would normally know their children best, providing them with love, nurture and guidance. Although the UNCRC does not explicitly designate parents as advocates for their children's needs and rights, this role could be inferred from the preamble (UNCRC, 1989). Clark and Richards, (2017) suggest that, as researchers and those interested in promoting children's rights move forward to elicit children's voices as part of participatory methods, an understanding is necessary of the context of that child's voice in respect of their unique social world. Street, (2022) identified from her study that children's voices alone may be insufficient in fully understanding their experiences in relation to their wellbeing. Street suggests that:

> "*Eliciting children's voices alone, however well-intentioned and sensitive to their present 'beings', may then inadvertently, or otherwise, obscure children's mutualities of being and their interdependence with their social and material spatial/ temporal contexts"* (Street, 2022:103)

In Street's, (2022) study, she identifies two truths: that children are unique individuals with rights and agency; *and* that their rights and needs are connected to their families and their social world. This means, for example, that the impacts of social determinants

of health on parents will likely impact their children too (Street, 2022). The context of Street's, (2022) study is a small sample of mothers living in England, in deprived areas on low household incomes. While the findings of this study are not generalisable, it is a good illustration of a point evident across other studies; that the welfare of parents is connected to the welfare of their children (Bradshaw et al, 2008, Marryat and Martin, 2010, Parkes and Wight, 2011). Considering the mutual connection and existence of parents and their children, as set out in Street's, (2022) study, and the important role of parents as set out in the UNCRC, and Scottish policy, I concluded that there is justification in researching the role and value of parents in their interactions with professionals about their children's needs.

An example of the intersection between parent and child rights is the Parental Involvement Act (Scottish Government, 2006). This piece of legislation surrounds both children's rights to education, and their parents' right to be involved in their education. This places duties on schools, Local Authorities and the government to ensure that parents are supported and involved in decision making and understanding the progress of their child's education. Parental involvement and engagement in a child's education is a topical research area, with voluminous evidence surrounding not only the rights of parents to be involved in their child's education, but also the criticality of this in terms of outcomes for their children (Desforges and Abouchaar, 2003, Goodall and Vorhaus 2011, Jeynes, 2012, Epstein 2019, Tett and MacLeod 2020, Goodall 2021). However, the literature review (Chapter Two) uncovered far less evidence exploring the role and value of parents as they interact with professionals across other sectors, such as health, social care, and early learning and childcare (ELC).

Collaborative relationships with professionals are often critical due to professional knowledge and expertise on child development, as well as their role as gatekeepers to accessing resources and other services. Professionals play a fundamental role in maintaining the health and wellbeing of the child population, and supporting parents (Naidoo and Wills, 2016, Donaldson, 2017). Given the Scottish policy commitment on supporting families, I believe there is justification in exploring the value of parental contributions as perceived and experienced by both parents and professionals as they interact with one another. Exploring the reality of this is necessary to understand the impacts and outcomes of current laws, policies and practices. Drawing directly on parent and professional voices, perspectives and lived experiences, is needed to understand this.

1.2.2 Universal service provision

I've chosen to focus my research on parents of children aged 3-5 years because of the apparent gap within the evidence base on the role and value of parents, specific to this age group. Furthermore, exploration of perspectives and experiences during this critical stage in a child's life is important given the likelihood of interaction between parents and professionals. This is due to the universal provision of public services to children and families living in Scotland during this time period. This includes Health Visiting services from pre-birth to 5 years old (Scottish Government, 2015b), funded early learning and childcare (ELC) for 3-5 year olds (Scottish Government, 2020b), the childhood vaccination programme (pre-birth to 18 years) (NHS Inform, 2024), and children's transition into formal education, which usually commences at ages 4 or 5 years old under the Education (Scotland) Act (UK Parliament, 1980).

Transitioning to school appears to be recognised as a key stage in a child's development and parenting journey as public sector organisations offer 'top tips' to parents to support their child's transition. For example, in preparing children for transition, Parent Club, (2024) suggest that parents "*encourage independence*" and "*show them their name*". NHS Greater Glasgow and Clyde, (2024) offers a questionnaire for parents to help children's skill development in areas such as toileting, managing lunch, writing, and motor skills. Furthermore, the Health Visitors role usually ends when children transition to school. Given the 'top tips' suggested from the public sector including the Scottish Government via the Parent Club on helping parents support their children to transition to P1, I argue that this 3-5 years age group is an important stage for both children and their parents.

Despite children being recognised as individuals, with rights, voice and agency, there are significant challenges and barriers for them advocating for their own needs at this early life stage. Therefore, parents are positioned as having a crucial role as their advocate, primary carer, educator, and partner with professionals in getting it right for their children in Scotland (Scottish Government, 2008b). Children and families research and policy intersects with several other disciplines including health, social care, and education. Therefore, understanding the role and value as parents interact across these sectors with professionals is important to ensure policy and practices align.

1.2.3 Covid-19 pandemic

My research is set in the context of the Covid-19 pandemic. In March 2020, the World Health Organisation (WHO) (2020) declared Covid-19, an infectious disease, a

pandemic. The pandemic resulted in 'lockdowns' across Scotland (Scottish Government, 2020d), the UK and many other countries globally. Lockdown measures were implemented to reduce social contact, and thus the spread of the disease. This meant widespread closures of many organisations, and changes to service provision within the public sector. Recruitment for participants to my study began in 2023. Eligibility criteria for recruitment meant only parents and carers of children aged between 3-5 years could volunteer to participate. This meant that all children of the families participating in my research project would have been impacted by the pandemic lockdown period. As I began my literature review, evidence was already emerging on the seismic impacts the Covid-19 pandemic had on some people's lives (i.e. Public Health, 2022b). Given the scale of inequalities, underpinned by poverty in Scotland (Treanor, 2020, Joseph Rowntree Foundation, 2023), unsurprisingly the impacts were more severe in particular groups e.g. low-income, disabled and lone parent households, older people, those with chronic health issues, and minority ethnic groups (Bambra et al, 2021). This was unsurprising because of the extent of inequalities pre-pandemic (Marmot, 2010, McCartney et al, 2013, Sosu and Ellis, 2014, Walsh et al, 2017, Marmot, 2020, Treanor, 2020).

References to Covid-19 were made by all participants, unprompted. Participant experiences reflected that the delivery of public sector support changed during the pandemic; reduced in some areas, and stopped altogether in others. My research reveals that despite everything supposedly returning to '*normal'* (lockdowns ended in 2021), for many participants, there is a sense that normality has not yet fully resumed. Both participant groups in my study indicated that, in this post Covid-19 pandemic era,

the experience of either delivering or receiving support is more challenging due to long waiting lists, limited resources and rising demands.

1.3 Research aim and questions

My literature and policy review led me to create the following aim for this project:

> *To gain an understanding of the role and value of parents/carers (living in Scotland) during their interactions with professionals on the health, wellbeing, and developmental progress of their child (or children) across the 3-5 year age period*

To achieve this aim, I adopted a qualitative methodology to gather and analyse data. I utilised this design because of the gap in understanding the diverse experiences of parents and professionals within these three criteria:

a) In Scotland
b) Focused on parenting children aged 3-5 years and
c) In this post Covid-19 pandemic era

A purposive sample of parents and professionals were invited to participate in semi-structured interviews from across Scotland. The data gathered was transcribed and interpreted using thematic analysis, as I explain further in Chapter Four. The gaps, tensions and current evidence identified from my literature review helped me to

formulate the following research questions, which I felt had the potential to contribute new and updated evidence on this topic:

1a) How, when, and why do parents interact with professionals about their 3-5 year old child's health, wellbeing, and development in Scotland?

1b) What are parents' and professionals' views and experiences about the involvement of parents during interactions with one another about a child's needs aged 3-5 years?

2a) How do parents and professionals each describe professional responses to parental contributions during interactions about children's health, wellbeing, and development aged 3-5 years?

2b) Do parents report feeling valued in their interactions with professionals?

2c) Do professionals value the contributions that parents make during interactions/discussions?

2d) Are there differences in experiences in how parental contributions are valued depending on gender or family arrangements?

3a) Are there barriers to parents feeling, or being, valued in their contributions?

3b) Informed by data gathered from this research, might there be opportunities to improve the contribution parents make to the health, wellbeing, and developmental needs of their children?

The answers to these questions are presented and discussed in Chapters Five to Ten. My research project does not seek to represent the population of parents or professionals living and working in Scotland. Rather, this small qualitative study explores participants unique experiences, views and realities in depth. Given that this project is part of a funded PhD programme, there were limitations in the scope of the project, particularly time and financial resources. These and other limitations are discussed in Chapters Four and Nine. This study aims to provide thorough and original insights into the perspectives and experiences of a group of parents and professionals living in Scotland. My findings aim to provide an understanding of their realities that quantitative data alone would be unlikely to reveal.

1.4 Structure of thesis

This thesis has ten Chapters in total. Chapter Two provides an overview of the thematic literature review undertaken to identify current knowledge, gaps and tensions. This piece of work was critical to the creation of my research questions. Overall, the review identified limited evidence focusing specifically on the role and value of parents/carers of 3-5 year olds in Scotland, as they interact with professionals and particularly in the context of the post Covid-19 pandemic impacts.

Chapter Three presents an overview and context of relevant Scottish children and families policy since Scottish devolution. This is not a systematic review of policy,

rather, I identified relevant policies to my research topic area by searching the Scottish Government webpage using the search term 'children and families'. This opened up a Children and Families Policy page. From this I selected policies relevant to parents of children aged 3-5 years and professionals working with them. Chapter Three identifies that there are a substantial number of policies pertaining to supporting children and families in Scotland. The role and value of parents is threaded through these policies, along with the need for collaborative, multidisciplinary working between parents and professionals where this is necessary. Supporting parents is recognised as a method of supporting children to reach optimal health, wellbeing and development.

Chapter Four details the research methodology used to achieve the research aim and answer the research questions. Using inductive methods, twenty-five participants consented to be interviewed for this study: 14 parents/carers and 11 professionals. This project is underpinned by a relativist and interpretivist approach in recognising that parents and professionals experience their life and interaction with one another in a unique way. This Chapter also provides an overview of my role, position and contribution to this research as a qualitative researcher, a parent, and professional who has worked with families for over two decades. I conclude that knowledge was co-constructed from my interaction with participants and the data.

I created 79 codes using Braun and Clarke's (2006) thematic analysis approach. I gathered volumes of rich data from transcribing and analysing twenty-five participant interviews. From the 79 codes, I constructed three broad themes. Chapters Five to Eight are organised around these themes and present the findings in a way that directly addresses the research questions. Between them, these four Findings

Chapters contribute new knowledge and insights on the role and value of parents/carers underpinned by participant perspectives and experiences. These insights should contribute to the interdisciplinary fields of children, families, public health practice and policy.

Chapters Five to Eight are my Findings Chapters. These Chapters were structured based on the outcome of thematic analysis of interview data and guided by my research questions. They are presented in a logical sequence to narrate the views and experiences of the participants in my study. The narrative begins in Chapter Five with the role of parents and parenting, framed by the proverb *'it takes a village to raise a child'*. This provides context for understanding the role of parenting, the need for parental support, the sources of that support, and the expectations placed on parents, alongside the broader role of communities, families, professionals and the wider 'village'. The Chapter moves on to setting the context of parent-professional interactions, identifying where, when, and why they occur, the roles parents play in these interactions, and the standards parents and professionals expect of one another.

The narrative continues in Chapter Six with an examination of participants views and experiences of professional responses during parent-professional interactions, culminating in findings on how parental value is perceived and experienced by both groups. Chapter Seven and Eight delve deeper into the factors influencing interactions according to participant experiences. Chapter Seven focuses specifically on experiences of parents of disabled children or those with additional support needs, and their interactions with professionals. Chapter Eight explores more influences including gender, ethnicity, social class and income.

Chapter Nine considers the interpretations and implications of the findings, situating these new empirical insights in the context of existing research and policy rhetoric. The final concluding Chapter focuses on answering my research questions, with my conclusions and recommendations for future research, policy and practice in Scotland.

Chapter Two: What does international evidence say about parent-professional interactions around children's health and wellbeing?

2.0 Introduction

This Chapter will present my literature review aims, questions and search strategies, and sets out the process I adopted to develop a thematic literature review. Then it presents and discusses the findings of this literature review, explaining the synthesised findings in themes. The Chapter concludes with an overview of the knowledge, gaps, limitations and tensions identified from the review.

2.1 Aims

My literature review initially aimed to establish the available UK evidence, tensions and gaps within the literature on parent involvement with professionals during interactions about their child's health, wellbeing and development at ages three to five. However, after some initial searches, I decided to expand the review to include English language international studies meeting the inclusion criteria. Although my own research project design was qualitative, my literature review sought to identify all research methodologies meeting the search strategy criteria, to gain a full understanding of the existing evidence.

2.2 Literature search questions and review

A key reason for conducting a literature review is to identify the landscape of evidence including the limitations within extant knowledge (Boell and Cecez-Kecmanovic, 2014). Searching, critiquing, and synthesising findings of research, alongside an understanding of the research methodologies employed, should identify where the knowledge, limitations, gaps, and tensions are within the evidence (Murray, 2017). The first stage of reviewing the literature is to search for it (Hart, 2001). There were two strands to the literature review for my study; to identify and understand the available evidence and policy on the topic area. The following sections address searching for the evidence (see Chapter Three for the policy context). I developed two key questions to drive my literature search:

1. What is the international evidence on parent involvement during interactions with professionals about their 3-5 year old child's health, wellbeing and development?

2. What are the gaps, tensions, and limitations in evidence?

Literature reviews take many forms (Grant and Booth, 2009) and the type undertaken can determine the search strategy. Grant and Booth (2009:93) identify 14 types of review that they describe as "*common examples*", including literature review, meta-analysis, scoping review and rapid review, which are also recognised by other authors too (Hart, 2001, Hart, 2018, Aveyard, 2019, Bloomberg and Volpe, 2019, Machi and McEvoy, 2021). Decision making by the researcher on the type of literature review will be impacted by particular factors such as time, experience, and the purpose of the

review (Aveyard, 2019). Regardless of the type of review undertaken, it is important to be transparent in process and methodology, so that readers can be clear on any potential limitations, or biases, to the review (Biggam, 2017, Hart, 2018). For transparency, structure and to reduce bias, a systematic approach was undertaken for my thematic literature review.

Thematic literature reviews involve identifying themes from the findings and discussions from the evidence base (Aveyard, 2019). I developed themes from my review as part of an iterative process of reading and analysing the literature. This process moved onto integrating and naming themes which enabled me to compare, contrast and synthesise the evidence. A systematic approach was adopted in searching the literature; from the identification of keywords, search strategy, databases, and number of hits returned from searches (see Appendix 2.1). The purpose of my literature review was to identify and synthesise evidence (and gaps) on the key findings regarding parental involvement in interactions with professionals, thus answering my review questions. The outcome of the literature review is presented in section 2.8.

2.3 Literature search strategy

Key search words and terms were identified using tools including PICOT (Population, Intervention, Comparison, Outcome, Timeframe) (Aveyard, 2019) and SPICE (Setting, Perspective, Intervention, Comparison, Evaluation) (Beecroft, 2006). Both these tools are eminent in research because they can prompt and support the evolution of the research question, and/or key words (Beecroft, 2006). I used both because it allowed me to compare, contrast, reflect and deepen my thinking in developing keywords and

search strategies. I adopted a mapping style process using the headings of PICOT and SPICE on a spreadsheet to record my ideas for both frameworks, narrowing and refining until I identified a suitable list of key words (see Appendix 2.2). PICOT tends to be used for health-related questions (Biggam, 2017) and SPICE is relevant to qualitative type questions (Beecroft, 2006), both are relevant for my research topic area. The final list of key search terms is listed below in Figure 2A.

Parents/carers/guardians/family

Voice/views/experiences/engagement/involvement/perspective/contribution/participation

Parental role/parental concern/parental value/listening

Partnership/collaboration/professional responses

Child/infant/toddler/baby/pre-school/early years/reception/nursery/4yr old/5yr old

Wellbeing/health/development/developmental progress/mental health/emotional/social health

Scotland/Northern Ireland/England/Britain/ UK (initial searches wielded insufficient results, therefore I decided to include any country in the literature review that met the inclusion criteria)

Health visitor/social work/nursery teacher/therapist/assessor/nurse

Figure 2A Key search terms for literature search

The search terms described in Figure 2A were used with Boolean operators 'AND', 'OR' and 'NOT'. The wider interlinked topic areas of child health, wellbeing, early years, health, and the role of parents is extensive, therefore, to focus the search, inclusion and exclusion criteria was applied to the literature search as outlined below

(see Table 2A and Table 2B). From the outset, I had originally decided to focus my searches only on UK evidence. However, initial attempts at searching the literature wielded limited returns. Therefore, I decided to change the parameters of the search to widen the review to an international search, with inclusion and exclusion criteria (see Tables 2A and 2B).

Table 2A Inclusion criteria

Criteria	Detail
Any country	Research from any country globally
Publication date 1999-2022* (*I searched the evidence base again in 2024 for newer publications)	Publication parameters based on the beginning of Scottish Devolution
Empirical and non-empirical research	To access all available research, knowledge and information on the topic
Parents with a child from age 3 to 5 years old	Parameters based on the focus of the study, also an age group where Scottish families are in receipt of a number of universal public services
Primary and community care studies	Study focus is on early intervention, prevention, identification of health, developmental and social care needs of children centring on interactions between parents and professionals working in primary and community care services such as early learning and childcare and health visiting services
English Language	For convenience given time and financial restrictions
Peer reviewed	To ensure quality and standard
Qualitative, quantitative studies, reviews, mixed methodology	To access all available evidence

I also considered that by expanding the literature search to include international evidence, this would provide opportunities to widen the scope of understanding of the

range of evidence globally, recognising that we live in a globalised world where health, education and economies are connected (Labonté et al, 2011). As a result, individual countries can sometimes benefit from learning from one another's achievements or challenges (Cairney, 2019). The Covid-19 pandemic is an example of global impacts and learning (Sridhar, 2022). For the search strategy, the publication start date was set at 1999 to align with the creation of the Scottish Parliament, and my exploration of Scottish policy development. A timescale spanning 25 years is sufficient in identifying any substantial historical evidence impacting on practice, but this is not too far back to make it irrelevant to apply in practice today.

In Chapter One, I outlined my reasons for focusing on parents of children aged 3-5 years given the higher likelihood of interacting with professionals during this stage of childhood. My conclusions from the policy review discussed in Chapter Three is that there is a strong policy focus on early years, early childhood and children and families. This is also reflected in professional practice and scientific evidence (Kidner 2011, Scottish Government 2018b, Scottish Government, 2019b, Crichton et al, 2020, Bowes, 2021, Arnott and Wall 2022). Many of the policies discussed in Chapter Three refer to professionals working in local communities; for example, Early Learning and Childcare (ELC) professionals, Health Visitors, Social Workers, and GPs. Much of the focus on the work of these professionals is underpinned by public health frameworks such as early intervention, child development, health promotion, and community development (Scriven, 2017). These professionals work in local communities, and thus, the focus of my study is on parent-professional interactions within local community settings.

The World Health Organisation (WHO) (1978) '*Declaration of Alma-Ata'* introduced the concept of primary care. Supporting people locally to access care and support through primary care was deemed an important step forward in increasing opportunities for early intervention and identifying a local point of contact to elicit help, support and advice about health:

> "*It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process"* (WHO, 1978:2, section VI)

Since the WHO, (1978) Declaration, a focus has been diverted to community care by working with people to meet their health and care needs locally (Naidoo and Wills, 2016). Whereas secondary care tends to refer to hospital-based interventions (Sharkey, 2017). The importance of prevention and early intervention was highlighted when the Scottish Government commissioned Dr Campbell Christie (Christie, 2011) to chair a review into the future of public services in Scotland (discussed further in Chapter Three). Christie's (2011) recommendations were underpinned by the need for bottom-up, local, preventative community support to citizens living in their communities.

Naidoo and Wills (2016) suggest that primary care is not just concerned with medical interventions, primary care expands to all health professional groups and sectors and intersects with others. Scriven (2017) also states that the purpose of primary care is health prevention and protection in the community. Michael Marmot, an epidemiologist

and researcher focusing on health inequalities, has made explicit that health inequalities are underpinned by the social determinants of health (Marmot, 2020). These determinants are factors that can impact on a person's health and wellbeing and include gender, age, place of birth, residence, job, income, environmental conditions, and wider social and political systems and structures. Health can also be influenced by access to services and support within local communities (Marmot, 2010, Marmot, 2020). This study concentrates on the dynamics of parent-professional interactions at a local, community level. The Children Scotland Act (UK Parliament, 1995) was supposed to set a precedence for more collaborative, child centred working. In the last decade joint working legislation where health and social care became a legal partnership (Scottish Government 2014c) was designed to strengthen integration and collaboration between and across sectors and organisations. This was framed as reducing bureaucracy, duplication of service provision and enhancing seamless service provision. Taking account of the important role of primary and community care services within local communities, I decided to focus my literature review and research project on primary and community care services in local communities.

Only English language studies were included in the literature search because of time limitations and costs of translating other languages. This means that although the literature search was expanded to include international evidence, inclusion was limited to English language published research. Exclusion criteria were also applied to help focus the literature review, as outlined in Table 2B. Several broader subject areas relating to child health and wellbeing were excluded from the literature review, including hospital-based studies, palliative care, premature birth, safeguarding and child protection studies.

Table 2B Exclusion criteria

Non-English language	For convenience given time and financial restrictions in accessing translation services.
Hospital based, specialist, and secondary care studies **Palliative care studies** **Premature / neonatal studies**	My research focus is on primary and community care services and support offered in the community, centred on preventing ill health, and intervening early to support optimal child health, wellbeing and development. This means I have excluded secondary, specialist and hospital based studies. Palliative care and premature neonatal studies were excluded as the focus is on community based and early intervention, prevention approaches, focused on the role of parents of children aged 3-5 years. These excluded studies address specialised contexts, which means the role of parents may be different or unusual.
Child protection/ safeguarding studies	The role of parents in child protection and safeguarding can be determined by law. This means that parent involvement may vary, including some parents having no right to be involved in assessment and decision making. Parent involvement in child protection and safeguarding are likely to be different to parent involvement in other professional interactions; therefore these types of studies were not included.

These topic areas were excluded primarily because I wanted to focus my research on interactions between parents and professionals within primary and community care settings. This is underpinned by a desire to understand the realities and experiences of early intervention and prevention approaches underpinned by national policies (as outlined in Chapter Three). Hospital based studies often reflect secondary, tertiary/specialist provisions. Furthermore, I noted from my initial searches that there is existing evidence covering topics surrounding parent involvement in hospital-based care for their children, including palliative and neonatal care. There is less evidence surrounding parent-professional interactions in local community public sector service settings, especially focusing on children aged 3-5 years.

Scottish law and policy reflects an assumption that parents will exercise their legal duties to care for and protect their children from harm, promote their development, and collaborate with professionals where necessary, as set out in legislation and policy at both the UK and Scottish Government levels (i.e. UK Parliament, 1995, Scottish Government, 2008b, Scottish Government, 2011, Scottish Government, 2023g). This is quite clearly identified from a variety of policies discussed and presented in Chapter Three. Aligning with this policy framing, I have adopted a position in my study that most parents are trying to fulfil their parenting responsibilities. Where parents do not fulfil these duties, child protection and safeguarding policies can be implemented to ensure that the focus of decision making, and protection is on the child (Scottish Government 2023g). Therefore, this means that the role of parents in safeguarding and child protection can change dependent on the situation. There are legitimate scenarios where parents can be excluded from discussions about their children when there are child protection concerns (UK Parliament, 1995, Scottish Government

2023g). This is because the law and guidance states that the welfare of the child is paramount, and protection from harm can override a parent's rights and responsibilities.

The focus of my project was to explore and understand the role and value of parents and carers as they interact with parents and professionals in contexts in which parents assume their legal parental responsibilities. A separate study would require to be conducted to explore how and when parents are involved in the complicated, nuanced, legal contexts of safeguarding and child protection work involving professionals. For these reasons, I have excluded child protection and safeguarding studies and experiences from my literature review and research. This is because of the increased likelihood that this type of evidence could skew analysis and synthesis of the data, and my research findings.

2.4 Search tools

I utilised the University of Strathclyde (2021) Library Guides to identify appropriate databases for searching for literature. Databases were chosen as the main method of searching the scientific literature because it is a timely method, offering the opportunity of accessing volumes of articles during the one search, and it reduces bias towards researchers or journals (Gerrish and Lacey, 2010, Finfgeld-Connett and Johnson, 2013, Aveyard et al, 2015). Using a database also promotes a more methodical approach to scrutinising the available data because of having to identify keywords and Boolean operators and the ability to keep a record of searches (Silverman, 2013). Identification of appropriate databases can be indicated by the subject area relating to the research project (University of Strathclyde 2021).

For this project, as a Humanities and Social Sciences (HaSS) PhD student, I selected this subject area to identify suitable databases for my review. I chose to search for databases within the subject areas of 'Health and Health Promotion', 'Social Policy', 'Social Work', and 'Social Work and Social Policy' because these were most relevant to my research topic themes. From this, I identified several suitable databases to use for my literature review (see Figure 2B).

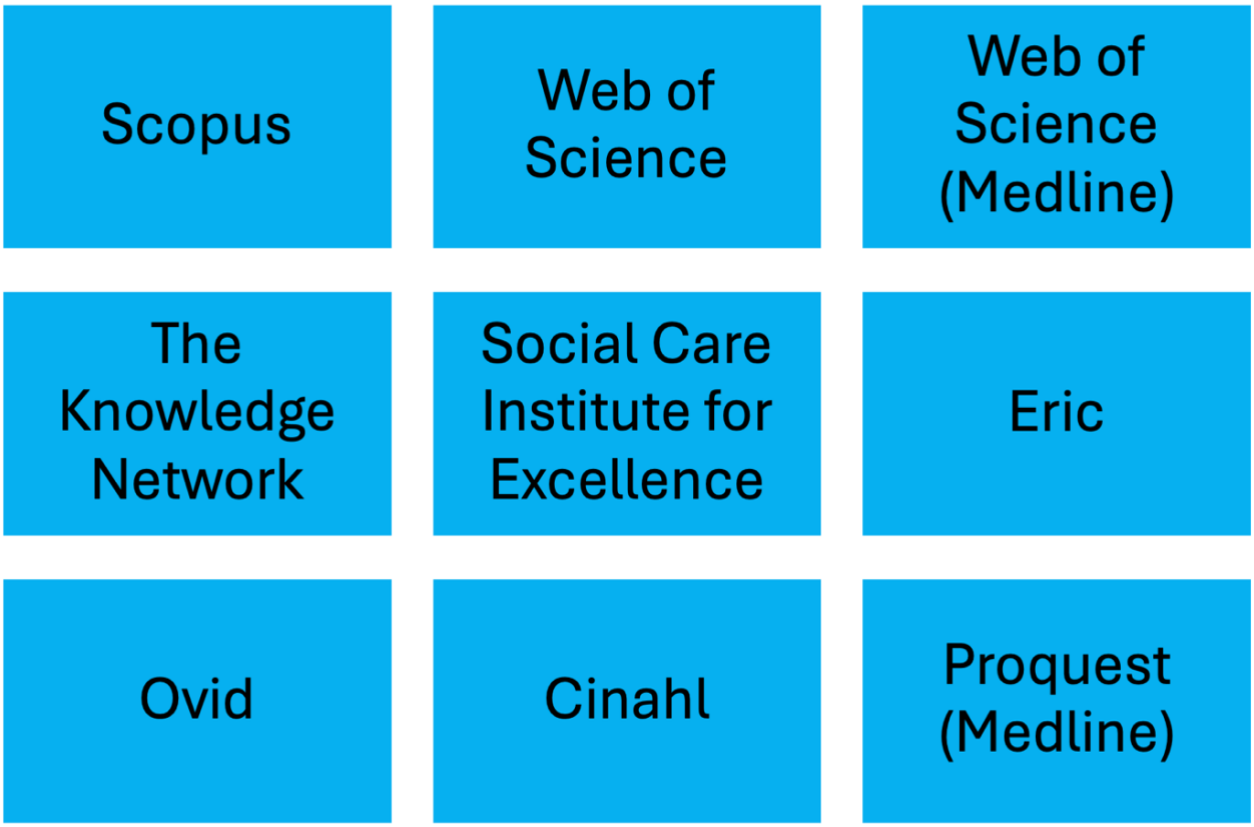


Figure 2B Databases used in my literature search

Concurrently, I searched the grey literature using Google Scholar, Google, theses, social media, and references within books and articles.

Figure 2B illustrates the databases I used to search for literature. Table 2C provides an example of a couple of my successful search strings used on Scopus.

Table 2C Example of search string, hits and screened using Scopus

SEARCH STRING, HITS AND NUMBER OF ARTICLES SCREENED
parent* OR famil* OR carer OR guardian AND involve* OR particip* OR voice OR engag* AND child* OR "early years" OR babies OR baby OR toddler OR infant* OR preschool OR nurser* OR reception, Limited to English language
HITS:- 147,110 (a very quick scan of article titles)
SCREENED:- 21
parent* OR famil* OR carer OR guardian AND voice OR engag* OR involv* A ND decision* OR assess* AND child* OR "early years" OR babies OR baby OR toddler OR infant OR "preschool" OR nurser* OR reception AND health OR well* AND Scotland OR Scottish OR Britain OR British OR England OR Engli shOR Wales OR Welsh OR "Northern Ire*" OR "United Kingdom" OR UK
HITS:- 1857
SCREENED:- 152
parent* OR famil* OR carer OR guardian AND voice OR engag* ORinvolv* AND decision* OR assess* AND child* OR "early years" OR babies OR baby OR toddler OR infant OR "preschool" OR nurser* OR reception AND health OR well* ANDScotland OR Scottish OR Britain OR British OR England OR English OR Wales OR Welsh OR "Northern Ire*" OR "United Kingdom" OR UK
HITS:- 554
SCREENED:- 59
parent* OR famil* OR carer OR guardian AND voice OR engag* OR involv* AND decision* OR assess* AND child* OR "early years" OR babies OR baby OR toddler OR infant OR "preschool" OR nurser* OR reception AND health OR well* AND Scotland ORScottish OR Britain OR British OR England OR English OR Wales OR Welsh OR "Northern Ire*" OR "United Kingdom" OR UK AND evalua* professional OR practitioner OR "front line" OR nursery OR "early years" OR "health visitor" OR "social work" AND listen* OR value OR empower AND parent* OR carer OR guardian AND chil d* OR infant OR toddler OR "pre*school" OR transition AND PUBYEAR>1998
HITS:- 2780
SCREENED:- 55

Appendix 2.1 provides details of the full systematic process I adopted during the search process.

2.5 Literature search stages

The purpose of first stage of the literature review was to identify potentially relevant articles, with titles scanned for relevance and abstracts briefly examined where titles alone were insufficient. This involved running broad keyword combinations across all selected databases (see Figure 2B). Initial searches returned large volumes of articles, which were difficult to screen and time intensive. The search string was therefore progressively refined by using different combinations of keywords/phrases and Boolean operators. This stage resulted in 714 articles being identified as potentially relevant.

In the second stage, the titles and abstracts of these 714 articles were further reviewed for relevance. Articles that were irrelevant or duplicated were removed, leaving 40 articles for further consideration. Two additional articles were included through reference list screening, bringing the total to 42 articles progressing to the third stage. The third stage involved full text review and application of inclusion and exclusion criteria (see Tables 2A and 2B). Following this review, 15 articles were excluded due to duplication or failure to meet eligibility criteria, resulting in 27 articles being included in the literature review. A visual overview of the process is provided in Figure 2C and a summary of all included articles in Appendix 2.4. Between 2022 and 2024, I conducted additional searches using the same strategy to identify any new research meeting the inclusion criteria; no further articles were added.

Figure 2C Diagram of literature review process

2.6 Data extraction and analysis

Bloomberg and Volpe (2019) advocate for the creation of a data extraction tool that can be applied consistently for each article read and critiqued. They provide helpful suggestions on the specific areas of a research article that need to be extracted and analysed. I adopted their suggestions by creating a spreadsheet using the headings suggested by the authors (see Appendix 2.3). Immersing myself in the process of iteratively extracting and analysing data provided an opportunity to identify patterns and differences in findings and research processes. This data extraction tool was also used to assess the quality of the research, adapted alongside other tools (see discussion below).

2.7 Quality assessment

Appraisal of research is a necessity because ultimately anyone can conduct and publish research; not all research is peer reviewed (Aveyard 2019). Therefore, to promote confidence in research findings, demonstrating quality is critical (Aveyard 2019). There are a variety of methods for gathering and analysing data across the many different research designs, therefore appraisal is requisite (Bowling 2014). Assessment of quantitative research is well established with tools and checklists available, such as 'Critical Appraisal Skills Programme' (CASP) (2022). These tools work because of the rigid, objective and standardised methods adopted in most quantitative research designs (Bowling 2014). However, there are significant difficulties in appraising qualitative research for opposing reasons; methods can be adopted subjectively, flexibly, and multiple options are available for data collection and analysis (Barbour 2001). Gathering qualitative data on subjective, complex life experiences and perspectives cannot be standardised (Yardley, 2000, Dixon-Woods

et al., 2004, Denzin and Lincoln, 2011). Barbour (2001) therefore suggests that qualitative researchers focus on understanding methods appropriate for the research questions, implementing these methods wholeheartedly rather than attempting to fit into rigid checklists that are not appropriate for qualitative research questions and designs. This is supported by Dixon-Woods et al, (2006a).

Barbour (2001) further suggests that despite the allure to use methods that appear to be more rigorous such as triangulation, researchers should instead focus on adopting systematic and transparent methods consistently. Aveyard (2019) recommends the CASP tool for new researchers as a tool that can be used to evaluate the quality of research. CASP offers a structure and consistency in applying the same method to each article evaluated. I decided to create my own appraisal tool by combining suggestions from Bloomberg and Volpe (2019) and from CASP (2022) to assess the quality of research articles selected for analysis and synthesis (see Appendix 2.5 for an example of a CASP appraisal checklist). I created an Excel spreadsheet to record relevant information using criteria suggested by both authors, as well as additional items I identified as important for both understanding the content and evaluating the quality of studies. This allowed me to develop a structured process tailored to my research focus and priorities for assessing the quality of each study.

2.8 Findings

The findings of 27 studies are presented and discussed in themes in this section (also see Appendix 2.4 for an overview of all studies). These themes include:

- Parents' skills and knowledge

- Parent concerns and professional responses
  - Waiting
  - Wait and see
  - Judgemental responses
  - Barriers
- Gatekeeping
- Enabling factors
- Positioning and power
- Partnership working

I have presented the literature review findings based on the most recurring themes from the analysis and in alignment with the literature review questions. I have presented the findings in this way to illustrate the patterns and insights I found. My literature review was focused on identifying evidence relating to parenting children aged between 3-5 years, however, as only a few studies were specifically on this age group, I included articles that studied 3-5 year old children within a wider age range. Articles included in the review were published between 2000 to 2022.

This synthesis of literature review findings cannot be generalised to all parents and professionals due to the mixed methodologies used. Many studies recruited small samples, and were focused on specific settings, demographics or geographical locations. Therefore, reference to parents, carers, children and professionals does not infer all of these groups as representatives of their populations, rather the findings are specific to the participants in a specific study or as synthesised from the 27 studies.

2.8.1 Parents' skills and knowledge

The overarching theme from the literature review was a sense that there is insufficient recognition of parents as experts in understanding their own children (Edmunds 2005, Rannard et al 2005, Lundeby and Tossebro 2008, Cowpe et al 2014, Neill et al, 2016, Norman et al, 2016, Sims-Schouten, 2016, Powell et al, 2018, Sim et al, 2019, Doi et al, 2021). Furthermore, parents are not supported enough (or at all) to develop or maintain skills and knowledge to understand their child's needs, particularly if they are caring for disabled children with complex needs (De Geeter et al, 2002). My literature review identified that not all parents understand the complexities and intricacies of child development or health needs (Marshall et al, 2016, Locke et al, 2020). However, many parents recognised when something was different with their child in comparison to others (Ho et al, 2014, Marshall et al, 2016). At the point where parents are concerned or are reaching out for support from professionals or services, the evidence reflects that often parents have already sought out informal/peer support, searched the internet or absorbed advice from elsewhere (Edmunds, 2005, Powell et al., 2018, Marshall et al., 2016, Neill et al, 2016). This means some parents try to problem solve without professional intervention first. The exception to this is perhaps relating to acute illness, where first time parents are more likely to seek out professional advice and support immediately (Neill et al, 2016).

Knowing your child and understanding their specific needs are two different topics to discuss. Some parents are aware that they have knowledge and skills deficits in specific areas of their child's health and development. This was referenced in Marshall et al's, (2016) American study, where researchers recruited parents with concerns about their child's development. The researchers found that parents in their study had

some knowledge and understanding of child development trajectories, and therefore, when they noticed differences in this trajectory, they sought to understand why. However, Marshall et al, (2016) also found that some parents in this study had limited knowledge of child development, however, their concerns often led to a diagnosis or follow up assessments by professionals. For other parents, identifying developmental delay or neurodiversity may be a challenge. For example, Locke et al, (2020) found in their American study of English and Spanish speaking parents that some parents of autistic children had very limited knowledge and understanding of signs that their child was autistic. However, similar to Marshall et al's, (2016) study, where parents had raised concerns with professionals about their child's presentation, the concerns were not always acted upon by professionals within a timely manner. Both of these studies recruited parent participants purposively (those who had autistic children or parents with concerns about their child's development), a key theme identified from both was the inconsistent value of parents in their contributions during interactions with professionals about their child's needs.

Lundeby and Tøssebro, (2008) specifically referred to parental value in their Norweigan study. Although the study may be considered old, the findings align with more recent studies such as McNeilly et al, (2017), Sim et al, (2019), and Almendingen et al, (2022). Lundeby and Tøssebro's, (2008) study found that parents felt unheard, and unable to effectively contribute their knowledge and expertise to discussions with professionals. In contrast, Sim et al's, (2019) study highlights the potential value of parental knowledge and expertise. Their study analysed secondary data from 2500 children in Scotland; one of the few studies reviewed with a specific focus on Scotland. Sim et al, (2019) found that the concerns of parents for their children at age 3 and 4

years was a good indicator of the likelihood of difficulties developing as their child progressed through their early primary school years. There are limitations in using secondary data, as well as recognising that only parent reported views were analysed. Nevertheless, with such a large and diverse Scottish sample, these findings alongside the recommendations from the authors are important to note for this review, that:

> "*The credibility of parental concerns regarding child development within a primary care setting should be raised"* (Sim et al, 2019:725)

The requirement to attend to and respond to parents was further addressed in a Lundeby and Tøssebro's, (2008) study too:

> *"… our findings are a reminder of the importance of a humble approach towards parents and point at a need for upgrading the value of parental knowledge in many situations"* (Lundeby and Tøssebro's, 2008:271)

The authors of these two studies focusing on parents in two different countries make clear the potential value of parental contributions to assessments and discussions on child health and development. In another more recent study in Scotland, the evaluation of the Universal Health Visiting Pathway (UHVP), Doi et al, (2021) identified parental knowledge as a theme in their findings, based on qualitative data collected from parents in five Health Board areas across Scotland. Parents in this study rated their knowledge and understanding of child development highly. This finding holds particular relevance to my study, as it highlights the role and value of parents in their engagement with professionals. The theme of parental skills and knowledge,

identified through my analysis of available evidence, raises important considerations about the nature of knowledge exchange in parent-professional interactions. It invites critical reflection on the role of power during these interactions, particularly in terms of how knowledge is constructed, acknowledged, valued and acted upon.

As discussed in Chapter Four the study of knowledge can also be referred to as epistemology (Ritchie et al, 2013). Epistemic justice are two words which refer to knowledge and fairness. Fricker (2010) coined the phrase epistemic injustice in reference to the impacts of power differentials between individuals or groups in their contributions to knowledge of a phenomenon. The injustice occurs when a person's knowledge is unfairly disregarded. Fricker, (2010) identifies in her work that those positioned as knowledge experts are typically those who hold positions of power within institutions in society. Professionals are often viewed as the 'expert' (Scriven, 2017) because of the power and knowledge they hold. However, the National Parenting Strategy recognises parents as:

> *"The single biggest influence on a child's life: caregiver, role model, teacher and guide all rolled in one"* (Scottish Government, 2012:5)

Having such an influence on their children, being the primary caregivers and educators as is set out in the National Strategy would indicate that parents would have some expertise in understanding their own children. Thus, suggesting that parents are also important knowledge holders too. The experiences relayed by parents in Lundeby and Tøssebro's, (2008) study could arguably reflect epistemic injustice for some of the

parents who relayed that their contributions to their children's assessment of need were dimissed.

There are a number of theories to consider in understanding the concept of power. Power can be understood across multiple domains, including discourse, political and policy contexts, social and cultural structures and economic systems (Thompson, 2007, Fricker, 2010, Lister, 2010, Bourdieu, 2018, Laverack, 2019, Foucault and Sheridan, 2019). Michael Foucault, a philosopher, is widely recognised for his work on power (Thompson, 2007). Foucault suggested that power as a form of social control is managed through the social hierarchies that exist within society that works to embed the socially constructed desirable norms that those at the top of social hierarchies want to achieve (Lister, 2010). Control is managed by the social actors working for hierarchical organisations such as those working in the public sector, in frontline jobs like Politicians, Health Visitors, Police or Social Workers (Lister, 2010). These workers are tasked with enforcing social norms and monitoring through their 'gaze'. The social construction of 'good' and 'bad' people is therefore underpinned by those who conform to norms, or not. This can be applied to parenting, and this can be gender biased given that most primary caregivers/parents are women (Lister, 2010). Power is therefore concerned with influencing other people, and this can be done directly, indirectly, actively or passively (Fricker, 2010).

Foucault also positioned knowledge and power as inseparable, it is linked to language as well as access to resources (Thompson, 2007). This means that those who have information, and access to resources arguably become more powerful than those who do not, thus creating divisions within societies. Knowledge can be used to direct

societal norms, discourse, policy and access to services (Fricker, 2010). Considering the concept of power between parents and professionals, taking account of Foucault's theories suggests that professionals hold power because of their position in social hierarchies, their access to knowledge and their ability to make decisions or take actions that can influence or impact on other people. It could be argued therefore, based on these theories that national law, policies, organisational procedures and practices are constructed in organisations to maintain hierarchies, control, surveillance and thus gatekeeping in accessing services and support. Knowledge as power was noted by Lundeby and Tøssebro, (2008) in their study, reflecting that parents who lack knowledge, lack power to seek out the services and support required.

In summary, given the knowledge that parents have about their own children, it could be argued to be in the best interest of the child, if parents are considered as experts on their own children (De Geeter et al., 2002, Akister and Johnson, 2004, Cowpe et al, 2014, McNeilly et al, 2017, Bent et al, 2020, Almendingen et al, 2022). Adopting this position as a starting point means that professionals can respond to and address areas of support necessary for parents requring it. However, recommendations like this have been made over the last 20 years as identified in this literature review (Case, 2000, De Getter et al, 2002, Lundeby and Tossebro, 2008, McNeilly et al, 2017). This indicates a problem about how professionals consistently respond to, and recognise parental knowledge and areas for support.

2.8.2 Parent concerns and professional responses

Parent perspectives of positive professional responses were aligned with parents feeling heard, respected, included, trusted, partnership working, and where parent

views were actively sought out and acted upon (De Geeter et al., 2002, Edmunds, 2005, McNeilly et al., 2017). Many of these factors could be described as interpersonal skills, often embedded into professional training. Therefore, it is understandable that negative experiences are frequently associated with the absence or inadequate demonstration of these skills.

One of the key findings I identified from this review was the variation in how parents, particularly young parents, described their experiences of interacting with professionals within or across sectors. This was illustrated, for example in Akister and Johnson's, (2004) UK study which explored the views of young parents on which services they would ask for support. Young parents in this study identified GPs as supportive. Norman et al, (2016) also recruited young parents (defined as being under 18 years old) from Northeast England, to explore their views and experiences of interacting with health professionals. The findings reported that young parents cited organisations such as Sure Start as more supportive than health professionals, including GPs and Health Visitors (Norman et al, 2016). In contrast, some parents in Powell et al's, (2018) study, who were involved in interactions with their GP about their child's eczema, did not view the GP as supportive, but instead as dismissive. Similarly, in Rannard et al's, (2005) study, parents reported feeling dismissed by Speech and Language Therapists and other health professionals. These were all UK based studies with differing samples involved in data collection, and this may explain some of the differences in their experiences.

The evidence also reflects that some parents feel judged and dismissed (Edmunds, 2005, Neill et al, 2016, Sims-Schouten, 2016, Komvoki, 2020). Where there are

knowledge deficits, parents report that they are not supported to understand and learn about paediatric health related issues (De Geeter et al, 2002, Marshall et al, 2016, Lam et al., 2017). With or without support, parents convey facing barriers which impact their ability to seek help and support, and be involved in discussions and decision making (Reijneveld et al, 2008, Neill et al., 2016, Locke et al., 2020, Hansen et al, 2021, Street, 2022). Furthermore, and perhaps as a consequence of this view, parents report that they are not fully included in all aspects of assessment and decision making about their children (De Geeter et al, 2002, McNeilly et al, 2017, Powell et al, 2018, Locke et al., 2020). I constructed four sub-themes to the parental concerns and professional responses theme within the review findings, and each will be addressed separately:

1. Waiting
2. Wait and See
3. Judgemental responses
4. Barriers

2.8.2.1 Waiting

The word wait was referred to in over half of the studies, and was often used to refer to waiting times to access assessment, diagnosis, support, or an intervention (Glogowska and Campbell, 2000, Cowpe et al, 2014, Ho et al, 2014, Bent et al, 2020, Komvoki, 2020, Hansen et al, 2021). Associated with waiting is mental ill health for some parents and their children due to anxiety and concerns regarding a lack of understanding of their child's presentation, or their inability to fully meet their child's needs (Rannard et al, 2005). Findings indicate that some parents reported that their

mental ill health was excerbated by a perceived lack of support from professionals (Glogowska and Campbell, 2000, Marshall et al, 2016, McNeilly et al, 2017, Bent et al, 2020, Locke et al, 2020, Hansen et al, 2021). In Doi et al's, (2021) study, 10% of parents reported negative experiences in their interactions with Scottish Health Visitors. A small percentage of parents attributed this to waiting to hear from Health Visitors returning calls and follow up visits (often needed to continue assessment or discuss intervention).

Some parents are aware that there is a relationship between gatekeeping processes and timing to access further professional support (Rannard et al, 2005, Lundeby and Tossebro, 2008, Marshall et al, 2016, McNeilly et al, 2017). Alongside waiting for appointments, and referrals, parents were also chasing up responses, reflecting a sense that they were not important, valued or a priority (Rannard et al, 2015). In Komovoki's, (2020) study, some parents said they felt abandoned by Health Visitors while trying to manage the burden of their worries and responsibilities. Sim et al's, (2019) study demonstrated the importance of acting on parent concerns, especially at preschool stage, given the potential impacts to a child of unmet needs as they transition to school. Often, waiting is something parents are compelled to endure, as neither they, nor do some professionals have the power to change it. This is maybe a consequence of organisational procedures and inability to meet demand for resources (Bent et al, 2020).

2.8.2.2 Wait and see

'Wait and see' is a response sometimes adopted by professionals responding to parental concerns (Rannard et al, 2005, Marshall et al, 2016, McNeilly et al, 2017,

Bent et al, 2020, Locke et al, 2020). This approach suggests that immediate action is not necessary, and that time may change the situation. This approach was deemed equally frustrating to parents sitting on waiting lists, and perhaps could be deemed more concerning given that a 'wait and see' approach is less likely to align with early intervention, prevention, and health protection theories (Scottish Government, 2008b, Marmot et al, 2020). While professionals may have legitimate concerns about over or early diagnosis, this literature review indicates that 'wait and see' can be experienced negatively by families due to delays in accessing support. This approach might be more acceptable if families were receiving ongoing support during the waiting period to mitigate against any impacts.

Furthermore, it may be argued that there is a power imbalance between parents and professionals in terms of the professional role as a gatekeeper (Thompson, 2007) (discussed in section 2.8.3). There may be some parents who are unable to challenge a 'wait and see' approach, and consequentially there is a risk of exacerbating inequalities (Thompson, 2011). In many scenarios, the wait and see response appeared to link with parents' perceptions of being dismissed or of not being taken seriously. This is despite the fact that, in some cases, parents' concerns were indeed valid, as acknowledged when professional assessments were conducted as identified in these studies Glascoe, (1999), Glascoe, (2003), Rannard et al, (2005), Sims et al, (2019).

2.8.2.3 Judgemental responses

Judgemental responses was a theme identified in just over half of the articles; where some parents said they felt they were being judged or even blamed and shamed for

the difficulties and challenges their children were experiencing (Edmunds, 2005, Rannard et al, 2005, Lundeby and Tøssebro, 2008, Neill et al., 2016, Norman et al, 2016, Sims-Schouten, 2016, Locke et al, 2020, Doi et al 2021, Hansen et al, 2021). For example, Edmunds, (2005) qualitative study, based in England and using interviews and focus groups to gather data, investigated the experiences of parents seeking help for their overweight children. Parents not only reported feeling judged by professionals, but they also felt shamed and blamed. This was not a helpful foundation for partnership working.

Edmunds, (2005) study involved 40 parents, and explored experiences and perspectives of parents seeking help and support about the (potential and actual) impacts of obesity on their child's health. Parents reported mixed responses from GPs; some felt their contributions were dismissed, while others described their GPs as empathetic and supportive. The impact of feeling judged or blamed led to a reluctance from some parents to contact services for further support, an inability to form trusting or positive relationships and therefore, there were difficulties in collaborating with professionals (e.g. Marshall et al, 2016, Norman et al, 2016, Hansen et al, 2021). Overall, the findings highlight the stigma associated with the sensitive nature of obesity and the need for interpersonal skills from GPs in responding to parental concerns.

Hansen et al's, (2021) study involved parents of 2-17 year old children with mental health difficulties living in Northern Denmark, focused on children attending Child and Adolescent Mental Health Services (CAMHS). Of the 244 parents participating in this

study, 41% reported that they were ambivalent about seeking support for their child based on previous negative experiences and/ or concerns about being judged:

> "*… parents often felt that their observations were less valuable than observations by professionals, and many parents felt blamed by professional for the child's difficulties*" (Hansen et al, 2021:5)

There were methodological issues with this study, including a low response rate and the interviews not being recorded or transcribed, and thus having potential implications for transparency, recall, and bias (Silverman, 2020). Child mental health is particularly topical in Scotland in this post Covid-19 pandemic era (Public Health Scotland, 2024), and although Hansen et al's, (2021) findings require acknowledgement of the methodological limitations, the findings that the impact of perceived judgements on parents can be significant requires to be noted. These types of judgements can create anxiety for parents, and thus they are less likely to seek support, and in some cases there is fear of their child being removed from their care (Hansen et al, 2021). Rannard et al's, (2005) study not only found that parents said they felt judged, but they were concerned about the unfounded allegations about their mental health. Some parents said there were being perceived by professionals as:

> "*Neurotic or over anxious*" (Rannard et al's, 2005:713)

Rannard et al's, (2005) study focused solely on parents of children receiving treatment from Speech and Language Therapy services, therefore, there are limitations to the extent to which some of these research findings can be taken to a wider population

level due to the recruitment process. Nonetheless, it is noteworthy that parents appear to recount similar experiences across different cultures, countries, and settings (Attree, 2005, Edmunds, 2005, Rannard et al, 2005, Locke et al, 2020, Hansen et al, 2021). Furthermore, this literature review identified that most studies involved female participants (mothers), and therefore the experience or perception of being judged in this review is attributed mostly to mothers. Interestingly, Norman et al's, (2016) study, involving three men and seven women, found that fathers did not feel judged by professionals.

Norman et al's, (2016) study was one of two that attempted to recruit young parents, to examine their experiences of interacting with health professionals using structured interviews. The overall findings of Norman et al's, (2016) study were significantly negative, with multiple issues being raised by young parents relating to feeling judged, dismissed, and experiencing poor relationships with the professionals they were interacting with. They also said they felt they lacked power, particularly regarding the outcome of their child's assessments. Parents were very frustrated at the dismissive professional responses of GPs and Health Visitors to their concerns. Despite the focus on younger parents, the findings align with other studies in this review of parents of mixed age groups. One issue separating the younger parents is that they also said they needed to prove themselves because of their age.

2.8.2.4 Barriers

Just over half of all articles referred to barriers to parental involvement in assessment and decision making regarding their child's health and wellbeing. The findings overwhelmingly suggest that most parents involved in these studies wanted to be

involved in discussions about optimising and protecting their child's health and wellbeing. However, barriers caused challenges, and in some situations put parents off completely from seeking help (Reijneveld et al, 2008, Ho et al, 2014, Neill et al, 2016, Norman et al, 2016). Some of these barriers related to physical, material, environmental and organisational factors such as access to reliable transport (Attree, 2005), and lack of flexibility of service provision of organisations and individual professionals (Akister and Johnson, 2004, Cowpe et al, 2014, Hansen et al, 2021).

Specific challenges included accessing appointments with health professionals such as GPs and Health Visitors. For example, Norman et al's, (2016), study of young parents cited significant issues with getting access to appointments during daytime, and as a result some were using out of hours and accident and emergency services inappropriately. The participants were mostly mothers, and all participants were lone parents, so findings may have been different with more fathers and parents in relationships. However, requiring using out of hours services due to barriers to accessing a GP appointment is a concern in terms of pressures on emergency services. Furthermore, emergency services do not offer the continuity of care that some families may require, which is why community based support is so important (Naidoo and Wills, 2016).

Similarly, Neill et al's, (2016) study revealed that parents said they felt discouraged and even oppressed by attempts to access appointments to see health professionals. GP receptionists emerged as a distinct challenge in being able to access timely appointments. These are interesting findings because, in other studies parents said GPs and Health Visitors were the professionals they were mostly likely to seek out for

advice and support (Akister and Johnson, 2004, Komovoki, 2020, Hansen et al, 2021). Delayed access to local health support could lead to worsening health conditions, and is thus misaligned with the philosophy of early intervention and prevention (Marmot, 2010). Neill et al, (2016) reported that flexibility, particularly home visits, were helpful for parents. Being in the parents' home environment created opportunities to develop trusting relationships, whilst offering practical benefits such as saving time. These reasons were echoed in other studies (Fereday et al, 2010, Cowpe et al, 2014). However, Lam et al, (2017) reported from their literature review of 16 articles that parents are not involved enough in the evaluation of home visiting programmes. This aligns with evidence from this current literature review about the value of parental involvement in decision making.

Other barriers limiting parents' role in assessment and decision making regarding the child's health and wellbeing included low-income, material and environmental circumstances (Attree, 2005, Locke et al, 2020, Hansen et al, 2021, Street, 2022). In Street's, (2022) study, poverty and low-income for mothers were highlighted as creating multiple barriers, not only in accessing support for their child, but also for themselves (Street, 2022). Examples included unsafe communities and having limited access to sufficient material objects or finances to meet their day to day needs. Some of the findings from Attree, (2005) were similar to Street, (2002), both identified many barriers to parents seeking or accessing support. Although Street, (2022) and Attree's, (2005) research questions and methods were different, and therefore there are issues in comparing findings, there was a pattern of themes in these two studies; access to material and financial resources created barriers for parents, not only in meeting their children's needs but also in reaching out, seeking or responding to support. Other

factors evidenced as creating barriers for parents included culture, (Reijneveld et al, 2008, Ho et al, 2014, Marshall et al, 2016, Locke et al, 2020) language, (Almendingen et al, 2022), and being a lone parent (Akister and Johnson, 2004, Attree, 2005, Neill et al, 2016). The barriers were underpinned by either a lack of knowledge and understanding on the part of professionals, or insufficient resources from either the parents or professionals to overcome the barriers.

In summary, most of the studies main content related to parental concerns and professional responses (Glogowska and Campbell, 2000, De Geeter et al, 2002, Akister and Johnson, 2004, Edmunds, 2005, Rannard et al, 2005, Lundeby and Tøssebro, 2008, Marshall et al, 2016, Neill et al, 2016, Locke et al., 2020, Sim et al, 2019, Bent et al., 2020, Almendingen et al., 2022). Parents raise concerns about their child's physical, emotional, mental, general, health, as well as their development (Glogowska and Campbell, 2000, Rannard et al, 2005, Reijneveld et al, 2008, Marshall et al, 2016, Neill et al, 2016). The evidence portrays a somewhat limited picture of mixed responses from professionals. Limited because most studies only explored parent's views. Some studies are also limited in methodology and information provided on the circumstances that professionals are responding from.

However, the current evidence does illustrate that professional responses can be underpinned by perceived shame, blame, and dismissal of parent's views, concerns and contributions to conversations about their children's needs. This can cause delay in referrals, or intervention from professionals. Where the evidence identifies positive experiences of parent-professional interactions, the evidence continues to reflect the power differentials, and despite overall satisfaction from parents in some cases, there

is room for improvement and change to make experiences and outcomes for children and families better.

2.8.3 Gatekeeping

Gatekeeping was referred to both by parents and professionals in a few studies (Lundeby and Tøssebro, 2008, Rannard et al, 2005, Marshall et al, 2016). Policies of rationing resources and determining eligibility exists across many settings, especially in health and social care (Lister, 2010, Sharkey, 2017, Scriven, 2017). As a result, professionals are often the gatekeepers to the public accessing resources via eligibility criteria and assessment (Lister, 2010). The literature reflects that some parents view gatekeeping as a barrier to appropriate and meaningful professional responses (Lundeby and Tøssebro, 2008, Marshall et al, 2016). This is underpinned by the lack of power that parents have to elicit their desired response from professionals in accessing further services or support. However, Rannard et al's, (2005) slightly older study indicated that the powerful role of professionals as gatekeepers equates to them being more likely to access support for parents, than parents can themselves. This perhaps highlights the importance of parents having positive relationships with professionals to access the necessary support for their children.

Akister and Johnson, (2004) propose that gaps, barriers and omissions in supporting families is inevitable, as a result of organisational and budgeting priorities. Defining needs often sits parallel to service design, as part of resource allocation and rationing service provision (Naidoo and Wills, 2016). Often normative needs: those set by the professional or the organisation take priority, as this permits organisations to justify decisions about resource allocation (Naidoo and Wills, 2016). This means that

professionals and organisations have the power to set the parameters of what constitutes a need and whether it can be met (via eligibility criteria). These decisions require to be made as a result of growing demand on services (Lister, 2010); however, the disadvantage of this approach is there is a risk of missing the expressed, or felt, needs of parents who are asserting candidacy for themselves or their children.

The phrase, 'asserting candidacy' refers to the dynamic process between individuals and front-line professionals in determining suitability and eligibility to access a particular service (Dixon-Woods et al, 2006b). Dixon-Woods et al, (2006b) propose that candidacy should be considered as a series of actions, that:

> "… *would demonstrate the vulnerabilities associated with socio-economic disadvantage, emphasise the highly dynamic, multi-dimensional and contingent character of access, and allow a more insightful interpretation of the evidence on receipt of healthcare*" (Dixon-Woods et al, 2006b:7)

The Candidacy Framework developed by Dixon-Woods et al, (2006b) is an appropriate lens to consider how parents access support form professionals regarding their children's needs. A critical interpretive analysis of literature by Dixon-Woods et al, (2006b) resulted in the identification of interlinked factors, across different stages that can determine access to services and subsequent outcomes. These factors and stages were analysed and interpreted by Dixon-Woods et al, (2006b) to construct the concept of candidacy and led to the creation of a framework. The Candidacy Framework was suggested as an alternative method to understanding how groups in society, particularly vulnerable groups access health services. Since the creation of

this framework, several researchers have applied it to different population groups and services, including ethnic minority groups accessing care services (Koehn, 2009, Malzer, 2013), domestic abuse survivors accessing GP services (MacKenzie et al, 2013), asylum seekers and refugees accessing mental health services (Van der Boor and White, 2020), and parents of children with asthma accessing services for their children (Hudson et al, 2016). Figure 2D is a copy of a *"Summary of the Seven Features of the Candidacy Framework"* created by Sinnott et al, (2024).

Identification
How people recognise their symptoms as needing medical attention or intervention is important to how they assert a claim to candidacy.

Navigation
Using services requires knowledge of the available services and depends on having the practical resources to use them.

Permeability
The ease with which people can use services depends on how many and what kinds of criteria people have to meet to use them, and on cultural and other alignments between services and individuals.

Appearances
Appearing at services involves people making a claim to candidacy. It requires a set of competencies and sociocultural alignments.

Adjudications
Professional judgements about patients' candidacy strongly influence individuals' access to attention and interventions.

Offers and resistance
Offers of care may be made that may be accepted (utilisation) or refused (non-utilisation) by individuals.

Operating conditions
The perceived or actual availability and suitability of resources has a major impact on the local production of candidacy, as do other relevant operating conditions.

Figure 2D Summary of the seven features of the Candidacy Framework (reproduced from Sinnott et al, 2024:684)

Sinnott et al, (2024) used the Candidacy Framework to review access participants had to GP services. Their review concluded that accessing a GP is a complex process depending on socio-economic position. Furthermore, that the access is complex as a result of the abilities of the person requiring a GP to negotiate their candidacy. Sinnott et al, (2024) concluded that GPs may be a service *available* to all citizens of the UK, but not necessarily a service *accessible* to all. Some of the factors that result in inaccessibility to GP services were also cited by parents in Neill et al, (2016) and Norman et al's (2016) studies. These include a lack of home visits, language or cultural barriers, stigma, mistrust and health illiteracy. For some groups, navigating institutions, asserting and negotiating candidacy will be difficult and perhaps impossible (Neill et al, 2016, Norman et al, 2016, Sinnott et al, 2024).

While some researchers have suggested amendments to Dixon-Woods et al's, (2006b) Candidacy Framework, overall, the framework is recognised as a useful analytic tool in considering enablers and barriers to citizens accessing care and support. Therefore, I used this framework to reflect on and consider my research findings during data analysis and the discussion of my findings.

In summary, gatekeeping is recognised as a factor associated with professional responses to parents seeking (more) support for their child. There are mixed views from the evidence in the consideration of the positive and negative impacts of the professional gatekeeping role. Significant challenges arise for those parents who do not know when and how to seek support in the first place. Negative experiences are associated with power differentials because parents cannot access the resources or support required without the adjudication of professionals. Adopting Dixon-Woods et

al's, (2006b) Candidacy Framework is helpful in understanding the role of gatekeepers, and the barriers and enablers to parents seeking support for their children.

2.8.4 Enabling factors

Enabling factors were those variables identified by parents that supported or enhanced their involvement in assessments, decision making or discussions with professionals regarding their child's health and wellbeing. These were referenced in section 2.8.2 regarding the positive use of interpersonal skills by professionals. Many studies' results or recommendations conveyed the need for professionals to undergo more training regarding communication and interpersonal skills (Fereday et al, 2010, Norman et al, 2016, Sims-Schouten, 2016, McNeilly et al, 2017, Locke et al, 2020). For example, in Cowpe et al's, (2014) UK study focusing specifically on parents of children with dysphagia, parents were clear on the significance of professionals being able to build trust with families and having effective interpersonal skills. Qualities that parents valued included listening; this was rated as fundamental alongside professionals proactively seeking out the views of parents.

Specific recommendations for professionals were made for them to learn about shared decision making, understanding and becoming more engaged in empowering parents (Sims-Schouten, 2016, McNeilly et al, 2017, Locke et al, 2020). Sim et al, (2019) recommended that professionals recognise the contribution of parents by responding affirmatively to their concerns. Doi et al's, (2021) study reported that increased home visits, combined with continuity of care, equate to stronger, relationships which, in turn, supports sensitive discussions. The same study proposed that early intervention and

prevention could also be achieved from regular visits and trusting relationships (Doi et al, 2021).

In summary, these findings indicate that there are positive experiences of parental involvement in discussions and decisions about their children's health and wellbeing. Many of these positive factors are linked with professional interpersonal skills. Recognising that parents highly value these skills, there is a clear solution to improving parent-professional participations at a minimal cost to professional organisations.

2.8.5 Positioning and power

References to position or power were made (directly or indirectly) in many articles. It could be argued that position and power are underpinning factors in all the issues identified from the literature review. Powell et al, (2018) found that decision making processes involving parents and professionals could be disempowering for parents. In their UK based study of parents of children with eczema, parents reported feeling frustrated by the lack of influence they had in interactions with GPs. The study revealed tensions on the health implications of eczema, and in some instances, this led parents to pursue private or alternative care options. Parents were exasperated that GPs appeared to only focus on what they could see in front of them and would not consider wider impacts on the child's health and wellbeing such as emotional, social, and mental health difficulties (Powell et al, 2018). Parents reported that treatment was focused on medicine for the skin condition only. Whereas parents were equally concerned about their child's mental health, education, friendships etc. Parents reported feeling that they did not have the power to influence GP led treatment plans. However, with financial power, some parents could pay privately for

assessments and treatment. The authors note some limitations to this study in that despite managing to recruit a diverse range of participants, most of the GPs were female, many had a specific interest in dermatology and interviews were not paired via parent/patient and GP interactions. It is therefore unclear if the views and practice of male GPs are different and whether GPs who lack a particular interest in dermatology would respond differently also.

Intimidation was also mentioned in a couple of the studies, where young parents said they felt unable to assert their views as a result of feeling intimidated by professionals (Norman et al, 2016, Neill et al's, 2016). Although Neill et al's, (2016) study findings are limited to a particular focus on acutely ill children, parents were also conveying frustration at their inability to be heard and access appointments or services. Case's, (2000) UK study examining experiences of parents of disabled children in accessing support services found that the persistent application of a professionally led medical model resulted in ineffective outcomes. This was because focusing only on medical needs meant that emotional and social needs were unmet. Many parents in this study said they did not have the capacity to break down barriers to gain the power they said they believed was deserved.

The literature review identified two studies focusing on parent interactions with educators (De Geeter et al, 2002, Almendingen et al, 2022). Although the methodology and time of research is different, the findings are similar. Both used questionnaires to collect and analyse data. Both findings are similar in that overall, parents were satisfied with their involvement with professionals, even if there was room for improvement. Both studies explored the position of parents as experts. De

Geeter et al's, (2002) study examined parent satisfaction of their interactions and work with educators, positioning one group of parents as experts, and the other group of parents and professionals interacted as they normally did. Pre-intervention survey data reflected high levels of satisfaction from parents across many areas of their collaboration with professionals. However, despite this, there were elements where parents said they felt uninformed about professional priorities with their children. The study failed to support the hypothesis that, by giving parents an 'expert' status, their levels of satisfaction would increase. The researchers disclosed problems with the methodology, namely the quality of the questionnaire, accepting that this may have impacted on the resulting data. Furthermore, given the power and position of professionals, there are questions about the ability of parents to assume or adopt an expert role simply by being assigned this title by someone who does have power.

Almendingen et al's, (2022) Australian study collected data from parents and professionals focusing on professional responses to concerns about children accessing early years services. This study only included parents who had recently raised concerns to professionals. Also, the study didn't identify why the services that were included in the study were invited to participate. Therefore, both of these factors may have had some influence on participation and findings. The detail of parent's views and experiences were revealed within the qualitative data gathered from the surveys. This highlights the benefits of (qualitative research) offering parents the opportunity to say or write about their actual experiences during data collection, as opposed to questionnaire tick box responses. Parents reported that some early years practitioners assumed the expert role in discussions and consequently parents said they felt dismissed. Themes of being dismissed, undermined, and poor

communication processes were attributed to negative experiences in Almendingen et al's, (2022) study.

In summary, position and power makes a difference in the ability of either a parent or professional to progress supporting children and families. However, the problem arises where there are differences in views and priorities about the best interests of a child, and when this occurs, parents often lack the power to position themselves as the expert in knowing what is best for their child. Furthermore, power cannot simply be given to a parent, genuine empowerment is an ongoing piece of work of joint decision making, underpinned by supporting parents to develop and maintain knowledge and understanding to make these decisions, listening and providing the resources required to maintain them in the position as a decision maker (Thompson, 2007, Lavarack, 2019, Reeder and Morris, 2021).

2.8.6 Partnership working

This literature review reveals an overwhelming sense that parents do not always believe that partnerships are genuine (Glogowska and Campbell, 2000, Edmunds, 2005, Cowpe et al, 2014, Ho et al, 2014, Almendingen et al, 2022). Komovoki's, (2020) Scottish study (PhD thesis) focusing on Health Visitors in a single Health Board found that Getting it Right for Every Child (GIRFEC) (Scottish Government, 2008b) was:

> "*Doomed to fail*" (Komovoki, 2020:183)

This was because of the multiple challenges reported by Health Visitors in fulfilling roles such as partnership working. These challenges included insufficient training,

support and resources (including time and staff). Some parents in Komovoki's, (2020) study reported a lack of child centred focus and their involvement in decision making and discussions. This created tensions between Health Visitors and parents. While parents valued home visits, and sought out support from Health Visitors, the study reported that Health Visitors could not always respond to all the requests of parents. In reality, some Health Visitors talked about offering only basic and minimal services. Some parents relayed that their expectations of the health visiting service were not met; some said their voices were not heard and that power was held firmly with the Health Visitor, meaning that, despite parents valuing and wanting services from Health Visitors, they also said they felt frustrated. Some parents said they ended up seeking out support elsewhere as a result of their experiences (Komvoki, 2020).

Sims-Schouten's, (2016) study analysed data from two different projects, making the findings unique to this particular study. The two-part study gathered data from early years (EY) students and qualified EY practitioners in England. The study explores positioning in relationships and reported that EY students undertaking an Early Childhood Care and Education Degree strongly supported and valued partnership working with parents. Sims-Schouten's, (2016) study also recruited parents and EY practitioners for focus group discussions. Findings revealed that some EY practitioners were deemed by parents as being judgemental towards them. This was underpinned by how practitioners positioned themselves within working relationships with parents. The study found that the issue of unequal or ingenuine partnership working presents challenges for parents to be fully involved in discussions regarding their child's health and wellbeing. For parents to be able to make decisions, they need access to information and support (McNeilly et al, 2017). As discussed in the 'enabling factors'

theme (section 2.8.4), for partnerships to exist and be effective, parents also require feeling respected, trusted and included in the process. To do this effectively, parents also need information/ training (De Geeter et al, 2002).

In summary, the evidence indicates that factors such as continuity, trust and time are important in parent-professional interactions in being able to develop collaborative, genuine partnerships. Like the themes identified already in this Chapter, partnership is associated with empowerment and support of parents, without this, there are likely to be barriers for partnership working. Furthermore, the impact of insufficient resources for some professionals means that they also face challenges in fulfilling this part of their role.

2.9 Discussion

The literature review set out to establish evidence (knowledge), gaps, limitations, and tensions surrounding parental involvement during interactions with professionals about the health, wellbeing and development of children aged 3-5 years. This final section summarises the key findings I identified from this literature review, focusing on the guiding review questions set out in section 2.2.

2.9.1 Knowledge

Findings from this literature review are context specific, reflecting the scope of the 27 articles analysed. These studies provide meaningful insights into the experiences of a sample of parents, including young and lone parents, and those form varying socio-economic backgrounds. Although participants were primarily based in the UK, most studies were conducted in England, and involved mothers. The themes I generated

from this review indicate that parents/carers do not feel they are consistently or fully involved in assessment and decision making processes alongside professionals regarding their children's health, wellbeing, and development. Furthermore, the evidence identifies multiple barriers for parents in being able to interact with professionals, or even ask for help.

Many barriers are underpinned by power differentials in relation to knowledge, finances or the ability to elicit or influence change (e.g. Case, (2000), Attree, (2005), Edmunds, (2005), Bent et al, (2020), Hansen et al, (2021), Street, (2022)). Waiting and delayed interventions can increase the likelihood of general and mental ill health for families (Rannard et al, 2005, Cowpe et al, 2014, Locke et al, 2020). Furthermore, some parents delay seeking support for fear of shame, judgement or unwanted intervention from services (i.e. social work) (Neill et al, 2016, Hansen et al, 2021). All of these scenarios have implications for public health strategies such as early intervention and prevention, and thus health, wellbeing and developmental outcomes for children.

The literature review also helped to identify factors that enable effective partnership working (e.g. Cowpe et al, 2014, Sim et al, 2019, Locke et al, 2020). Trust and respect were words repeated in many studies as being critical to successful parent-professional partnerships, as reported by parents. A study conducted specifically in Scotland highlighted that parents consider themselves to be knowledgeable in understanding child development (Doi et al, (2021), and another study suggests that parents can be credible contributors to discussions about their children's health and development (Sim et al, 2019). My analysis from these studies suggest that adopting

a position that parents are valuable contributors to discussions with professionals about their children's needs is a helpful starting position.

2.9.2 Gaps

Given the strength of Scottish children and families policy commitment described and discussed in Chapter Three, there appears to be limited evidence on parent-professional interactions focusing on children aged 3-5 years living in Scotland. Two studies made specific reference to parent perceptions of being valued (Rannard 2005, Almendingen et al 2022). Rannard, (2005) concluded from their research findings that parental contributions to discussions about child health and development should be valued more. While both articles acknowledge the concept of parental value, they offer limited depth in examining the perspectives and experiences of parents and professionals regarding what it means to feel valued, and the outcomes of that.

The literature review reflects a pattern of similar findings from evidence on parent views and experiences in interacting with professionals across the four continents from which evidence was identified (Asia, Australia, Europe and USA). Overall, there is a sense that parents do not feel valued or involved enough. I have identified a gap that is particularly relevant to Scottish policy rhetoric, professional practices and parents' experiences of both. The three Scottish studies identified in this review centred on collaborations between health professionals and parents of children aged 3-5 years (Sim et al, 2019, Komovoki, 2019, Doi et al, 2021). The literature review failed to identify recent evidence on parent involvement or collaborations with professionals across other sectors (e.g. education, social work, early learning and childcare).

2.9.3 Limitations

Many studies in this review are qualitative, and recruitment processes tended to be purposive for each specific study, which means the insights represent specific groups/demographics of children and/or families within particular geographical areas. Given this, and the small number of studies identified, it is hard to know to what extent these findings are representative of parental experiences in Scotland in the post Covid-19 pandemic era.

2.9.4 Tensions

Synthesising findings of the literature review revealed that many parents believe there are deficits in the core skills of some professionals, especially in relation to communication and interpersonal skills. This provokes some reflection in interpreting the meaning, cause, and consequence of this. Accordingly, this suggests there needs to be some exploration of professional perspectives and experiences of these issues to determine whether issues with professional communication and interpersonal skills is only noticed by parents.

The issue of gender arose in a few studies, identifying females as the main parent involved in interactions with professionals. Some mothers conveyed feeling judged by professionals, and the role of fathers was only noted briefly in most studies. The synthesis of findings indicated that the medical model was evident in how some professionals approached discussions, assessments, planning and eligibility criteria. This review identified notable tensions occurring between parents and professionals concerning differing perspectives on needs assessment and the nature of required support or intervention. Recurring themes and recommendations identified in the

literature review suggest enduring challenges that appear to have been insufficiently addressed in policy or practice. These may be underpinned by systemic constraints including inadequate funding and resource allocation within services.

2.9.5 Theoretical concepts

In qualitative research theoretical perspectives can be engaged flexibly and applied in ways that support, rather than predetermine the analytic direction of a study (Braun and Clarke, 2013). The policy and literature review provided an opportunity to reflect on key theoretical ideas relevant to the interdisciplinary issues addressed in this research. Consequently, I have positioned the discussion of theory at the end of this literature review to reflect its role as an interpretive lens, rather than as the foundation from which the research questions or overall study were developed.

Theories of epistemic injustice and power were discussed in section 2.8.1, and the Candidacy Framework (theory) was discussed in section 2.8.3. Beyond these theories, my analysis of the cited literature indicates that additional theoretical frameworks may also be relevant, including:

1. Attachment and Child development (Bowlby, 1969)
2. Public health (Pillas et al, 2014)

Getting it Right for Every Child (GIRFEC) (Scottish Government 2008b) and the National Parenting Strategy (Scottish Government, 2012) as discussed in Chapter Three, are two policies that reference attachment and child development theories. These theories outline the important role of parents in developing secure attachments

with their baby in order that their baby feels loved, secure, protected and thus able to grow and thrive. Some parents will require support in understanding child development. Recognition of the criticality of early childhood for a child's healthy development is reflected in the universal service provision to children and families in Scotland. Bowlby's, (1969) theories of attachment and child development are arguably essential in understanding the role and value of parents. These theories emphasise the foundational importance of early relationships in supporting a child's healthy development, highlighting the need to support parents in this role.

Public health is a broad term encompassing a spectrum of approaches adopted to promote health and wellbeing within a population (Donaldson, 2017). Therefore, as well as being a theoretical concept, public health is also a sector and type of intervention (Scriven, 2017). Key to health protection and promotion are the concepts of early intervention and prevention (Baggot, 2011). Early intervention has become synonymous with early childhood in terms of getting it right for children at the earliest point (Scottish Government, 2008a, Scottish Government, 2018d). Evidence suggests that early intervention and support for children and their families can reduce detrimental impacts to health, wellbeing and development (Marmot, 2010). This also links to child development and attachment theory (Bowlby, 1969). Early intervention can also refer to the early identification of a health or development issue for a person at any stage in life. Thus, a variety of health screening programs are offered to population groups across Scotland (i.e. hearing and vision screening for children) (Naidoo and Wills, 2016). Many policies referenced in Chapter Three are underpinned by the philosophy of early intervention and prevention, including the National Parenting

Strategy (Scottish Government, 2012), access to funded childcare, and targeted support to low-income families.

The social determinants of health are understood to be the foundation to many health inequalities observed across Scotland and the wider UK (Marmot and Wilkinson, 2005, Fraser of Allander Institute, 2022) . The impacts of poverty to the outcomes of children and families have been widely reported over many years (Seccombe, 2000, Adamson, 2007, Hirsch, 2007, Horgan, 2007, Wilkinson and Pickett, 2010, Treanor, 2020, Child Poverty Action Group (CPAG), 2021, Troller-Renfree et al, 2022, Joseph Rowntree Foundation, 2023). Professionals arguably play a critical role in supporting families during early childhood, particularly those at high risk of poor health outcomes due to poverty and other socio-economic factors.

2.10 Conclusions

The process of reviewing the literature was more challenging than expected, particularly due to initial searches which yielded limited results. The problems I encountered in identifying relevant literature is partly due to a lack of evidence focusing specifically on the role of parents during interactions with professionals. This has further strengthened the justification for exploring this important topic area for policy and practice development.

I made all of the decisions from curating the literature review questions, to setting the inclusion/exclusion criteria, and analysing and synthesising the findings. These decisions were based on seeking to understand the current evidence gaps, tensions and limitations. This literature review required to be considered in the wider policy

context. As identified in Chapter Three, there are volumes of policy pertaining to the role of parents in supporting the health, wellbeing and development of their children. However, the literature review suggests that the real-life experiences of families does not align fully with the policy rhetoric. This is not necessarily a surprise as policies are often created from an idealistic perspective rather than a realistic one (Cairney, 2011).

The findings of this literature review provided justification to seek to address knowledge gaps and tensions surrounding the role and value of parents/carers as they interact with professionals about their child's health, wellbeing and development at ages 3-5 years old. This research project gathered data post Covid-19 pandemic and lockdowns. This contributed to unique and specific knowledge in understanding the views and perceptions of parental role and value from parent and professional participants. Views of parents and professionals were compared to gain a fuller understanding of the reality of children and families policy implementation in Scotland.

Chapter Three: Children and families Scottish policy context

3.0 Introduction

This Chapter provides an overview of key early years, children, and families policy focusing on outputs following the opening of the Scottish Parliament in 1999 and the creation of the Scottish Executive (later renamed the Scottish Government). The purpose of this Chapter is to describe, discuss and analyse some of the key Scottish policies over the past 25 years. This Chapter is structured chronologically, organised according to the successive political and governing administrations from 1979 to 2024. This approach highlights shifts in policy direction and priorities across different leadership periods, and incorporates the following areas of policy and legislation:

- Child and parent rights
- Early Learning and Childcare (ELC)
- Education
- Child Protection and support for vulnerable children
- Welfare and poverty
- Health, development and wellbeing
- Disability and additional support needs

This Chapter does not encompass all Scottish early childhood policies particularly given the volume of policy outputs over the last 25 years and also because I focused my research specifically on the 3-5 year age group. Overall, reviewing this policy

context reveals that since devolution, the Scottish Government has consistently placed a strong emphasis on children and families in policy development (Tisdall and Plumtree 1997, Woods 2004, Kay et al 2010, Greer 2016). There is an argument that devolution has permitted Scotland to accelerate and diverge from the rest of the UK in this policy direction (Keating, 2005, MacKinnon, 2015).

3.1 1979 - 1997; Conservative administration

In 1979, the Conservative party governed the UK. Table 3A provides an overview of political administrations and leaders from 1979 to 2025 in Scotland and the UK.

Table 3A UK and Scottish political administrations and leaders 1979 – 2025

Timeline	UK Government (Party) (Prime Minister and Term)	Scottish Government (Party) (First Minister and Term)
1979 – 1990	Conservatives (Margaret Thatcher)	
1990 – 1997	Conservatives (John Major)	Scottish Referendum (1999)
1997 - 2007	Labour (Tony Blair)	Scottish Labour (Donald Dewar 1999 – 2000) (Henry McLeish 2000 – 2001) (Jack McConnell 2001 – 2007)
2007 – 2010	Labour (Gordon Brown)	Scottish National Party (SNP) (Alex Salmond)
2010 – 2016	Conservatives (David Cameron)	SNP (Alex Salmond 2010 – 2014) (Nicola Sturgeon 2014 – 2016)
2016 – 2019	Conservatives (Theresa May)	SNP (Nicola Sturgeon)
2019 – 2022	Conservatives (Boris Johnson)	SNP (Nicola Sturgeon)
2022 – 2024	Conservatives (Liz Truss 2022) Rish Sunak 2022 – 2024)	SNP (Nicola Sturgeon 2022 – 2023) (Humza Yousaf 2023 – 2024)
2024 - 2025	Labour (Keir Starmer)	SNP (John Swinney)

Hindsight provides a reflective opportunity to look back at policy development during the 80's and 90's and consider its impacts. In doing so, it is noticeable that there was a distinct lack of priority in child health and wellbeing during this period, particularly in early years policy work (Bradshaw 2007, Campbell-Barr and Nygard 2014, Melhuish, 2016). Although this Chapter primarily focuses on the post-devolution period, the following three key pieces of pre-devolution legislation are noteworthy:

- Education Scotland Act (UK Parliament, 1980)
- Children Act (UK Parliament, 1989)
- Children Scotland Act (UK Parliament, 1995)

The Education (Scotland) Act (UK Parliament, 1980) set out that all children regardless of their needs have a right to education in Scotland, and Local Authorities have a duty to deliver on this. This legislation also outlined that parents must ensure their children begin their formal education by the age of 5 years old. This legislation remains central to the rights of children to education in Scotland today.

The Children Act (UK Parliament, 1989) was the first innovative piece of legislation setting out children's rights, emphasising the duty on the state to listen and act on children's views. This Act introduced the principle that the welfare of the child is *"paramount"* (UK Parliament, 1989: section 1 (1)), prioritising child health, wellbeing, and protection from harm. This approach was also adopted by the Children (Scotland) Act (UK Parliament, 1995), with both Acts outlining the responsibilities of Local Authorities in safeguarding children. The 1989 Act placed particular emphasis on a duty towards 'children in need' (Tisdall and Plumtree, 1997, Tisdall and Plows, 2007).

However, at this point, a focus on children's rights and needs did not extend to the societal factors underpinning harms, such as poverty. These three pre-devolution pieces of legislation were pivotal in reframing children's rights in Scotland and continue to influence policy and practice post devolution.

The Black Report, (Department of Health and Social Security (DHSS), 1980), a government commissioned review of health inequalities, reported on the stark and widening inequalities, particularly impacting on low-income families, and highlighted the criticality of early intervention during early childhood on improving health and developmental outcomes. A report by Townsend et al, (1987) a few years later echoed similar findings. Despite the stark findings of the Black Report, there was limited response from the Conservative government in power at the time (Bartley et al, 1998, Oliver and Exworthy, 2003). Against a backdrop of commitments to reducing public spending, Conservative policy framed family matters as private, placing responsibility for care within families (Campbell-Barr and Nygard, 2014). This context is important and was reflected in a lack of policies to support parents, families or young children. For example, a gap between nursery provision and affordability meant only some families could afford childcare (Melhuish, 2016).

By the late 90's, policy focus was increasingly drawn to childcare and supporting parents, especially in incentivising women into paid employment (Brown et al, 1998, Melhuish, 2016). Ball, (1994) reported that the UK was lagging behind other countries on early learning and childcare policies. In the context of ongoing evidence of widening health inequalities (Acheson, 1998), the Conservative government eventually acknowledged the role of high quality childcare in supporting positive

childhood outcomes, introduced funding for childcare provision for all four year olds (Sparkes and West, 2006).

3.2 1997 - 2007; Labour administration (UK and Scotland)

The Scottish Executive was created under the Scotland Act (UK Parliament, 1998a). This was actioned following an affirmative response to creating a devolved parliament during a referendum in 1997. Table 3B provides an overview of some of the key policies and legislation for children and families created in the Scottish Parliament between 1999 and 2024. I have also added in the key pre-devolution policies maintaining an impact today.

This Scottish Parliament was created with a view that a Scottish Government would use devolved powers as set out in the Scotland Act (UK Parliament, 1998a) to run the country. Devolved powers could be applied to health, education, housing, social care, justice, and policing policies. It was suggested that these powers would provide a significant opportunity for the Scottish Government to decide on priorities in these areas. However, this was in the context of the UK government retaining responsibility for finance, including most aspects of welfare benefits, taxes, immigration, amongst other powers. Over time, additional welfare powers have been progressively devolved to Scotland. Donald Dewar, leader of the Scottish Labour party (1999-2000) and Scotland's debut 'First Minister' (see Table 3A) made several promises to the Scottish population with the introduction of the devolved parliament, promising social justice to be at the heart of policy development (Scottish Executive, 1999).

Policy focuses and priority thus far had been mainly on vulnerable and/or disadvantaged families. However, emerging evidence was also suggesting that high quality childcare provision could positively impact on all children (Bell, 1994, Scottish Office, 1998, Melhuish et al, 2001). Much of the first year of Scottish devolution centred on establishing administrative structures.

Table 3B Key Scottish children and families policies and legislation

Time Period	Key Policies and Legislation
Pre-Devolution 1979 – 1997 (Conservative Administration)	• Education (Scotland) Act (1980) • Children Act (1989) • Children Scotland Act (1995)
Creation of Scottish Parliament and post devolution period 1997 – 2007 (Scottish and UK Labour Administrations)	• Scotland Act (1998a) • SNAP (1998) • Funded Childcare for 3year olds (1998b) • A Scotland where Everyone Matters (1999) • Standards in Schools (2000) • Children's Rights Commissioner (2003) • Parental Involvement Act (2006)
2007–2024 (SNP Administration)	• Early Years Framework (2008a) • Getting it Right for Every Child (2008b) • Growing up in Scotland publications • National Parenting Strategy (2012) • Children and Young Person Act (2014a) • Universal Health Visiting Pathway (2015b) • Adverse Childhood Experiences (2016) • Child Poverty Act (Scotland (2017a) • Additional Support for Learning: Statutory Guidance (2017b) • 1140hrs Expansion (2017) and (2020) • National Performance Framework (2018) • Public Health Scotland Reforms (2018) • The School Nursing Role (2018) • Covid-19 (2020b) • United Nations Convention on the Rights of the Child (UNCRC) Incorporation Scotland (2024a)

However one notable policy was the Scottish Needs Assessment Programme (SNAP, 1998). This claimed to be about improving the health and wellbeing of children (and other population groups). The programme introduced health needs assessments across Scotland, providing information, collaboration, and evidence for targeting national and local resources (McEwen et al, 1995, SNAP, 1998). Despite these efforts, professionals working with families including GPs (Hanlon et al, 1998), and teachers (Connelly, et al 2008) continued to highlight the complex barriers to improving children's outcomes. Many challenges were centred around access to timely resources to meet identified needs. Notably, Connelly et al, (2008) found that teachers working in Scotland, supporting children demonstrating emotional and behavioural needs, expressed significant frustration over insufficient training, multidisciplinary working and resources to meet the scale of needs that they observed. This aligns with findings from my own research (see section 7.1.2), where teachers voiced similar concerns, and correlates with more recent evidence (Scottish Government, 2023d).

Children's rights and partnerships between parents and educators appeared to be strengthened with the creation of the Standards in Scotland Schools etc Act (Scottish Government, 2000). This law elevated and expanded the rights of children to access education, emphasising that all children should be supported by the Local Authority, regardless of their health or wellbeing needs. The creation of the Children's Commissioner's role (Scottish Government, 2003) suggested further commitment to prioritising children's rights and needs within policy making. The role of Commissioner was underpinned by the United Nations Convention on the Rights of the Child (UNCRC)(1989), and further to this, the Commissioner would have a key role in

promoting the involvement of children in policy and decision making in matters affecting them.

A few years later, the Scottish Government, (2006) Scottish Schools Parental Involvement Act was created. Now, both children and their parents had rights enshrined in law regarding access to and involvement in education. These laws aligned with growing evidence from prominent researchers such as Epstein and Connors, (1992), who published '*School and Family Partnerships',* demonstrating the associations and outcomes of parental engagement and a child's education and developmental outcomes. Their findings signified a relationship between the level of a parent's engagement with their child's education and their academic and developmental outcomes. Their evidence suggested that positive and strong relationships between families and schools were also linked to academic success for children. However, evidence linking household income to education outcomes highlights the need for more support for children and families from low-income households (Cooper and Stewart, 2021). Recent census results from the Scottish Government, (2022e) revealed that approximately 60% of parents reported they were content with their involvement in their child's education. While this statistic indicates a majority are engaged, the remaining 40% suggest a significant gap in parental satisfaction and potential for further improvement.

3.3 2007 - 2024; Scottish National Party (SNP) administration

The SNP replaced the name of the Scottish Executive with Scottish Government in 2007, arguably a demonstration of their determination to create a national identity, and promote their political status within the UK (Unger, 2013). The SNP formed a minority

government in 2007 after the election (see Table 3A). The Early Years Framework, (Scottish Government, 2008a) reflected a change in policy direction towards an emphasis on early intervention and prevention for child health, wellbeing, and development. This Framework made promises about:

"*Giving all our children the best start in life*" (Scottish Government, 2008a:3)

The Framework was positioned as a strategy to reduce poverty and its impacts, to support parents to contribute to positive outcomes for their children, with a focus on multidisciplinary working. This was underpinned by a universal approach to education and childcare meaning that all children would have the same access to funded early learning and childcare (ELC), and a focus on early intervention and prevention. Dunlop, (2015) suggested that the new Framework was ambitious in its attempt to tackle poverty, particularly the social determinants of health. She also highlighted challenges in realising the Framework's ambitions, particularly regarding the training and support needed for staff to effectively engage with parents, families and communities as outlined in the policy. Despite this Framework, UNICEF, (2020) reported concerning findings about the health and wellbeing of children living in the UK, especially given the country's wealth. Attempts to reduce poverty and its impacts remains a challenge for the Scottish Government (Joseph Rowntree Foundation, 2023, Birt et al, 2024).

Although children's services in Scotland are not all fully integrated across all sectors, themes of universal services, rights, interagency collaborative working, and the essential role of parents were all brought together under one policy with the creation

of ‘Getting it Right for Every Child’ (GIRFEC) (Scottish Government, 2008b). The aim of introducing this policy was to provide a universal public service to all children, recognising that any child may require support from the public sector, and that all children should have a right to be supported to reach their optimal potential (Scottish Government, 2008b). GIRFEC (Scottish Government, 2008b) centres around multidisciplinary working of professionals with the child and their family central to assessment, decision making and intervention. GIRFEC has tools for assessing children’s needs, notably the wellbeing indicators designed to guide assessment, discussion and planning towards positive outcomes. Known by the acronym SHANARRI (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included) (Scottish Government, 2008b), these indicators provide a focus for collaborative working. See Figure 3A for a visual image of the SHANARRI wellbeing wheel (Scottish Government, 2023h), an example of a tool that can be used in assessment and planning.

GIRFEC was created to address gaps in service provision to children, including the lack of effective collaborative interagency working (Coles et al, 2016). GIRFEC was devised to provide a consistent language and approach for everyone working with children and families to use. Those working with, or involved with the child are supposed to form a team around the child (TAC), working together, across and within disciplines. The TAC should have regular opportunities to communicate and share information to ensure the child’s needs remain central to decision making and intervention (Scottish Government, 2008b). However, available evidence suggests that there are still a multitude of gaps in relation to the purpose, outcomes and involvement of children and families in GIRFEC.

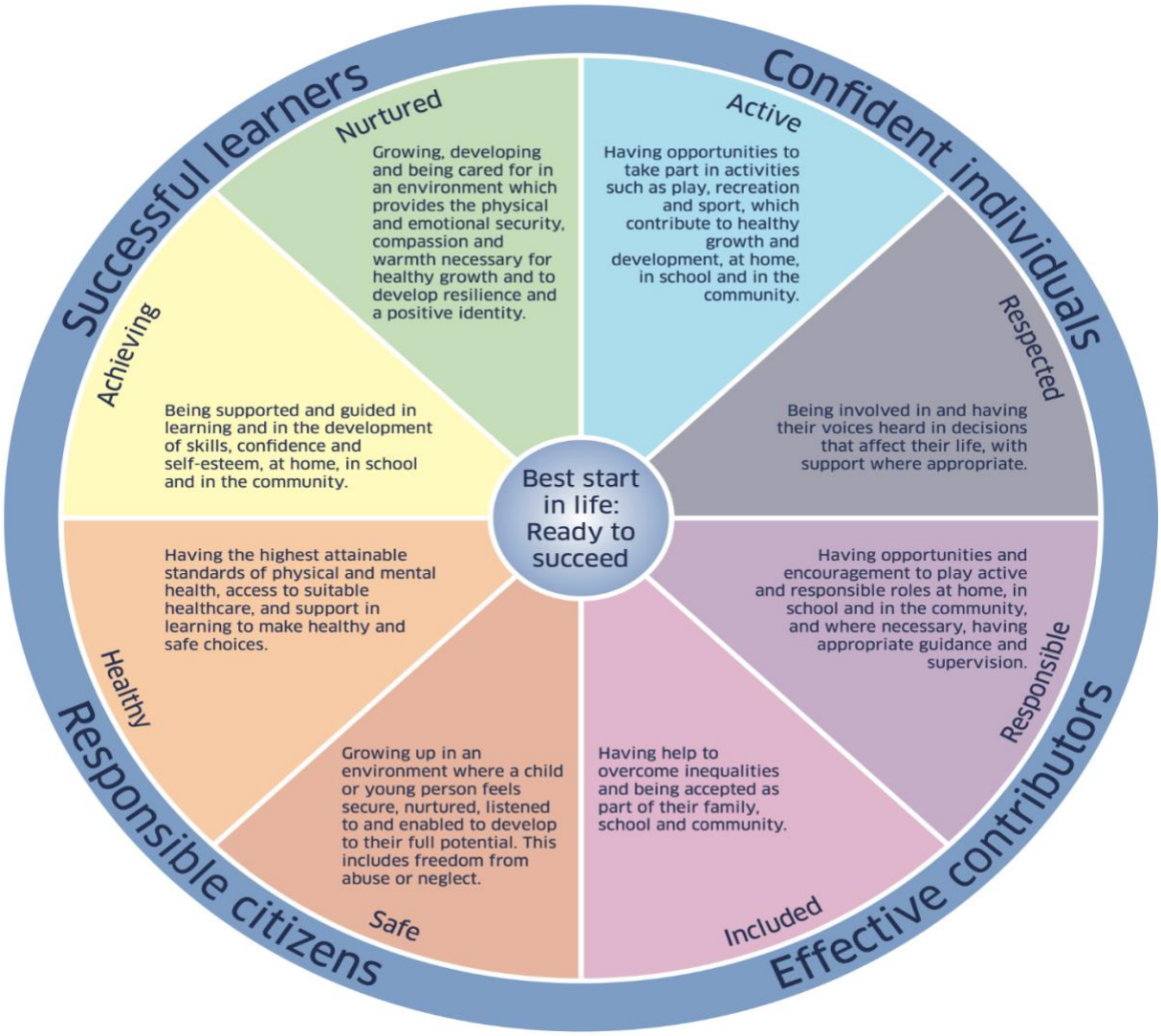


Figure 3A SHANARRI Wellbeing Wheel (reproduced from Scottish Government 2023h)

A recent report published by Scottish Government, (2023c) provides an example of parental concerns about professional decision making in TAC meetings without actually knowing their child:

> *"Parents have reported being uncomfortable about TAC meetings taking place where it is perceived that professionals who have never met their child are making decisions about their future" (*Scottish Government, 2023c:55)

Professionals attending a TAC meeting without knowing the child would appear contrary to the ethos of this policy. Key to GIRFEC is professionals and agencies working directly *with* parents and children to promote and maintain a child's health and wellbeing, learning and development. GIRFEC was described by Coles et al, (2016) as a 'landmark' policy because of its approach to promoting, maintaining, and optimising child health and wellbeing. This type of approach was a marked change from the welfare and risk management priorities of the previous decade. However, policy success and implementation may be difficult to evaluate given that from the outset, there was a lack of clarity on how to implement GIRFEC, despite the guidance (Coles et al, 2016), and lack of enforcement (Scottish Assembly of Parents and Carers, 2025a). These difficulties were evidenced both from practitioners (Scottish Government 2009, Stradling et al, 2009, Scottish Government, 2015a), and parents (Education Scotland, 2012), some of whom had never heard of GIRFEC and did not feel that services were working in partnership. Furthermore, there was growing evidence of a lack of collaborative/inter-agency working, despite this being one of the core policy aims (Davis et al, 2014, Dunlop, 2015).

Wellbeing is also a central focus of GIRFEC (Scottish Government, 2008b). The Scottish Government Mental Health Strategy (2017d) suggested that, because each child is unique, there are no set measures of wellbeing. The Strategy states:

> "a *child or young person's wellbeing is influenced by everything around them and the different experiences and needs they have"* (Scottish Government, 2017d:14)

There appears to be a theme within policy and literature when reviewing the many definitions or descriptions of child wellbeing of complexity, fluidity, being unique to the individual and dependent on wider (social) factors. This was highlighted by Dodge et al, (2012) who proposed a new 'see-saw' definition (see Figure 3B).

Figure 3B Dodge et al, (2012:230) Definition of Wellbeing

Their Figure and definition suggests that wellbeing is fluid, reflecting a child's evolving circumstances across their lifecourse. As a result, wellbeing is framed as a process of ups and downs, dependent on whether the child/family has all the resources to meet their needs. Therefore, if the challenges in a child's life outweigh the available resources, wellbeing is likely to be reduced or impacted. The authors defend this model as being applicable to any age group. The model also suggests that children have agency and are active players in their own lives in terms of resources and challenges too.

Childhood wellbeing formed the basis of key policy documents during the first decade of the millennium, by 2009, Scotland was offering more funded childcare, which was

both about enhancing children's outcomes and offering a springboard to support women returning to work or education. This alongside paid maternity and paternity leave were promoted as transformative policies (Gregg et al, 2003, HM Treasury, 2004, Scottish Government, 2008a), particularly as these policies sought to address socio-economic and equality issues.

Another key piece of legislation introduced by the UK Government in this time period was the Equality Act, (UK Parliament, 2010). The UK Government reserved powers over equality matters reportedly to maintain cohesion across the UK, as equality issues intersect with several other reserved policy areas, such as employment. The Equality Act, (2010) brought together a number of different equality and anti-discrimination laws and policies, identifying nine protected characteristics in law. These include:

1. Race
2. Religion
3. Sex (gender)
4. Gender reassignment
5. Age
6. Disability
7. Pregnancy
8. Marriage and civil partnership
9. Sexual orientation

The Equality Act (UK Parliament, 2010) was framed as increasing protections and rights to UK citizens, particularly surrounding these protected characteristics. Unfair treatment on the basis of these characteristics could be classified as discrimination and thus a breach in law. However, initial reviews of the impact of the Equality Act on disabled people by the House of Lords (Select Committee), (2016) reflected progress, but there was clear evidence that much more work is required to protect the rights of disabled people across all areas of their life.

Protecting rights, particularly as outlined in the Equality Act (2010) could arguably be viewed as closely linked to the delivery of effective services; a principle that was central to the Christie Commission's, (2011) report on the future delivery of public services. In his report, Dr Christie emphasised the need for drastic change with a bottom-up approach centred on the needs of people and communities, better use of public funds and more effective collaborative working. The Scottish Government, (2011) responded to Christie by promising to focus on the four pillars identified by the Commission: *people, prevention, performance, and partnership*. However, the Royal Society of Edinburgh and Audit Scotland, (2024) has recently criticised the lack of progress in achieving Christie's ambitions for a reformed public sector in Scotland.

The role and importance of parents and parenting was set out clearly in the National Parenting Strategy:

> "*The role that parents and carers play in raising the next generation of Scots is central to everything that we want to achieve for our families, our communities, our country"* (Scottish Government 2012:10)

This Strategy, which is central to this research project, makes several unambiguous statements about the fundamental role and value of parents in raising their children. This Strategy acknowledged that poverty affects a wide range of outcomes for children and families, with growing evidence linking it to poorer attachment, development, education, health and wellbeing (Seccombe 2000, Scottish Government, 2006, Horgan, 2007). The Strategy noted the criticality of the parent-child attachment and the impact of parental love, nurture and guidance in supporting their child's development at each stage, from birth onwards. Although Bowlby, (1969) is not cited in the Strategy; it is referenced in 'Building the Ambition'; National Practice Guidance on Early Learning and Childcare (Scottish Government, 2014b), which acknowledges the significance of secure adult attachments and relationships in promoting a child's health and development.

The National Parenting Strategy (Scottish Government, 2006) also recognises the barriers to parenting underpinned by societal factors such as income, housing and the local environment. This Strategy links parenting to GIRFEC and UNCRC, making clear a child's rights to be supported by their parents in their advocacy and caring role. Childcare is framed as a means of support to parents in accessing employment or training, critical to increasing income for low-income families, as well as improving overall family wellbeing. However, Galloway, (2020:12) points out that the Scottish Government, (2012) Parenting Strategy "*was never evaluated and ultimately seems to have petered out*". I wrote to the Scottish Government to ask about any reviews of the Strategy. I was informed of internal reviews of the Strategy conducted in 2015 and again in 2019. The response from the government included five attachments outlining their commitments related to the Strategy. However, the Minister for Children, Young

People and Keeping the Promise confirmed that no formal review or evaluation had ever been undertaken. This may provoke the question and reflection on the purpose of this Strategy, if there is insufficient investment in implementing, reviewing, and measuring progress.

The Scottish independence debate dominated 2014, the referendum resulted in a vote for Scotland to remain in the UK, arguably sparking deeper polarisation in political ideology across the UK (Curtice, 2021). During this time period, several significant policies and legislation were introduced targeting children and families (see Table 3B), including the Children and Young People (Scotland) Act (Scottish Government, 2014a). This Act introduced statutory elements of GIRFEC. Figure 3C outlines further actions set out in the Children and Young People (Scotland) Act (Scottish Government 2014a). The aim of introducing this new legislation was to put children's wellbeing and rights at the heart of policy and practice, placing a duty on Local Authorities to work harder to uphold children's rights, hear their voices and ensure their participation in decision making processes.

Initial evidence particularly focusing on the expansion of funded ELC was positive (Scottish Government, 2016a), with more ELC establishments being created, high uptake and satisfaction levels from parents. However, McCormack, (2014) conveyed noteworthy reflections about the weaknesses of this legislation, particularly in prioritising wellbeing over children's rights, and the fact that this legislation did not provide any power for children to challenge any breaches to their rights. This is perhaps remedied now with the UNCRC embedded into Scots law (Scottish Government, 2024a).

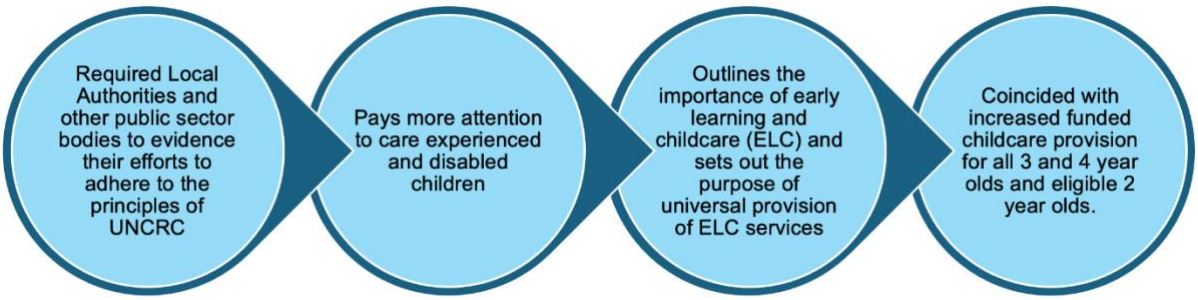


Figure 3C Actions set out in the Children and Young People (Scotland) Act (2014a)

Following a review of health visiting services in Scotland, the Scottish Government (2015b) produced '*The Universal Health Visiting Pathway in Scotland: Pre-Birth to Pre-School' (UHVP)*. Health Visitors have always played a crucial role in the lives of families (Cowley, 1995, Cowley et al 2013, Worth and Hogg, 2013, Cowley et al, 2015). The pathway was introduced to remove the postcode lottery of service delivery that had occurred previously. The pathway is a framework of procedures for Health Visitors for each stage of a child's life from pregnancy until the child commences primary education (Scottish Government, 2015b). The UHVP has an underpinning focus on relationships, home visits and assessment of needs of both children and families (Woodman, 2016). The Health Visitor role has been revised to include a wider public health remit, focusing more on the social determinants of health, and thus early intervention, health protection, promotion and prevention (Scottish Government. 2015b). Support to mothers is also recognised as a priority due to the links between maternal and child health.

Growing up in Scotland, (GUS) (2025) is a longitudinal research project that has followed the lives of children and families living in Scotland since 2005. The research

has focused on particular aspects of child and family life over these years to provide evidence to inform policy and practice (Growing up in Scotland, 2025). One study from the GUS cohort exploring maternal mental health and its impact on child development found that a child's developmental outcomes can be impacted by their mother's mental health (Scottish Government, 2010). This relationship was similarly reflected in the findings of Treanor and Troncoso, (2023). The GUS study (Scottish Government, 2010) also reported that most mothers experiencing mental ill health came from deprived backgrounds. The authors recommended supporting mothers at the earliest point as a route to improving child outcomes (i.e. antenatal) (Scottish Government, 2010).

Evaluation of the Universal Health Visiting Pathway begun with a report published by Doi et al, (2021). The report outlined many positive findings with recommendations for further strategies to enhance outcomes, including more visits during the first year of a child's life. Doi et al, (2021) reported high levels of satisfaction amongst parents on the support they are receiving from Health Visitors. However, the evaluation noted that service provision is most intensive during the first few years of a child's life, with parents reporting less satisfaction and support as their child reaches age 4 years old (Doi et al, 2021). The authors suggest that this finding may relate to the delayed implementation of the pathway (due to Covid-19 lockdowns). However, given that age four marks a critical transition to primary school for some children, and this marks the end of health visiting services, these findings warrant further scrutiny.

The 2016 European Union (EU) Referendum not only dominated politics for that year, but continued over many years as a result of the impacts of the UK leaving the EU

(Curtice, 2022). The SNP continued to produce policies surrounding children, families, health and wellbeing, underpinned by continuing concerns about poverty and mental ill health (SPICe, 2016, Audit Scotland, 2018). This was perhaps evidenced with the publication of a Mental Health Strategy (Scottish Government's, 2017d and 2023), which endeavours to refocus on early intervention and prevention, improve services and access to support to those needing it. Interest in child mental health and potential health determinants also created a focus on 'Adverse Childhood Experiences' (ACEs), referring to traumatic experiences during childhood that can have a significant, and often negative impact on a child's health and development (Couper and Mackie, 2016). Walsh, (2020) however highlighted multiple areas of concerns about the rapid interest in ACEs in Scotland by policy makers and practitioners because of the misinterpretation of the original study on ACEs by Felitti et al, (1998), which was an epidemiological population-based study.

The original study linked ACEs such as abuse, neglect, being parented by an adult with addiction, or mental ill-health, to several poor health outcomes, including premature death, increased risk of cancer and other diseases (Felitti et al, 1998). However, Anda et al, (2020) made clear that their study should not be misinterpreted as a tool for practice, emphasising that it is not appropriate to assess for ACEs scores and provide services or support on this basis. These concerns were highlighted by a variety of authors including Maynard et al, (2019), Walsh, (2019), Walsh et al, (2019), White et al, (2019). A major concern from these authors about the ACE's rhetoric was the potential to construct blame around individuals, especially parents as being the cause of trauma to their child, without wider recognition of the socio-economic and wider determinants impacting a parent's ability to be effective, and the over emphasis

of the need for children to be resilient (Treanor 2019, Walsh et al, 2019, Asmussen et al, 2020, McLennan and MacMillan, 2020). Overall, these authors were concerned about the lack of recognition of the impact of the wider socio-economic determinants of health, the structures and power imbalances and inequalities within rich countries like the UK.

The impacts of poverty and socio-economic determinants of health were also recognised in the National Performance Framework (NPF) (Scottish Government, 2018a). This Framework focuses on wellbeing as a central measure of public sector performance (Wallace, 2018). All public sector agencies are required to collaborate to meet NPF outcomes, and progress is monitored using defined indicators. These outcomes include:

- Social and physical development
- Wellbeing and happiness
- Children's views
- The quality of children's services
- Relationships
- Material deprivation
- Mortality rates

Several of the outcomes link to children, including child development, education, human rights, poverty, and health. The rhetoric of prevention and early intervention continues to face criticism though because of evidence suggesting firefighting is the dominant practice in public services (Audit Scotland, 2021).

One policy area that has threaded through the Scottish Government since devolution is the expansion of funded ELC. The Scottish Government, (2018b) promised to expand the delivery and accessibility of funded childcare even further to 1140hrs per year for 3-5 year olds and eligible 2 year olds. The expansion also promised to offer more choice for parents in choosing the setting that best meets their family's needs (Scottish Government, 2020b, Scottish Government, 2020c). However, there have been tensions between the Private, Voluntary and Independent sector, the Scottish Government and Local Authorities in relation to funding to pay for the ELC expansion (Upstart Scotland, 2019).

Creating a policy of funded childcare with the expectation that women will take up positions within the labour market, particularly in the context of austerity and welfare reform is problematic, as highlighted by O'Hagan, (2016). Problematic because this policy fails to address feminist perspectives within the policy making process (O'Hagan, 2016). These perspectives include the reality that, rather than funded childcare providing more women with opportunities to be in employment like their male counterparts, instead, there continues to be barriers to women within the workplace in terms of pay, working hours, and work life balance (O'Hagan, 2016). As this study demonstrates, in Chapter Eight, the focus and underlying assumptions of childcare responsibilities are predominantly placed on women. This needs to change.

The impacts of access to the 1140hrs ELC expansion, whether positive or negative will not be recognised until full implementation, delivery, and evaluation. However, Treanor, (2020) asserts that offering support to improve education, learning, health, and wellbeing can only go so far if families are living in poverty. The Scottish

Government, (2018c) created a social security system using devolved powers to introduce more financial support to families including Best Start Grants. The Child Poverty (Scotland) Act (Scottish Government, 2017a) promised to tackle the factors placing and maintaining children and families in poverty. One of the actions announced by the Scottish Government was the Child Payment, framed as providing additional financial support to those families who need it (Scottish Government, 2022a).

Growing concerns and issues surrounding supporting children with additional support needs in schools resulted in the Additional Support for Learning Guidance (Scottish Government, 2017b). The guidance emphasises inclusion and the provision of appropriate support for children based on need. It states that support should be needs led, and that children and parents can request a support plan from Local Authorities without the requirement of a formal diagnosis. However, the Scottish Government, (2020a) Morgan Review, identified that support for all children in education was not a reality or in line with the Education (Additional Support for Learning) Scotland Act (Scottish Government, 2004). This was echoed by Riddell and Carmichael, (2019), and more recently the Scottish Assembly of Parents and Carers, (2025b). The Scottish Government continue to report a commitment to reviewing the impact of the action plans created following the Morgan Review (Scottish Government, 2020a), however, as demonstrated in Scottish Government's, (2024g), Audit Scotland, (2025) and the Scottish Assembly of Parents and Carers, (2025b), there is still much to do to achieve inclusion and improved outcomes for all children.

Public Health reforms (Scottish Government, 2018d, Scottish Government, 2019a) and a review of the School Nurse role in Scotland, resulted in the publication of '*The School Nursing Role in Integrated Community Nursing Teams*' (Scottish Government, 2018e). This new guidance set out priority areas and pathways for children to access their service. An evaluation of the pilot implementation highlighted both progress and areas for improvement, recommending greater clarity in referral pathways and enhanced staff training (Scottish Government, 2017c).

The Covid-19 pandemic, from March 2020 onwards, had wide-ranging and significant ramifications. From a policy perspective, some initiatives were paused or postponed, prioritising crisis management during the first wave of infections in 2020. From an impact perspective, research reflects the detriment that both Covid-19 and policy responses (notably lockdowns) had on families (Save the Children 2021, Scottish Government 2021b, Public Health Scotland 2022a). These impacts included deteriorating mental health, loss of income and employment and children losing out in substantial time socialising, learning, and developing through school, early years, college, or other early years support groups (Children's Neighbourhoods Scotland, 2020, Public Health Scotland, 2020a, Scottish Government ,2021b, Working Families, 2022).

Impacts reported by parents included changes in their children's behaviour and/or developmental progress, and increased parental stress (Save the Children, 2021, Scottish Government, 2021b). Public Health Scotland, (2022b) reported that many parents believed that there has been a detrimental impact to their children because of Covid-19 in terms of their health, wellbeing, and development. A significant area of

concern relates to speech and language development of 2-4 year olds (Public Health Scotland, 2020b). Some of these findings align with those reported in my research. Covid-19 recovery was a priority policy focus in Scotland until 2022 (Scottish Government, 2021c), after which attention began to shift towards tackling the cost-of-living crisis (Scottish Government, 2022b).

The SNP were re-elected again in May 2021, promising more progressive policies including an expansion of free school meals (Scottish Government, 2021e), which has been partially implemented. In 2021 amid the pandemic, MSPs agreed to progress the Scottish Government, (2021f) UNCRC Incorporation Bill. This Bill promised that children's rights would be embedded in Scottish legislation, obligating those working with children to uphold their rights. However, the Supreme Court, (2021) ruled against progressing the UNCRC Incorporation Bill (Scottish Government, 2021f) for Royal Assent because sections of the bill were not compliant with UK legislation. Therefore, the bill required to be amended and diluted as the Supreme Court advised that the Scottish Parliament cannot create laws that impact on UK Acts of Parliament.

The subsequent Bill was passed in 2023 and became law on 16th July 2024 (Scottish Government, 2024a). Children's rights being embedded into Scot's law is arguably another leap forward to achieving the changes required at national and local levels to increase the involvement of children in matters that impact on them (McCall-Smith, 2021). Alongside the process of embedding UNCRC into Scots Law, the Scottish Government reviewed and updated the GIRFEC framework to align with the UNCRC principles (Scottish Government, 2022c). Although it is very early on to evaluate the impacts of UNCRC in law, initial publications from key stakeholders, particularly

children's rights advocates and activists indicates mixed progress. On the one hand, the Children's Commissioner for Scotland announced success following the first case brought to the High Court in Edinburgh surrounding the breadth of powers of the UNCRC Incorporation Act (Scottish Government, 2024a) in scenarios where courts are considering prosecution of children. The High Court of Justiciary, (2025) confirmed that the principles of the UNCRC Act must be considered when decisions are being made to prosecute children in Scotland. However, on the other hand, despite the planning for the implementation of the UNCRC Incorporation Bill over a few years, a report published by Together (Scottish Alliance for Children's Rights), a charity who has driven forward the campaign for the UNCRC to be incorporated into Scottish law for many years, depicts a gap in the reality of the implementation of UNCRC principles in practice for many children (Together, 2024).

3.4 Reflective discussion

This Chapter aimed to situate my study within a broad policy context, rather than to offer a detailed analysis of specific policies. Bacchi's, (2009) What's the Problem Represented to be?' (WPR) framework provides an appropriate analytical lens for a reflective discussion on how key Scottish policy problems for children and families are represented. Bacchi's, (2009) framework was created to support analysis of policy development, implementation and impact. The framework delves into analysing the construction of social problems and subsequent public policy in a society. It considers assumptions, biases, rationales and the differing perspectives, priorities and power differentials in the creation of policies supposedly meant to solve policy problem areas (Bacchi, 2009).

The framework has six key questions for policy analysis, which are presented in Figure 3D, taken from Bacchi's, (2009:xii) book. Given the scope of this research project and constraints on both the Chapter and overall thesis word count, this section focuses only on the first three questions of Bacchi's, (2009) framework (see Figure 3D), which I considered pertinent for establishing an understanding of the policy context for my research topic area. The remaining three WPR questions, while valuable for a full policy critique, were beyond the intended scope and purpose of this section and Chapter.

What's the problem represented to be?: An approach to policy analysis

1. What's the 'problem' (e.g. of 'problem gamblers', 'drug use/abuse', domestic violence, global warming, health inequalities, terrorism, etc.) represented to be in a specific policy?
2. What presuppositions or assumptions underlie this representation of the 'problem'?
3. How has this representation of the 'problem' come about?
4. What is left unproblematic in this problem representation? Where are the silences? Can the 'problem' be thought about differently?
5. What effects are produced by this representation of the 'problem'?
6. How/where has this representation of the 'problem' been produced, disseminated and defended? How could it be questioned, disrupted and replaced?

Figure 3D What's the Problem Represented to Be? Framework questions (Bacchi, 2009:xii)

I have considered the first three questions to examine the key themes within the policy context outlined in this Chapter. This analysis considers how contemporary policy problems are represented, the assumptions underlying these representations and the factors influencing both. The key policy areas that I will focus on for this section are:

- Funded ELC
- Parenting support and reducing incidence and impacts of poverty
- Child and parent rights centring on inclusion, diversity and equality
- Early intervention and prevention to optimise health and development

I have chosen to focus on these key themes as these are threaded through many of the policy documents presented in this Chapter. Central to the framing of policy problems in these areas are the differing outcomes and experiences for children and families, with a particular emphasis on families who are facing disadvantage. Children and families with diverse or complex needs are frequently positioned as groups requiring additional or targeted support. Several policies also acknowledge that parents face many different problems both in relation to their individual needs, and also within their parenting role. These problems can be exacerbated by intersections with other factors including poverty, housing, health, violence against women, substance use, disability, language, culture, trauma, isolation.

Underlying the representation of problems across many of the key policy outputs discussed in this Chapter is the assumption that parents are, and will remain, primarily responsible for their children's outcomes. When parents are perceived as being unable to fulfil their parenting roles and responsibilities, or face challenges in doing so, state intervention is framed as necessary. It is further assumed that providing targeted family support alongside universal services, with a focus on early intervention, prevention, and reducing inequalities, will lead to more positive outcomes. The provision of resources through professional support and local services is assumed to be accessible for families within their communities. Early learning and childcare is

positioned as a solution to poverty for families, however, there is limited policy guidance on how this actually happens, especially for women.

Despite the volume of policy in this area, significant issues remain, particularly in relation to the ongoing impacts of poverty, disadvantage and inequalities. While policies such as the Health Visiting Pathway, the National Parenting Strategy and the UNCRC articulate strong commitments to supporting families, the lived impacts of poverty, inadequate housing, discrimination and gender based violence mean that inequalities and detriment remains a problem. Most of these policies do not offer more money to families, neither do they guarantee the resources and support required to bring about meaningful, and sustained change, such as secure jobs, good quality and safe housing. There is limited clarity on how professionals and organisations are expected to deliver support within existing resource constraints, or how gaps in provision are addressed when resources are unavailable. Accountability mechanisms in cases of policy or legislative breaches affecting families are also weakly articulated.

Using Bacchi's Framework was valuable in supporting my understanding of key contemporary policies potentially impacting participants in my study. The acceleration of policy development in Scotland for children and families over the past two decades highlights ongoing challenges in achieving positive outcomes for families, particularly in relation to diversity, inclusion and inequality. These challenges are significant given their direct implications for children's outcomes. Despite policy rhetoric emphasising support for families, many policy areas provide limited attention to the issues of resources, accountability and the practical realities of protecting and upholding both parent and children's rights.

Reviewing these policies and utilising Bacchi's WPR framework enabled me to consider factors beyond the policy rhetoric, including how key policy problems for children and families are presented, the underlying assumptions, and the areas left unproblematic. My intention in undertaking this analysis was to develop a deeper understanding of the policy context influencing the realities of parents and professionals working together, by understanding the policy context. This analysis therefore provides an important foundation for both framing the focus of my research and interpreting the views and experiences of parents and professionals presented in the Findings Chapters (Five to Eight).

3.5 Conclusions

This Chapter demonstrates an accelerating pattern of policy creation, framing a commitment to address problems identified by the Scottish Government. The policy rhetoric is consistently clear in that it assumes the role of parents as the responsible adults raising their children, they recognise the importance of this role and commit to support families, where needed. However, despite the offer of universal funded services, there are no guarantees from these policies that services can provide the types of support that families require, especially those with additional support needs, facing disadvantage or poverty.

The importance of children's rights, health, and development are strongly represented across many policies, with a recognition that many factors in a child's life can impact on their health and development. Factors such as feeling safe, being respected, included and achieving, as set out in GIRFEC (Scottish Government, 2023h) are not only the responsibility of parents/carers, but also those professionals working with

children (i.e. in ELC, health and school settings). GIRFEC, in particular emphasises the significant influence of the broader socio-economic and environmental factors on a child's health, wellbeing, and development, highlighting the essential role of collaboration between parents and professionals in addressing these impacts.

There is also strong policy rhetoric surrounding the government's commitment to support families, optimise child health, wellbeing and development, whilst working to reduce inequalities, and address barriers associated with disability and additional support needs. However, the evidence does not always match the rhetoric across many policy areas. This provides a justification to explore policy impacts specifically focusing on families living in Scotland. This overview of policy development sets the context to the findings from my research. The following four Chapters present the findings from data collection and analysis. The findings are presented aligning the research questions with the themes constructed from data analysis.

Chapter Four: Methodology

4.0 Introduction

This Chapter provides an overview of how I conducted my study, providing justification for the decisions I made to adopt particular methods for data collection and analysis. The Chapter begins with an overview of my epistemological position, before outlining the decision making process underpinning the research design and methods used to conduct this project. These decisions were primarily informed by my literature review findings, and my research aim. My research questions are outlined below:

1a) How, when, and why do parents interact with professionals about their 3-5 year old child's health, wellbeing, and development in Scotland?

1b) What are parents' and professionals' views and experiences about the involvement of parents during interactions with one another about a child's needs aged 3-5 years?

2a) How do parents and professionals each describe professional responses to parental contributions during interactions about children's health, wellbeing, and development aged 3-5 years?

2b) Do parents report feeling valued in their interactions with professionals?

2c) Do professionals value the contributions that parents make during interactions/discussions?

2d) Are there differences in experiences in how parental contributions are valued depending on gender or family arrangements?

3a) Are there barriers to parents feeling, or being, valued in their contributions?

3b) Informed by data gathered from this research, might there be opportunities to improve the contribution parents make to the health, wellbeing, and developmental needs of their children?

This Chapter concludes with an overview of my efforts to increase the quality of my research and some reflections on the limitations.

4.1 Epistemological and ontological rationales

The question of 'what is knowledge' is important, perhaps more so over the last two decades with the impact of social media, misinformation and the 'post truth era', as discussed by Lewandowsky et al, (2017). Knowledge is associated with information, but what is considered good quality information is a key question in research (Braun and Clarke, 2013). The consideration of which knowledge is trustworthy and valuable is widely debated within modern society in this social media era and elsewhere, including philosophy (Braun and Clarke, 2013). For example, parents choosing whether to vaccinate their children, or not, is informed by their trust in information that is shared with them (Nyhan et al, 2014).

Epistemology is the term used to refer to the study of knowledge (Ritchie et al, 2013). Often discussed in parallel is ontology, the study of being, and perspectives on reality and truth (Ritchie et al, 2013). It is helpful for researchers to be transparent in their philosophical positions, as part of academic *"integrity*" (King et al, 2018:8). This

transparency not only assists those engaging with your research to understand your philosophical position, but it also provides clarity for those wishing to engage in similar research (Greener, 2011, Braun and Clark 2013, Ritchie et al, 2013). Where and how knowledge is formed is important to the impact and consequences of its future use (Carter and Little, 2007). My epistemological position is that knowledge is formed, understood, and accepted depending on multiple factors, including time, place, and people. This means that, to fully understand a phenomenon, multiple approaches or people may be involved in the process. I decided to use semi-structured interviews to gather data from participants for the reasons explained latterly. I also engaged in a review of the Scottish policy context to fully understand policy commitment and rhetoric. Furthermore, Freedom of Information requests were made to Local Authorities and Health Boards in Scotland to fill a gap in my knowledge on the current policy on how parents and children can access a School Nurse.

4.2 Theories shaping research design: relativism

My epistemological position aligns with a social constructionist view of knowledge creation (Green and Thorogood, 2018). Researchers who align with a view that knowledge can be created through observation, social interaction, and social construction, generally adopt a relativist perspective (Braun and Clarke, 2013). Relativist theory conveys that multiple realities or interpretations of a phenomena exist in the social world and therefore, knowledge creation is subjective (Langridge and Hagger-Johnson, 2009, Ritchie et al, 2013). Relativist perspectives and qualitative designs fit well together because qualitative research designs tend to focus on quality, experiences and understanding (Braun and Clarke, 2013). Whereas quantitative researchers are typically interested in quantity, measurements, and numbers

(Bowling, 2014). Taking account of my philosophical beliefs, and choosing the most appropriate research designs and theories for my project, my research questions were crafted within a relativist paradigm. I particularly wanted to gather data to understand the uniqueness, diversity and spectrum of views and experiences, and where possible to contrast parent and professional views and experiences.

4.3 Qualitative design and relativist perspective

Researchers aiming to induct knowledge, or new theories tend to use qualitative research designs (Bloomberg and Volve, 2019). The starting point for this type of research is often related to an observation or an experience that warrants further exploration (Ritchie et al, 2013). This was the case for me as outlined in Chapter One. Greener, (2011:3) describes inductive methods, commonly used in qualitative research, as a "*bottom up approach*" to knowledge creation. Whereas deductive approaches, used mostly in quantitative research, typically involves testing a hypothesis, and deducting new knowledge from the outcome of that test (Greener, 2011). My literature review can be described as a deductive method because of the consequential synthesis of available evidence. The literature review permitted me to deduce that there was a gap in the Scottish evidence pertaining to the role of parents as they interact with professionals for their young children. However, I took an inductive approach to the creation of new knowledge in the ways in which I have gathered and analysed data via participant interviews and my analysis of the resulting transcripts.

4.4 Social construction and interpretivism

Social constructionism proposes that knowledge, and understanding is constructed as a result of social interactions, which are influenced by factors such as time, culture, people, and places (Greener, 2011). Similarly, interpretivism involves analysing social interactions to determine what meanings people construct and attach to these interactions. From this perspective, researchers immerse themselves in social worlds to analyse and interpret meanings. The entire process is recognised as subjective (Braun and Clarke, 2013). My aim was to explore and understand the experiences of the interactions between parents and professionals, what meaning they attached to these interactions, how each person responded to one another and what difference this made to their relationships and outcomes. Parental roles, and the way in which the role of parents is valued (or not) by professionals, was the focus of this exploratory study. I expected to, and did hear, multiple different experiences, based on each participant's unique social world. However, within the data, I also observed patterns, relationships, tensions and differences. From this I was able to answer to my research questions.

4.5 Gender and feminism

Critical theories focusing on gender and feminism were also considered for this study. I concluded that gender and power were important themes in my literature review (see Chapter Two). Women remain the main, unpaid carers for their children in Scotland (Scottish Government 2019c, Knudsen and Bradshaw 2017). Therefore, since this project focuses on a dimension of parenting; the role of gender and power required consideration whilst designing this project. Many participants in the studies in my literature review were female (mostly mothers) and some of the negative experiences

recounted by participants were attributed to gender and power imbalances (i.e. Case, 2000, Marshall et al, 2016, Komvoki, 2020).

Men and fathers were not the main focus of studies included in my literature review in their role as parents or professionals. To try to help address this gap, I used purposive sampling and tried to encourage men to participate in my project by highlighting the gap in male volunteers. I had anticipated that women would form the majority of my participants, both as parents and professionals, given their societal roles and responsibilities as outlined latterly, and they did. Despite my efforts, it was difficult to recruit male professionals, which likely reflects the fact that professionals working in the children and family's sector also tend to be females (UK Parliament, 2015).

My research project provided an opportunity for representation and empowerment of females, both in their roles as parents, and professionals. In her 2019 book called *Invisible Women*, Perez, (2019) used case studies on health, workplace health and safety, urban planning, toilet facilities and economic policies to argue that government policies and workplace practices are often based on research that underrepresents women. In recognition of my literature review findings, and taking account of feminist theories, I created a specific research question on gender roles and family arrangements (see Chapter One).

Exploring and understanding women's experiences as part of my research project also compelled me to consider the importance of intersectionality theory. The term intersectionality was formulated by Crenshaw, (1989) in her seminal paper describing and reflecting on the multiple factors impacting on black women, and how these factors

together create, exacerbate and perpetuate inequalities. Hesse-Biber, (2013) suggests that researchers should explore the distinct, and multifold identities of women, and consider women's realities living these identities and how each intersects with one another. Ackerly and True, (2019) also suggest that researchers must gather data that will enable analysis of the impacts of intersections within the research topic area.

Therefore, being female is not the only concern of feminists, the intersection with race, class, health, religion, ethnicity must be acknowledged and investigated (Bauer, 2014). Corresponding with Ackerly and True's (2019) suggestion, my research questions and interview topic guide were designed to create opportunities to gather data on participant identities, and reflections on people's experiences of these identities, especially regarding their relationships and interactions with one another as parents and professionals. Additionally, as part of my approach to recruiting participants, I devised a demographic information form (see Appendix 4.1) to understand the identities and backgrounds of participants in advance of meeting and interviewing them. Having access to this information helped in the recruitment process by enabling me to focus on maximising diversity of experiences and backgrounds. It also provided me with an opportunity to adapt my interview questions in ways that aimed to recognise the potential impacts of such intersections on participants.

Feminist standpoint theory was also developed in response to white, male dominated approaches to science and research (Wigginton and Lafrance, 2019). Standpoint theory recognises that only women can frame, present, and speak to, their lived experiences (Wigginton and Lafrance, 2019, Cohen et al, 2022). This means that the

design and development of a research project can fail before data has even been collected, if women's experiences and knowledge are not accounted for in the methodology (Wigginton and Lafrance, 2019). I recognise that the lack of (female) participant involvement in the design of my project is a limitation. I accept that co-designing my project with participants could have resulted in different research and interview questions. In an attempt to remedy this, during the piloting of my interviews, I sought out the views of both female and male participants for feedback.

4.5.1 Positionality

The term positionality is often referenced in relation to a researcher's identity, position in society and how this may influence or interact with participants during their research. Positionality refers to the complex layer of factors shaping a person including gender, ethnicity, social class, age, socio-economic status, culture, geography, and power (Reich, 2021, Secules et al., 2021., Tanksley and Estrada, 2022). Social classes have been constructed to reflect the heirarchical divisions in a society based on wealth or income (Lister, 2010). It can also be used to reference differences in education, employment or social status (Payne, 2013). From a social constructionist and interpretivist perspective, researchers can use reflexivity to recognise their power, influence, and contributions during interactions with participants (Reich, 2021). During data analysis, I also recognised that positionality is likely to have played a role in shaping my participants' perspectives. I conclude from my findings that differences in positionality may account, at least in part, for some of the misalignment in views and perspectives between the two participant groups in my study, who were situated within distinct social contexts.

Ethically, researchers must work hard to reflect on potential or actual power differentials and factors that may influence participants during data collection (Reich, 2021). From the outset I was aware of the potential and actual power differentials between me and my participants. As a white, female, educated researcher, I acknowledge that my identity may have influenced the research process and the dynamics of participant interactions. I did work hard to reflect on any power differentials and factors that may have influenced data collection and analysis processes. This is discussed further in the section below. Furthermore, although this study draws on the perspectives of both parents/carers and professionals, my positionality was intentionally parent and family centred, reflecting the core focus of this research on understanding how parents' roles and contributions are valued within the context of Scottish children and families policy and practice, and how this influences outcomes for their children.

4.6 Reflexivity

It could be argued that it is irrelevant to question whether researchers should be involved in the research process, because they are inherently involved. As humans, researchers have values, experiences and perspectives (Ritchie et al, 2013, Braun and Clarke, 2022). Rather than trying to manage researcher involvement in qualitative research, England, (1994) and Sword, (1999) suggest that researchers can influence and address research questions more effectively because of their involvement. The value of researcher involvement appears to have strengthened in recent years with Braun and Clarke, (2013) suggesting that:

"*Subjectivity is positively valued in the qualitative paradigm*" (Braun and Clarke, 2013:36)

Braun and Clarke, (2013:37) refer to qualitative researchers as being *"visible*" in the research process and argue that to do this well, the researcher needs to be reflexive. Positionality and reflexivity are often cited together in the literature (see Bourke, 2014, Holmes, 2020, Reich, 2021, Secules et al, 2021, Potts et al, 2022, Tanksley and Estrada, 2022). In the previous section, I outlined key aspects of positionality such as gender, ethnicity and income that may influence individual identities. In this section, I will reflect on my own positionality, and potential basies, and discuss how I addressed these throughtout the research process.

All researchers should openly reflect on their role and contribution to the entire research process (Etherington, 2004, King et al 2018). In qualitative research, concepts such as bias, validity and objectivity should be considered in parallel to the epistemological perspectives and methods adopted (Bloomberg and Volpe, 2019). Positionality, transparency and openness are described as potential priorities for qualitative researchers as suggested by Bloomberg and Volpe, (2019). Etherington, (2004) advises that researchers require to be aware of their own experiences and how this contributes to the research journey. With over two decades working in a variety of sectors including health, social care and education, there is no doubt that my knowledge and experiences were a resource during data collection and analysis. Furthermore, as a parent, my experiences aligned with many of the parents I interviewed. My professional and academic skills and experiences were used during recruitment and the interviews. These skills included being open, flexible, and

reflexive. This meant attending each interview with as much of an open mind as possible, taking any notes or reflections before the interview and afterwards.

All interviews were collaborative, and my contributions were active. For example, when parents were discussing experiences related to parenthood that I could identify with, I shared this, opening up some deeper discussion on the topic. Similarly, when professionals conveyed experiences, where relevant I shared my own professional experiences, and this also led to more depth to the answers from participants. Hence knowledge was co-constructed between me and the participants. The interview process was a two-way interaction, with the participant and I contributing to the flow of information being conveyed. Holding positions as a parent, and a professional, brought advantages to this study because I was able to reflect, empathise and understand both roles.

I observed that professional participants who were also parents found it difficult to disentangle their parent-professional perspectives because of an overlap of roles. It often seemed to be the case that being a parent, and their own personal experiences, was influencing their professional work; a situation I could strongly identify with. However, I was also aware that my contributions, particularly my responses to participants, could impact on their responses. As a white, middle-class woman, I benefit from privileges and opportunities that others do not always share due to systemic inequalities. In recognising this, I tried to remain aware during interviews of the impact of my contributions and position. Despite my efforts to develop trust, be transparent, share my own personal experiences, and the positive feedback I received from them, I know that the perception of participants may have varied from mine, and that they could have viewed my efforts differently.

My professional skills and experience from working in nursing and social work felt like a benefit for my research project, particularly in interviewing people regarding areas of their life (Elmir et al, 2011, Dempsey et al, 2016). Being able to actively listen, adopt a non-judgemental attitude, maintain respect, dignity and empathy, led to building relationships with participants, and this allowed me to engage with them at a deeper level. I also have a comprehensive understanding of the challenges professionals face in relation to implementing austerity measures, gatekeeping, and the conflict of working in environments where there are insufficient resources to meet the demands of the population you are serving. This knowledge and experience seemed helpful during interviews and for understanding the context within the data.

Regular supervision provided opportunities to be challenged on my position, role, and engagement with the research process. I utilised the expertise of my supervisors, and I benefited from reflection and discussion with PhD peers. Throughout the interviews I used my reflective diary and field notes in an attempt to bracket my own views and experiences, an approach to facilitate transparency and reflexivity (Tufford and Newman, 2010). Bracketing is described by Dörfler and Stierand, (2021) as a methodological tool. The value of bracketing has been challenged in literature mostly on the basis of the ability of researchers to hold their own personal views and beliefs whilst making space for the contributions of others (Squires et al, 2023). However, what appears clear from the literature is the lack of clarity on what bracketing actually means (Tufford and Newman, 2012, Peters and Halcomb, 2015, Dörfler and Stierand, 2021). Using the available literature, my strategy was to use reflexivity after every interview, during transcribing and the multiple iterations of reading, analysing and coding the data. This process was really helpful for capturing my immediate thoughts

and being able to reflect on this at later stages of data analysis. Each iteration of writing my notes, reflections and draft Chapter, I was able to reflect deeper on the contributions of my participants, my own views and experiences and what I was identifying from the data.

There were moments throughout the interviews by using bracketing and reflexivity, I noticed my emotional responses to some of the data. This included empathising or identifying with parent participants. Using my reflective diary to document my thoughts and reflections prompted me on some occasions to ask follow up questions in later interviews. For example, I initially did not have a specific question about parent or professional views on whether parents are or should be considered experts on their own children. Following one interview with a professional who suggested that some parents do not have much to contribute to discussions about their children, I decided to ask a specific question on this.

Reflexivity helped me to recognise when my responses were underpinned by my position as a parent or a professional. There were a couple of moments where interviews became more informal, and more conversational. This happened naturally and was as a result of the relationship formed, however, I did try to bring the conversation back to an interview when this happened, to ensure focus on my goals. This excerpt from my reflective diary, an entry in August 2024 perhaps reflects this:

> *"So far all of the interviews have been smooth, and it felt like connections were made. This has allowed for a more informal flow of discussions. Sometimes I wonder if I am being too casual or informal, however reflecting on this, why*

would this be a problem? It is an interview; there is no reason for it to be overly formal. My personal and professional experiences tell me that being transparent, disclosing some personal information, showing empathy and sharing my views, sometimes as an offer of reassurance to participants, is really helpful" (Diane Delaney, Reflective Diary Entry, August 2024)

There were also occasions where participants relayed views that I disagreed with, and this provoked emotional responses from me during reflective writing afterwards. For example, it was, at times, difficult to hear views and experiences that appeared judgemental, or where the participant was unable to connect individual experiences with broader systemic barriers and how these barriers could impact on an individual's abilities, behaviour and presentation. Reflection offered me the opportunity to consider more deeply participant views and experiences.

Although I brought significant experience to this project, I recognised that my beliefs, values, and experiences could have had a positive, negative, or influential impact on participants, and thus effect participants engagement with me, including what they said.

4.7 Research methods

Methodology in research is about answering the 'how' questions (Denzin and Lincoln, 2011). This section will describe and discuss the methods employed to conduct my research project. Adopting a relativist perspective, I will discuss decision making and the process of recruiting participants for interviews. An examination of my data

collection approaches will be provided, followed by a discussion on data analysis methods.

4.7.1 Recruitment of participants

The central theme of my research relates to the role and value of parents and their relationships and interactions with professionals. The definition of parents was set out in Chapter One. This definition also applied in the recruitment of parent/carer participants. This means, that any adult with the responsibility for a child was eligible to participate. In achieving my research aim and fully answering my research questions my initial thoughts were to recruit 10 parent and 10 professional participants to focus on depth and richness of data. Twenty participants felt sufficient to balance depth, richness and diversity, whilst also permitting a detailed analysis of the data. Determining an appropriate sample size is a central concern in qualitative research (Guest et al, 2006, Vasileiou et al, 2018, Nelson, 2016, Hennink and Kaiser, 2022). Researchers commonly adopt a pragmatic approach (Vasileiou et al, 2018), seeking conceptual depth (Nelson, 2016) or data saturation (Guest et al, 2006, Hennink and Kaiser, 2022) when no new themes can be identified from data analysis. I adopted a pragmatic approach, taking account of potential time barriers in completing the PhD programme, coupled with current evidence suggesting that data saturation can be achieved with 12 interviews (Guest et al, 2006, Hennink and Kaiser, 2022).

Given that I was interviewing two different population groups, and a desire to understand diverse views and experiences, I decided on an initial sample size of twenty participants. However, I extended the recruitment process in attempts to achieve more diversity resulting in 14 parents and 11 professionals volunteering. I

was able to make the decision to extend recruitment because of my research design, using a purposive sample. Ritchie et al, (2013) highlights the objective of using a purposive sample as the opportunity to:

> "… *have particular features or characteristics which will enable detailed exploration and understanding of the central themes and questions which the research wishes to study*" (Ritchie et al., 2013:113)

I stopped recruiting participants in November 2024, taking account that the recruitment process had lasted eight months. There were also challenges in recruiting which will be addressed later in this Chapter. At this stage of data collection and analysis, I was identifying fewer new codes, noting similarities and patterns in the data, as well as a key theme that many real life experiences were diverging from policy rhetoric. Furthermore, I was not seeking to represent the population of parents/professionals in Scotland. Rather, I wanted to elicit a deep understanding of the diverse experiences of a sample of people with these roles. A sample of 25 participants permitted time to build relationships and engage in deep conversations.

I recognised from the outset that a small sample of participants would be unrealistic to draw conclusions from if focusing on too many different characteristics. Therefore, I decided to prioritise characteristics most important to my project. Synthesis of findings from the literature review (see Chapter Two) identified gender and family arrangements as important characteristics to explore. Ethnicity was not the focus of most of the research included in my literature review, because of this, I wanted to prioritise this in my research. Considering and exploring ethnicity is important in the

context of race equality, and understanding narratives on racism (Meer et al, 2020). Barriers to race equality outlined by Meer et al, (2020) that may link to my study include failures to adequately address race and racism, the lack of diversity within the public sector workforce and the likelihood of minority ethnic citizens in Scotland becoming marginalised from society. I struggled to recruit professional participants from underrepresented racial and ethnic groups (10 out of 11 participants described themselves as White Scottish/British). I had more success with parent participants. However, this is a limitation of my study, but it's also a finding. From a reflexive viewpoint, challenges in recruiting more ethnically diverse people is likely linked to my recruitment process. Perhaps using social media, or the wording of my recruitment materials were not accessible or inclusive enough. Cultural or language barriers may have also been a limitation.

The final key characteristic to explore was socio-economic status; recognising that social determinants of health are fundamentally linked to household income (Marmot and Wilkinson, 2005). I created a grid to support recruitment of participants (see Appendix 4.3), representing diversity of the characteristics important to this study. I managed to recruit parent participants from different household incomes; however, most parents were from high-income households, and again this is a limitation of the study. I tried to pay attention to, and analyse, such intersections in interview encounters and during data analysis, focusing particularly on gender, ethnicity and socio-economic status (for parents/carers - see Table 4A). For professional participants, key characteristics sought included gender and working in different sectors (see Table 4A). Thus, purposive sampling was necessary to achieve this type of diversity and representation of both participant groups.

Table 4A Key (and desirable) characteristics of parents and professionals

Key characteristics of Parents/Guardians	Key Characteristics of Professionals
All Genders	All Genders
Ethnic and racial diversity	Ethnic and racial diversity
Family arrangements	Professionals from different sectors working within local community settings; early learning and childcare, early years, third sector, social work/social care, NHS, PVI settings
Household incomes	

My literature review indicated that most existing evidence centred on professional interactions with health professionals. Therefore, I set out to open up invitations to any professional working in local communities with parents of children aged 3-5 years. Despite excluding child protection experiences from the study, I was keen to include Social Work professionals too. This is because of the supportive role that Social Work can offer and their services also purportedly align with early intervention and prevention (Payne, 2020). Therefore, I made the decision to include any frontline, community based, third or public sector professionals in my study volunteering to participate.

To maximise access to participants with relevant experience, I also created inclusion and exclusion criteria (see Table 4B). Chapter Two provided details of the justification for the inclusion and exclusion criterion set for the literature review. The criterion for recruitment follows the same justification. The policy and literature review confirmed my decision to focus on children aged 3-5 years old as discussed in Chapters One

and Two. The focus of the 3-5 age group was identified as a key age/ stage for children and parents in accessing universal public services including funded early learning and childcare (ELC), health visiting, Childsmile and the national childhood vaccination programme. In addition, for the 4/5-year age group, this is the point of transition to primary school in Scotland.

Table 4B Inclusion and exclusion criteria for recruitment of participants

Inclusion	Exclusion
Parents living in Scotland with children aged 3-5 years.	Parents living outwith Scotland while their children were aged 3-5 years
Parents who have experience of interacting with professionals	Parents of children receiving palliative care and support
Parents with one or more children	Parents involved in child protection or safeguarding procedures.
Professionals working in Scotland with parents of children aged 3-5 years	Parents of children in receipt of secondary and/or specialist NHS/social care services
Professionals working in local primary and community care settings (NHS, Social Work, Voluntary, Private or Independent Sector) and Education, including Early Years settings and Primary Schools	Professionals working outwith Scotland
	Professionals working in hospital, palliative or specialist secondary care settings
	Parents and professionals who do not speak English

I decided to exclude specialist, hospital based and palliative care experiences and professionals from my study. This is because the focus for this study is on early intervention and prevention, therefore, I was keen to explore those initial or day to day interactions between parents and professionals about a child's health, wellbeing and development, underpinning the purpose of public services being located in

communities. As discussed in Chapter Two child protection articles were excluded from the literature review, and these types of experiences and professionals were also excluded from the data collection process. This is because Scottish legislation on child protection can determine the level of parental involvement, and this changes the context of discussion around parental involvement for my study. I recognised that although I excluded child protection experiences from data collection, child protection and safeguarding concerns may have arisen during data collection unexpectedly. Therefore, I devised a protocol as part of the participant information form for participants to understand that child protection disclosures would be acted upon (see Appendix 4.8). No child protection concerns arose as part of the interviews, however, reference to safeguarding and child protection was made in broad general references by both participant groups regarding the role and responsibilities of the state in protecting children.

Recruitment of participants involved multiple strategies to ensure maximum opportunity to invite a diverse range of people. Recruitment entailed (see Figure 4A for the flowchart I created for recruitment of participants):

- Advertising in two ELC settings (see Appendix 4.5)
- Recruitment through advisory group (see Appendix 4.6)
- Recruitment using social medial platforms Facebook and X (Twitter) via my personal account and personal contacts (see Appendix 4.7)
- Sharing the Participant Information Form (see Appendix 4.8)
- ‘Word of mouth’ and/ or recommendations

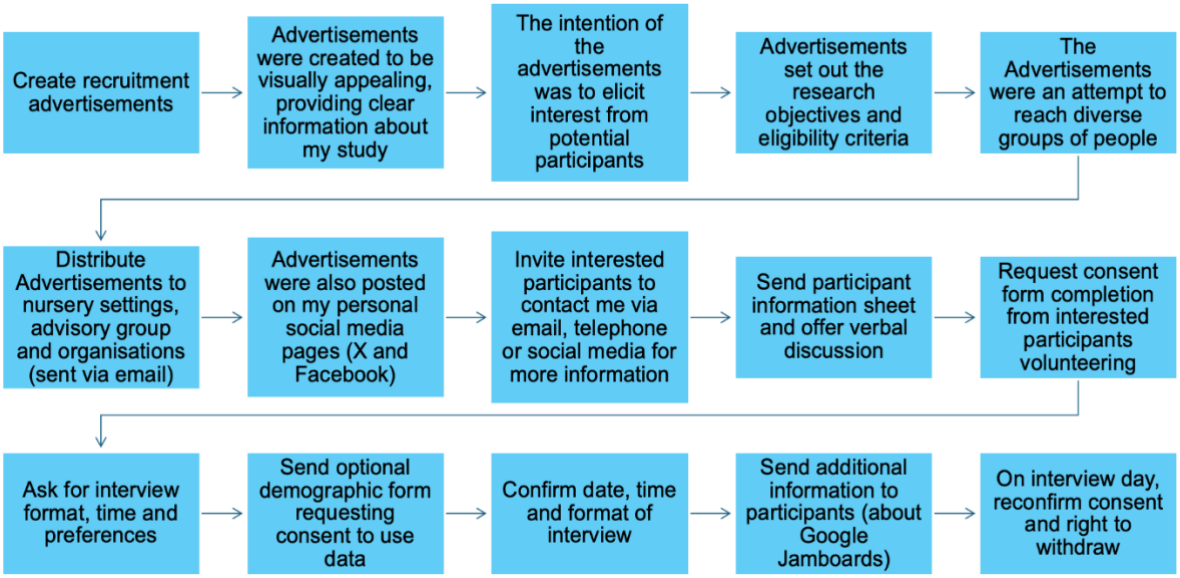


Figure 4A Flowchart for recruiting participants

The two managers of private ELC settings provided written consent to advertise my research project in their settings. Changes to Scottish policy means that funding available for parents to access ELC provision for their 3-5 year old child can be used in any ELC setting via '*funding follows the child*' (Scottish Government 2018b:2). This means that parents can utilise Local Authority, Private or Independent (PVI) ELC settings for their children using government funding. I approached these two organisations because between them they worked across six different Local Authorities, representing a diverse range of socio-economic backgrounds, and therefore, a diverse group of parents. Using ELC settings to post adverts to recruit parents and carers seemed like the optimal scenario for recruitment given the huge uptake of parents using funded ELC services for their 3-5 year old children. However, I was unable to achieve the diversity I was looking for using these adverts alone.

Therefore, I repeated the adverts using my personal social media platforms. This resulted in more interest from parents/carers. Consent was also sought from members of my advisory committee to share my recruitment advert with their contacts. The advisory group was set up at the beginning of my research project, consisting of my supervisors and professionals in health and the ELC sector. The advisory group offered the opportunity for information and expertise to be shared with the potential of guiding the direction of the project.

There are advantages, disadvantages, and challenges with most methods for recruiting participants (King et al, 2018). Social media is increasingly used as a method of recruitment, particularly for marginalised groups in communities (King et al, 2014). I decided to use social media as a further strategy to engage with parents. As an X (previously Twitter) user for my own professional development, I considered the value of using X to recruit. A simple search on X using the hashtag *#researchparticipants* indicated that this was a popular approach for researchers. Indeed, social media is recognised as a tool for professional development across sectors including teachers (Forte et al, 2012), health care professionals (Alsobayel, 2016), social work (Hitchcock and Battista, 2013), and physicians (Markham et al, 2017). Therefore, I made the decision that X would be the strategy for recruitment of professionals. This was mainly because I wanted to provide an open invitation to a variety of front-line community-based professionals to participate in my research. I was also interested to observe which sectors or professionals would respond to the advert and whether there was anything of interest to note in relation to this. This decision was a success. Most participants were recruited using social media.

I began recruiting parents/carers first. I wanted the opportunity to hear perceptions and experiences of parents first in the event that their data would inform any necessary changes to interviewing professionals. I adapted the topic guide for both participant groups using parent data and feedback as the interviews progressed. These changes consisted of adding and removing questions. The overall recruitment process resulted in 14 parents/carers voluntarily consenting to being interviewed and participating in the research project (see Table 4C).

Table 4C Demographic information about parent/carer Interviewees

Male	3
Female	11
Type of Parent	Biological (12) Other (2)
No of Children	1 child (7) 2 or more children (7)
Additional Support Needs (child)	5
Ethnicity	White Scottish/ English or other (12) Black/ Asian/ Mixed (2)
Family Arrangement	Lone (2) Couple (12)
Income Threshold	£0-21,000 (low) (1) £21,000 – 50,000 (mid) (2) Over £50,000 (high) (8) Unknown (3)
Age Range	33 – 45
Local Authorities represented	10

As noted earlier in this section, I decided that I would expand the recruitment process after 10 interviews with parents/carers, aiming to recruit more diversity, including more men, diversity in ethnic background, more parents from lower household incomes, and more parents of children with a variety of needs. I also began planning to recruit

professional participants at this point. The parent data was indicating a pattern of the types of professionals/sectors they were interacting with. The most prominent professionals were Health Visitors, ELC professionals, GPs and Primary School Teachers. Therefore, my intention was to try and recruit these professionals as well as Social Workers, Third Sector and Allied Health Professionals. See Table 4D for an overview of demographic information about professionals interviewed.

I was unable to recruit any health professionals. There was interest from a spectrum of health professionals including a Health Visitor, GP and Speech and Language Therapist. However, none of them proceeded through the recruitment process to the end. The lack of data from health professionals is a limitation of this project given the prominence of them in the parent data.

Table 4D Demographic information about professional interviewees

Male	2
Female	9
Sectors	ELC (6) Primary Education (2) Third Sector (2) Social Worker (1)
Local authorities represented	7

I was unable to recruit a diverse range of professionals either. Most professionals described themselves as white, with UK backgrounds. They were mostly female and of a similar age. This was a disappointment and must be noted in considering the findings of this study, though professional females dominating in this study is reflective

of employment across these sectors (Scottish Government, 2022d, Scottish Government, 2023e, NHS Education for Scotland, 2024, Scottish Government, 2024f).

4.8 Ethics

The key ethical issues identified and addressed for this research included:

1. Potential risk of harm to participants or the interviewer (me)
2. Informed consent, confidentiality and data protection
3. Child/adult protection
4. Covid-19 impacts
5. Voluntary participation and recruitment of participants

Addressing these ethical concerns the following actions were implemented:

- My main concerns related to the risk of emotional harm to participants in discussing sensitive issues (see Appendix 4.2). A risk assessment and management plan was completed addressing potential or actual risks to participants and myself. During the interviews I used my professional skills and experiences in communication and relationship building to mitigate the risk of emotional harm. These skills enabled me to establish a supportive interview environment. Despite conducting the interviews online, I was able to attend to participants' verbal and non-verbal cues, that indicated the need for a pause or a change in topic. I also routinely checked in with participants throughout the interview.

- I also created a Participant Distress Support Plan and an information resource, though neither were used.

- I created a detailed Participant Information Sheet giving clarity on the role of participants (see Appendix 4.8). This information sheet set out roles and responsibilities of the participants, as well as an emphasis on voluntary participation and consent. This information sheet was sent via email and discussed before the interview.

- Information and reassurance that my methods complied with Data Protection legislation was shared with participants.. The Participant Information Sheet provided details on how data would be managed, stored, used and destroyed in accordance with legal requirements (see Appendix 4.8). This was also repeated before the interview.

- Confidentiality was discussed in the Participant Information Sheet, and again before the interview.

The recruitment of participants flowchart (Figure 4A) was devised to align with ethical requirements for conducting a study in the UK. I did anticipate that adaptations may be required for some participants to engage in the research process. This anticipation was correct. The main challenge for participants was opening attached documents in emails, (i.e., consent form) completing the document and returning these via email. I supported participants with these issues. This either involved providing step by step

information, or re-sending the details of the consent form as an email, rather than a form.

A key ethical priority for my study was to ensure that participants fully understood the purpose of the research and were able to provide informed consent. Prior to each interview, I provided clear written and verbal explanations of the study, emphasising that participation was optional and that participants could withdraw at any stage. I was committed to empowering participants to feel in control of their contribution; suggesting that they skip questions, end or pause the interview. I also aimed for participation to be a positive and valuable experience, recognising that parents and professionals were contributing their time and experiences. Confidentiality was safeguarded throughout the research process through the use of pseudonyms and the removal of identifying details. Section 4.6 provided an overview of my attempts to reassure, empathise and support participants through the interview process.

A successful application was made to the University Ethics Committee and approved in March 2023 (see Appendix 4.9). Ethics approval demonstrated my studies compliance with:

- The Code of Practice on investigations involving human beings (Strathclyde University, 2022)
- The Declaration of Helsinki, (2013), as set out in the World Medical Association, (2013)
- Data Protection\ regulation legislation (Department for Digital, Culture, Media & Sport, 2018)

4.9 Data collection

I decided to use semi-structured interviews for both participant groups. From the outset, I envisaged that interviews were the best option for gathering data. This in part was underpinned by my personal and professional experiences. Data collection activities formed a significant part of assessment in my careers in nursing and social work. My professional experiences align with the literature that interviews provide an opportunity for participants to engage on a one to one basis, which is likely to increase in-depth discussion as suggested by King et al, (2018). Despite being a novice researcher, I am a skilled and experienced interviewer from my professional and academic training and experiences. I wanted to use my experiences to enhance the potential for forming trusting relationships with interviewees, as well as being able to engage with them in depth about their views and experiences. Active listening, and using open questions, underpinned by empathy and respect towards participants, were key skills used throughout all the interviews. I actively sought feedback from participants in the majority of interviews, and this feedback was very positive.

The literature recognises that focus groups can provide voluminous data and more dialogue-based exchanges (Ritchie et al, 2013). However, there are also drawbacks of focus groups, such as the risk that not all participants will contribute and share all of their experiences because of the group dynamic (Green and Thorogood, 2018). Therefore, informed by the literature and my experiences, I decided that focus groups would not work for what I wanted to achieve. Alternative methods of data collection were explored including an ethnographic approach, and surveys. Although there are significant benefits of gathering data by immersing yourself as the researcher in the social world alongside participants (Ritchie et al, 2013) I wanted to give parents and

professionals the opportunity to share their views and experiences on an individual basis with the assurance of confidentiality, without distraction or interruption.

I provided the opportunity for participant involvement by including them in decision making on suitable format and time for the interviews. Options included online platforms such as Zoom, telephone, or face to face (King et al, 2018). These flexible options are more likely to increase participation (King et al, 2018) particularly for busy parents and professionals. Online video platforms offer the opportunity to both connect with participants from any geographical area as well as reduce barriers of cost and time (Gray et al, 2020). Archibald et al's, (2019) study identified similar findings to Gray et al, (2020) regarding the benefits of online video platforms as noted latterly, particularly the flexibility. However, Archibald et al, (2019) also reported some challenges regarding the technical running of Zoom and the impacts to the interview process of disruptions through unstable technology. Despite these challenges, Archibald et al's, (2019) participants reported that they preferred using Zoom to telephone or face-to-face meetings for interviews, highlighting similar reasons to Gray et al, (2020's) study.

Zoom also offers the benefit of being able to 'see' one another. This is important in qualitative research for observing non-verbal communication and any other body language (Braun and Clarke, 2013). However, Oliffe et al, (2021) highlighted that there can be challenges for interviewers/researchers in actually interpreting non-verbal communication, including body language and interpreting emotions, online. Therefore Oliffe et al, (2021) concludes that researchers need to balance out the pros and cons to using an online video platforms versus face-to-face interviews. I used Zoom as the

platform to interview all participants. This platform also provides a transcription service, which was helpful. There was no negative feedback from participants regarding the use of Zoom. There appeared to be no barriers in making connections with participants despite the virtual environment. All participants consented to having their video on, which meant I was able to observe non-verbal communication and build a rapport. I did feel a connection with all the participants. I observed and analysed non-verbal communication, and at points when a participant required reassurance or emotional support, I was able to observe this and respond.

The duration of interviews varied between parents and professionals (see Table 4E).

Table 4E Timing of participant interviews

	Parents (minutes)	**Professionals (minutes)**
Range	46 - 89	74 - 102
Minimum	46	55
Maximum	95	102
Average	70.5	78.5

On average the professional interviews lasted longer, with the longest interview lasting 102 minutes. My reflections on interview duration is that I grew in confidence in engaging with participants on the topic area. I was able to build relationships quicker with the professionals too. I had been interviewing parent participants for four months by the time I started professional interviews. Therefore, I had developed a thorough understanding of what I was trying to achieve, and I think this helped. Parents were more likely to be time limited as a result of other activities they were engaging in, mostly linked with childcare or work. All of the interviews started with a full introduction

of my project, also covering consent, and encouraging participants to skip questions if necessary.

From the outset I had suggested to all participants that interviews would last approximately one hour. I also advised that they could finish early or last longer, depending on the participant's available time and desire to continue. At the one-hour point, for all participants, I advised that the interview could be ended, however, all participants who continued the interviews did so of their own accord, stating a desire to continue. Using Zoom also meant I was able to interview participants from all over Scotland. However, given the nature of accents, including my own, every single audio transcription provided by Zoom required lengthy edits due to transcription inaccuracies.

Transcribing interview data is widely regarded as a vital part of qualitative research, contributing to the accuracy, transparency and representation of the data collected (Ritchie et al, 2013, Silverman, 2013, Braun and Clarke, 2022). Although the transcription process was time consuming, taking approximately 12 months in total to complete data collection and analysis, it plays a crucial role in building trust in the research process (Baillie, 2015, Rose and Johnson, 2020). Beyond its role in transparency, transcription permitted a deeper engagement with the data, allowing me to immerse myself in the detail of participant views and experiences (Braun and Clarke, 2022). Analysing verbatim data is inherently iterative, requiring repeated cycles of reading, reflection, analysis and interpretation to develop meaningful insights (Braun and Clarke, 2022). I found the transcription process helpful in understanding my data.

4.9.1 Semi-structured interviews

I decided to use semi-structured interviews because I wanted to have a flexible position that was responsive to participants (Braun and Clarke, 2013, King et al, 2018). A structured interview or an interview using closed questions did not align with my research design or aim. Structured interviews typically have set questions, that are asked in sequence (Langdridge and Hagger-Johnson, 2009). They are designed to be led by the interviewer/researcher (Robson, 2011). Closed questions reflect researchers seeking short or one-word answers, normally 'yes' or 'no' to confirm or reject information already known. Aligning with a relativist perspective, and using a qualitative design to explore, and understand experiences and views required flexibility. I wanted to understand a participant's social world; I therefore tried to be open and responsive to what participants were saying.

4.9.2 Refining the interview design

To answer my research questions, it was necessary to have some structure to the interviews to gather data relevant to the topic area. A topic guide was created; however, I decided from the outset that this would be used as a guide, rather than a rigid instrument. Although in the most part I did ask each participants similar questions and the guide was very helpful, I did respond specifically to information provided by participants offering unique or alternative insights to probe further. Thus, my topic guide was a useful tool (King et al, 2018). Two topic guides were required to reflect the different roles and responsibilities of parents and professionals (see Appendix 4.4). This helped me to remain focused on the purpose of my research. The guides were especially helpful during the first few interviews for both groups of participants as I built my confidence around this part of the project.

4.9.3 Visual aid

Alongside a topic guide, I created a visual aid to use to support engagement, trust and understanding from participants. I created a visual timeline of 6-monthly segments from ages 3-5 years (see Figure 4B).

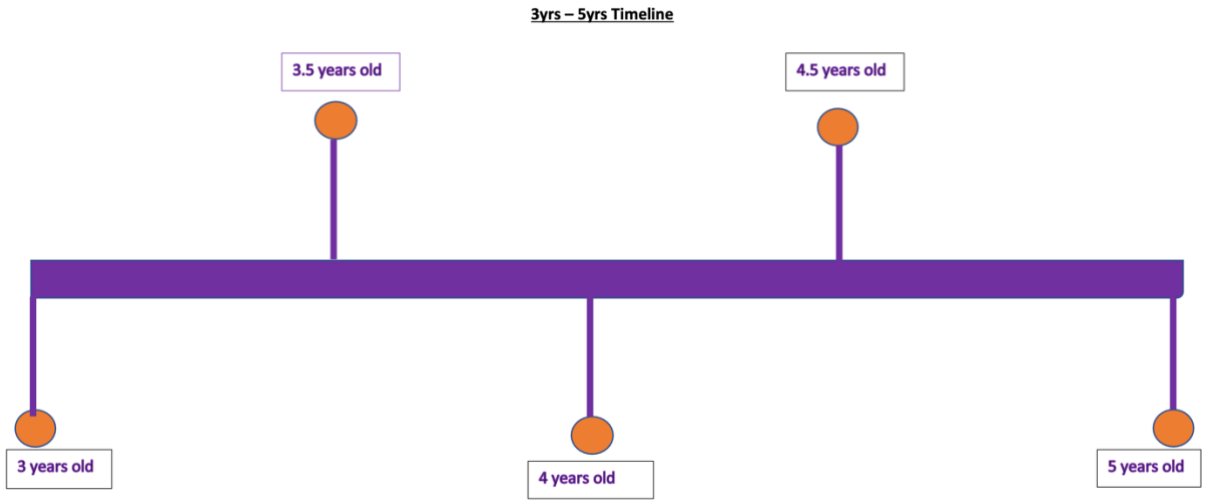


Figure 4B Visual aid; Age 3–5 year timeline

Use of visual aids in research is increasingly popular (King et al, 2018), and the benefits are discussed in articles by Elliot et al, (2017), Glegg, (2018), Bravington and King, (2019), Sexton Topper and Bauermeister, (2021). I explored what value a visual aid could add to my project in response to a suggestion from my first-year annual review. My initial thoughts were that a visual aid would require some creativity and thus I adopted a position that this would be a challenge for me. An exploration of the literature immediately compelled a rethink of that viewpoint. The literature on visual aids makes clear that the focus on the design of a visual aid needs to be on its purpose and outcomes, and no artistic skills are required (Kara, 2015). Glegg, (2018) suggests

five reasons that visual aids can support data collection, analysis and knowledge exchange. These include supporting communication and relationships, presenting data for analysis and findings, and creating a positive impact within the research area. Glegg, (2018) also suggests that using visual methods can contribute to or enhance the quality of data, help participants to remember information or experiences or prompt deeper reflection. Indeed, the visual aid did act as a memory aid for some of my participants, as illustrated in the two quotes below:

> *"I thought it was good, and it was a nice little prompt in the beginning like to introduce the topic and get you thinking about the different things that you've done, that it, it definitely is a nice idea"* (Fiona, parent)

> *"… it's always useful to have some kind of visual aid to, to, talk through, … I've never used this Jamboard before, but I think, I think it's, it's, it's good, and people like to see visual things, too. So, I think it's great. It can stimulate people's memory, and then you can get into the more in-depth questions*"
> (Rachel, parent)

Visual aids can also be used to facilitate discussion, or act as a direct method of data collection by inviting participants to be creative or interactive with aids (King et al, 2018). Visual aids can remove or reduce barriers associated with verbal (language), or written data which may exclude particular groups in society or discourage participants from volunteering (King et al, 2018). There are challenges for some individuals in expressing views and experiences, particularly if they are sensitive topics, and the use of an aid can support participation for some groups (Glegg, 2018).

Using the visual aid also helped me to build an immediate sense of the child's needs and the type of services and professional's parents were interacting with. This initial information supported the direction I would take in asking questions, and where to add new questions. Glegg, (2018) importantly highlights the ethical considerations that must be made when using visual aids. A key priority for me was focusing on minimising (emotional) harm. Visual aids much like other aspects of a researchers work requires them to respect, value and support participants (Glegg, 2018). Furthermore, it was important to reflect that if a visual aid can potentially strengthen relationships, as suggested by Glegg, (2018), there is a risk that they could also impact negatively if offence was inadvertently caused. Research, reflection, and discussions through supervision led me to decide on using a visual timeline as depicted in Figure 4B.

4.9.4 Visual aid for parents/carers and professionals

In developing the visual aid, and determining its use as part of data collection and relationship building, I had an idea to ask parents to indicate to me using the visual aid which professionals they have interacted with, and why, about their child, during the ages of 3-5 years. As part of the literature and policy review conducted before data collection (see Chapter Two & Three), I identified the key professionals potentially interacting with parents of 3-5 year old children. This information was placed on example 'stickies' that I had prepopulated on the visual timeline as a prompter for initial discussions (see Figure 4C).

Parents could add other information on the stickies too (and delete as appropriate). The visual aid was used online using Google Jamboards with most participants. All interviews were online; therefore, it was not used in any other format.

Figure 4C ***Example of prepopulated stickies for Google Jamboard identifying professionals that parents may interact with about their 3-5 year old child***

Google Jamboards are an interactive tool similar to using a whiteboard, stickies and pens. I opted to use this platform because it offers a variety of different tools, it is interactive and online. The participants did not require a Google account to use this; however, they did require access to a computer or similar device. Given that all interviews were online, this meant that everyone should be able to access it. For participants who were unsure of how to use the Google Jamboard, I was able to support and/or facilitate their use of it. Stickies were placed along the timeline by parents (or with support from me). The Jamboards revealed that for most parents, interactions continued with the same professional groups throughout the ages of 3-5 years (i.e. ELC, Health Visitor).

For the professionals, they were asked to identify the reasons they interact with parents across the timeline for 3-5 year old children. A pre-identified selection of potential reasons was identified and prepopulated onto the stickies (see Figure 4D).

Figure 4D ***Example of prepopulated stickies identifying potential reasons for professionals interacting with parents of 3-5 year olds***

The prepopulated information was identified using Scottish policy and literature indicating potential reasons for professional interactions with parents. Similar to parents, professionals were asked to identify or create the reasons on the stickies and place on the appropriate place on the 3-5 years' timeline. See Figures 4E & 4F for examples of how the Google Jamboard can be used (these are not participant Jamboards). Written instructions on how to use the Jamboard were also provided in advance of the interview too (see Appendix 4.10). There were a small number of participants who could not access the Google Jamboard. It wasn't clear why. In these situations, either I shared the Jamboard on Zoom and moved the stickies as

requested, or the participant decided not to use it. My assumption from the outset was that the timeline would add to the data gathered during the interview process.

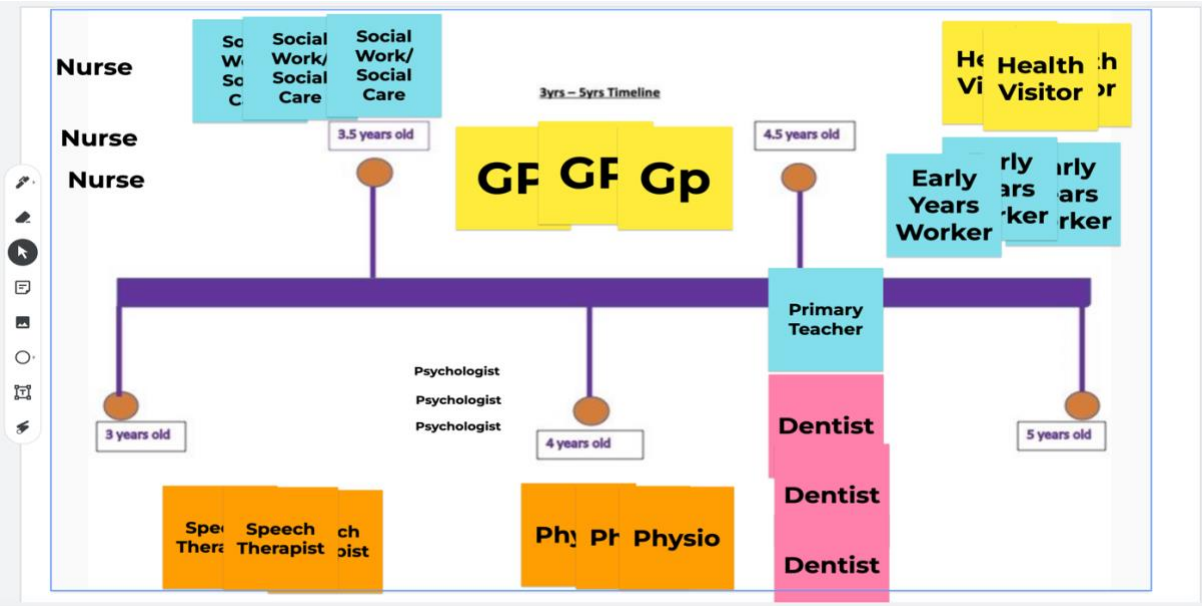


Figure 4E Example Google Jamboard for parent participants

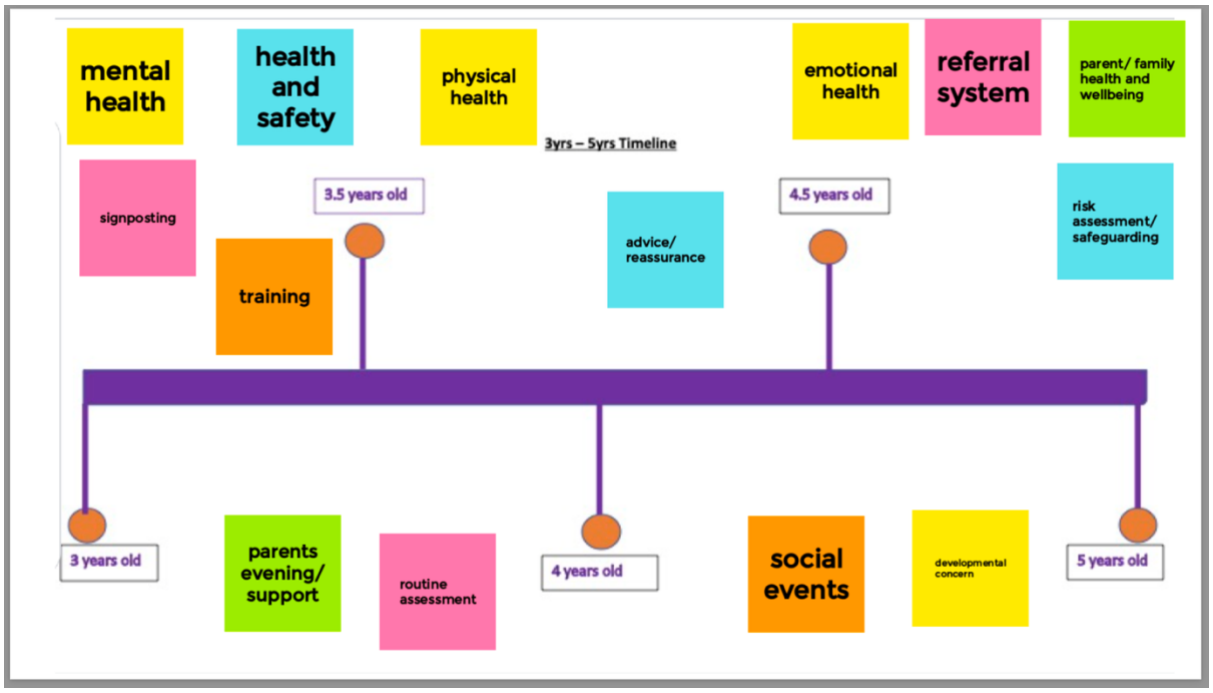


Figure 4F Example Google Jamboard for professional participants

This was indeed the case, after the interviews I was able to analyse the similarities, patterns, and experiences across the different timelines. Therefore the visual aid did enhance the interview experience, and added a layer of new information to the data.

4.10 Data analysis – Thematic analysis

A qualitative researcher has access to a variety of approaches and tools to analyse data. I decided to use Braun and Clark's, (2006) thematic analysis approach. These authors created a straightforward framework, especially appealing to novice researchers due to its accessibility. Thematic analysis involves immersing yourself in transcribed data, and engaging in the different phases of analysis as suggested by Braun and Clark, (2006). The authors define thematic analysis as:

> "*a method for identifying, analysing, and reporting patterns (themes) within data. It minimally organizes and describes your data set in (rich) detail"* (Braun and Clark, 2006:79)

Braun and Clark, (2022) emphasise that while thematic analysis may appear straightforward, it requires a systematic and skilled approach to coding, analysis and interpretation. They highlight that there are multiple versions of thematic analysis, and researchers must be aware of these distinctions. I analysed the interview data using reflexive thematic analysis, which emphasises the researchers active interpretive role and iterative engagement with data to generate themes based on the data (Braun and Clarke, 2022). This approach was selected because it supports an inductive, flexible, and reflexive engagement with qualitative data, allowing patterns, meanings and themes to be generated. It also provides space to reflect on how my positionality and

lens has influenced the analytic process. Braun and Clarke, (2006:96) advocate that the researcher is not passive in the creation of codes and themes, thus the emphasis that themes never "*emerge*". Thus, the researcher contributes to the analytical process (Braun and Clarke, 2022).

I followed the six phases of thematic analysis as outlined in Braun and Clark's, (2006) article. For stage one I began transcribing the data, taking notes, and I started my coding framework. As noted previously, I used both inductive and deductive approaches in analysing and reporting the themes from my data. I used my research questions and topic guides as a foundation for the initial coding phase, and an inductive approach was adopted thereafter (see Appendix 4.11 for coding framework). The intention was to report the findings of my research using codes and themes. I used NVivo as a tool to facilitate this process. NVivo is well recognised as a useful software tool for qualitative researchers analysing datasets (Richards, 1999 , Zamawe, 2015, Maher et al, 2018, Jackson and Bazeley, 2019, Braun and Clarke, 2022). Although NVivo itself does not analyse the data, it provides multiple tools to use in order to organise, sort and code the data (Zamawe, 2015, Jackson and Bazeley, 2019, Braun and Clarke, 2022).

The coding process was completed in four key stages (see Figure 4G), aligning with stages 2–5 of Braun and Clarke's, (2006) phases of thematic analysis. The first stage involved reading, transcribing and coding every interview transcription. New codes were added to the initial coding framework, resulting in 39 codes being produced. Stage two resulted in a further 40 codes being constructed as a result of the iterative, immersive process of reading, reflecting and taking notes from the data. A natural

process of merging codes began in stage three of thematic analysis. The iterative process of reading, and documenting my findings from analysis and reflection resulted in familiarisation of the data and codes and thus the identifiication of similar codes being deveoped.

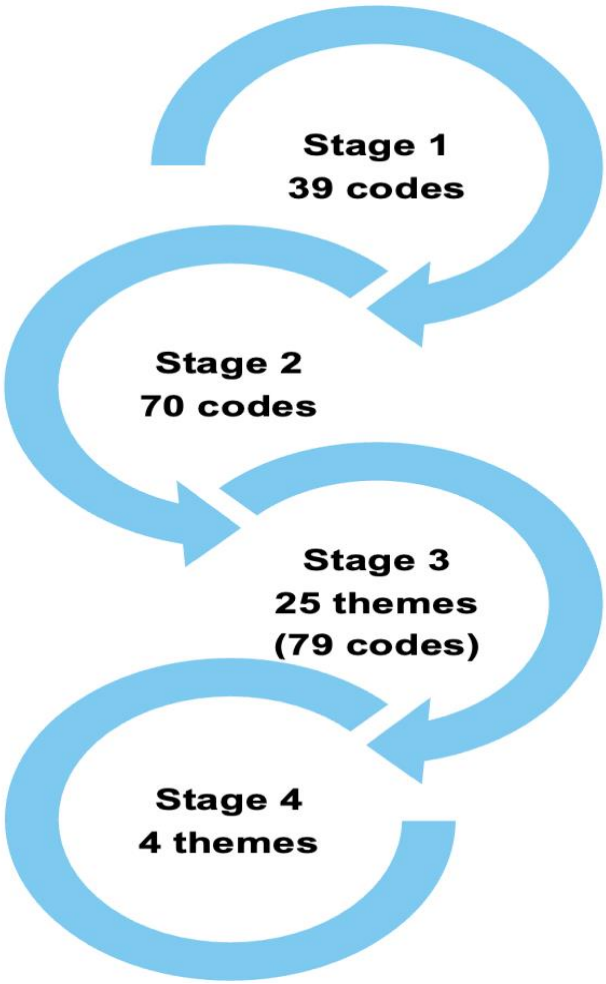


Figure 4G Four stages of coding for reflexive thematic analysis

At this point, I began to search for and create themes, reviewing, defining and naming these as part of each iterative process. I also created an 'other' theme to place codes

relating to examples, recommendations, potential quotes, contradictory statements, barriers and facilitators.

I created three themes as part of the final iteration of analysis and construction of themes. These three themes were professionals, organisations and systemic structures, parents, children and families, characteristics and needs (see Figure 4H).

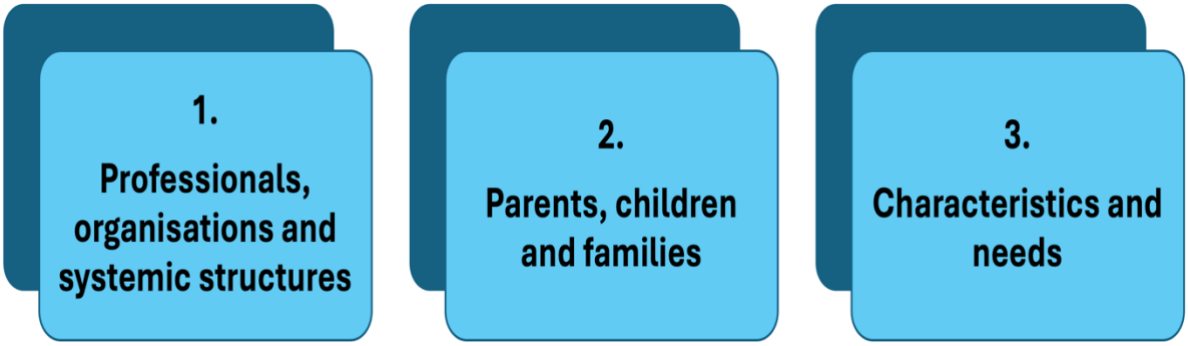


Figure 4H Final three themes I constructed from reflexive thematic analysis

Theme one had the most codes connected to it, and I could have split this into two themes separating professionals from organisations and the systemic structures associated with them. However, data analysis indicated that professionals, organisations and these structures are interlinked and dependent and therefore could not be separated. It could be argued that the outcome of thematic analysis for my research is pointing to professionals, organisations and systems as being dominant in the topic of interactions between parents and professionals.

Although these three themes were constructed during data analysis, I did not use these theme names as headings for my four Findings Chapters. Instead, the Findings

Chapters were structured and titled in direct alignment with my research questions. This decision reflects the purpose of the findings section, which is to present my evidence in a way that directly responds to the research questions and aim of the study. Although the Chapters were organised around the research questions, all three themes informed and were referenced across each Chapter. Structuring the findings in this way ensured clarity and coherence between my research aim, questions and analysis, and enabled a more nuanced presentation of the data than a broad theme led structure would allow. Constructing and naming the themes was central to the analytic process; however, organising the findings to answer the research questions enabled the development of a clearer narrative guiding the reader through the unfolding story of the research rather than limiting the discussion to discrete thematic categories.

4.11 Rigour

Rigour in qualitative research is a topical area for discussion (Seale and Silverman, 1997, Meyearick, 2006, Houghton et al, 2013, LaDonna et al, 2021). Often the focus on rigour in qualitative research is centred around the principles applied for quantitative research (Ritchie et al, 2013, Braun and Clarke, 2022) and thus does not apply. Concepts such as generalisability do not make sense in qualitative research, because this is not the objective (Braun and Clarke, 2022). Assessment of validity and reliability cannot be applied in the same way to qualitative research as it is in quantitative because the objectives are different (Ritchie et al, 2013). Barbour, (2001) suggests that qualitative researchers should refrain from conforming to proposed activities that supposedly make research more rigorous. Instead, Barbour, (2001) suggests that researchers focus on what the objectives are in using a qualitative

design. The objective of my research project was to allow the exploration of the unique views, and experiences of participants within their own social worlds. My position was that together with participants, data would be co-produced. Ritchie et al, (2013) states that transparency and trustworthiness are key to quality in qualitative research. To achieve the latter, I undertook the following:

- Documented the literature search process (Appendix 2.1)
- Shared the topic guide for interviews with participants (Appendix 4.4)
- Recorded and transcribed all interviews
- Developed a coding framework (Appendix 4.11)
- Used direct quotations in this thesis to demonstrate/connect analysis to real experiences
- Used a reflective diary

As discussed in Chapter Two, regarding assessing the quality of research, CASP (Critical Appraisal Skills Programme, 2022) is a well-recognised and highly regarded tool (Aveyard, 2019). CASP offers a checklist framed as questions to prompt the researcher to reflect and think critically about the design and decisions made as part of improving quality and credibility of research. I used CASP as a guide in my literature review and in the design of my own project.

Furthermore, clear research questions and methods that align with the questions are frequently cited as important (O'Brien et al, 2014, Johnson et al, 2020, Stenfors et al, 2020, CASP, 2022). My questions were centred around views and experiences, and thus semi-structured interviews align well as a strategy to answer those types of

questions. Participant validation is also attributed as another form of enhancing rigour of the research process (Baillie, 2015). However, some researchers (e.g. Barbour, 2001) are cautious about this, stating that seeking validation via participants may inadvertently result in the dismissal of valid findings. Sensitivity is required if researchers opt to seek feedback from participants. Mays and Pope, (2000) suggest that both the researcher and participants may have different overall perspectives and thus view the findings differently. My participants were offered a copy of their transcription; however, I did not seek feedback on my findings for the reasons suggested by Mays and Pope, (2000).

4.12 Freedom of Information Requests

During the literature and policy review process I identified that I had insufficient knowledge and understanding of how the School Nursing role, priority areas and pathways were being implemented at local level in schools (Scottish Government, 2018e). Given the changes in the School Nursing service since my own childhood and since I qualified as a nurse in 2002, and my lack of personal contact with a School Nurse even as a parent of a primary school aged child, I recognised that I had only a limited understanding of how the new role and guidance were being implemented locally. Therefore, I submitted Freedom of Information (FOI) requests to all 32 Local Authorities (LAs) in Scotland asking for information on the policy and process for accessing a School Nurse, and information provided to parents/families on this policy. I deemed this information to be important for understanding continuity of support as children transition to primary school. The outcome of these requests is provided in Table 4F. I sent the FOI requests to LAs because I assumed that nurses were based in schools. However, a number of LAs signposted me to the NHS (their employer).

Table 4F ***Outcome of Freedom of Information requests to Scottish Local Authorities on policy information about accessing School Nurses***

Question	**Number of LA FOI Responses**
Question 1: ***"What is the current criteria/ policy for a child or young person to access a School Nurse in your authority"***	
Q1 Response	
Provided information on how to access a school nurse	**19**
No policy but some information provided	**4**
No policy	**2**
Local Authority did not hold the information	**7**
Question 2: ***"What percentage of schools currently have a School Nurse based in them permanently?"***	
No School Nurse based in a School Permanently	**22**
School Nurses based in (some) special needs secondary schools	**2**
Weekly Drop-in Sessions in Secondary and Special Needs Schools	**1**
Local Authority did not hold the information	**7**
Question 3: ***What information is available currently to children, parents and families on how to access a School Nurse?"***	
Provided some information (including signposting)	**24**
Local Authority did not hold the information or did not provide information	**8**

Therefore, FOI requests were also sent to the 14 NHS Boards. Table 4F provides details of the information requested from LAs and their responses, which I have categorised into the themed responses I received. As noted in Table 4F, the responses from LAs were variable, however most LAs were able to provide some information about a policy or criteria to access a School Nurse. Of note four LAs stated there was no policy and 7 stated they did not hold the information. Table 4G provides some example responses from LAs on access to a School Nurse from Local Authorities. Of

interest, two responses stated that access to a School Nurse requires parents to ask for a referral from their GP. This aligned with the findings from this study.

Thirteen of the fourteen Health Boards provided information on how children and families can access the School Nursing service. In some areas there was clarity that a parent or child could refer to the School Nursing Service, but this was not clear across all LAs and Health Boards. One Health Board responded by saying there is no specific information directed to parents on accessing a School Nurse for their child. However, most NHS Boards confirmed that information was available to parents via websites, social media platforms, leaflets, or via their child's school. A couple of LAs and Health Boards referred to P1 School Nurse screening programmes, however, it's not clear to me if P1 health screening is available to every child in every school in Scotland. Through this work, I also learned that, in general, School Nurses are not based within schools.

Table 4G Example responses from Local Authority Freedom of Information requests on policy information about accessing School Nurses

Example response
"A health review is offered to all children in primary one. This involves a parent questionnaire and the opportunity of an appointment with the school nurse".
"There are no school-based nurses. However, there are community nurses who provide support to schools".
"All secondaries have access to NHS School nurse's sessions on a weekly basis".
"Children, young people and families can access information on what support the school nurse can offer through their GP or child's school".

The FOI responses have limitations and do not provide a complete picture, as there is an indication that individual schools are responsible for the information that they disseminate to parents about School Nurses. Also, my request for information may have been misinterpreted, and there may have been omissions. Overall, it appears that to access a School Nurse, in most scenarios, families should discuss this with their school or GP. It would be worth exploring in future research what barriers parents, children and professionals face in referring to or accessing a School Nurse. Leveraging School Nurses as a proactive intervention potentially presents a valuable opportunity to mitigate some of the unmet needs highlighted by participants in this study.

4.13 Limitations and conclusions

The aim of my research was to understand the role and value of parents/ carers living in Scotland during their interactions with professionals about the health, wellbeing and development of their 3-5 year old children. The methods adopted meant I was able to recruit a diverse group of participants. I was able to gather data from parents living across Scotland, from both men and women, from different backgrounds. The data gathered has answered my research questions, thus contributing new knowledge to the interdisciplinary fields of children, families, public health policy and practice.

Parent participant vignettes are presented in Table 4H to provide context for the findings, offering insights into the family circumstances and characteristics of participants. An outline of the gender, ethnicity and sectors that professional participants worked within is also provided in Table 4I.

Table 4H Participant Vignettes – Parents/Carers

Brenda	**Claire**
White Scottish 35-39 years Brenda is the legal parent of one child, aged 5 years. She is in a same sex couple, from a high-income household (50K plus). Brenda's child has complex and additional support needs and therefore has had and continues to have interactions with multiple professionals across many sectors	White Scottish 35-39 years Claire is the biological parent of three children, two of these children were aged between 3 and 5. The third child was older. She is in a heterosexual couple from a high-income household. One of Claire's children has multiple needs and is on an assessment pathway. Claire has had and continues to have interactions with multiple professionals at primary, community, secondary and specialist care levels.
Erin	**Fiona**
White English 45-49 years Erin is the biological parent of two children aged between 3 and 5 years. She is in a heterosexual couple from a high-income household.	White Scottish 45-49 years Fiona is the biological parent of one child, aged 3. She is a lone parent, from a low-income household (£0-21K).
Grace	**Helen**
White Scottish 35-39 years Grace is the biological parent of one child, aged 4. She is in a heterosexual couple, from a high-income household.	Asian Age was not provided by participant. Helen is the biological parent of one child, aged 4. She is in a heterosexual couple. Her household income was not provided. Helen is concerned about multiple areas of her child's development; however, he is not on any assessment pathway.
Jon	**Marie**
Mixed 35-39 years Jon is the biological parent of one child, aged 4. He is in a heterosexual couple from a high-income household.	White Scottish Age was not provided by participant. Marie has two children. She is the kinship parent of one child aged 5 years old and the biological parent of another older child. She is a lone parent, and her household income was not provided. Marie's 5 year old child has multiple and complex needs impacting on his physical and emotional health. Marie has had and continues to have interactions with multiple professionals at primary, community, secondary specialist care levels.

Martin	**Mel**
White Scottish 35-39 years Martin is the biological parent of one 4 year old child. He is in a heterosexual couple. Household income was not provided. Martin has been engaging in ongoing interactions due to specific health needs for his child.	White Scottish 40-44 years Mel is the biological parent of a 3 year old child. She is in a heterosexual couple, from a mid-range (£21-49K) household income. Mel has been engaging in ongoing interactions due to specific health needs for her child.
Oliver	**Rachel**
White British 40-44 years Oliver is the biological parent of three children. One of his children is aged 4 years old. The other two children are younger and older than the 3-5 year age range. He is in a heterosexual couple, from a high-income household.	White Other (not UK) 45-49 years Rachel is the biological parent of two children. One of these children is 5 years old, the other one is older. She is in a heterosexual couple, from a high-income household.
Susan	**Taylor**
White British 40-44 years Susan is the biological parent of one child aged 4 years old. She is in a heterosexual couple, from a high-income household. Susan's child has multiple and complex needs impacting on his physical and emotional health. Susan has had and continues to have interactions with multiple professionals at primary, community, secondary specialist care levels. He has no formal diagnosis.	White Scottish 35-39 years Taylor is the biological parent of three children. Two children are aged 4, 5 and the other one is older. She is in in a heterosexual couple from a mid-range household income. All of Taylor's children have multiple and complex needs impacting on their physical and emotional health. Taylor has had and continues to have interactions with multiple professionals at primary, community, secondary specialist care levels.

All parents confirmed that they had interactions with professionals as part of the universal provision of services for their child including ELC, Health Visitor, Dentist, Nurse and GP. Purposive sampling was used to seek diverse participants, there was some success in this, however there are limitations in that most parent participants were:

- From high-income households
- From white UK backgrounds

- Aged over 30 years
- Female

Parent participants mainly resided in urban areas across Scotland, with one participant describing their location as 'semi-rural'. Five parents described their children as disabled or with additional support needs. Greater representation from low-income households, lone parents, younger parents, parents from uneducated backgrounds and ethnically diverse parents would likely have impacted the findings of this study. Consequently, it is reasonable to infer that the findings might differ with a parent/carer sample representing these characteristics and circumstances.

There was less ethnic diversity across the professional participant group with nearly all professionals describing themselves as white and from UK backgrounds. The 11 professionals participating in my study provided the opportunity to explore a range of views and experiences underpinned by the sectors they work within. Most of the professional participants worked in deprived areas, and therefore most of their experiences related to the challenges they observe that families across Scotland face as a result of poverty and disadvantage. For example, the professional participants conveyed the amplified barriers that mothers/female carers face due to intersecting inequalities related to their gender, ethnicity and income.

Recruiting a diverse range of professionals was a challenge, I was unable to recruit any health professionals. Inclusion of data from health professionals would have allowed for an understanding of this sector's experiences and perspectives, enabling

a comparative discussion. In particular, incorporating the views of Health Visitors could have provided a more balanced context for interpreting the findings from parents.

Table 4l Participant Vignettes – Professionals

Alex, Third Sector (family support)
White male, 45-49 years Works in a deprived area
Alice, Primary Teacher
White female, 35-39 years Works in a deprived area
Amber, Local Authority (LA) Early Learning and Childcare (ELC)
White female, age was not provided Works in a deprived area
Amy, Private, Voluntary, Independent (PVI) sector, ELC
White female, 40-44 years
Ella, LA ELC
White female, 40-44 years Works in a deprived area
Jamie, PVI ELC
White male, 35-39 years Works in a deprived area
Louise, Primary Teacher
White female, 40-44 years Works in a deprived area
Lynn, LA ELC
White female, age was not provided Works in a deprived area
Rose, LA ELC
White female, 40-44 years Works in a deprived area
Sharon, Social Worker
White female, age was not provided Works in a deprived area
Shona, Third Sector (disability support)
White female, age was not provided Works in a deprived area

Future studies would benefit from the inclusion of perspectives from this sector. Even though most of the professional participants were from the ELC sector, they worked in different Local Authority areas, settings, and had different roles. This meant that I was able to gather data representing these different experiences.

As elaborated in the Findings and Discussion Chapter, the contrasting experiences of the two participant groups likely reflect their differing social positions, with most parents residing in high-income households and most professionals working in low-income communities. My findings require to be understood in the context of the sample, design, data collection and my analysis methods. The findings are rooted within the context of the latter. My research design was not aiming to engage with a representative sample, and therefore, the findings cannot be generalised to the wider parent-professional population.

In the next Chapter, I present my findings from a review of the relevant Scottish policy context relating to children and families. Reviewing the policy context was essential to fully understanding policy commitments and rhetoric in order that an exploration of participant experiences could be examined in this context.

Chapter Five: *"It took me a while to find my tribe"*

Navigating the role of villages, parents/carers and professionals

5.0 Introduction

This Chapter, the first of four Findings Chapters will present my analysis of data gathered from participant interviews. The findings are presented in sections separating parent perspectives and experiences from professionals. The purpose of doing this was to present findings from each participant group allowing me to compare and contrast their experiences. However, it is important to note that participant roles are not binary. Many of the parents were working, or had worked in professional roles. A few of them had experience working in the public and third sector. Similarly, most of the professional participants were also parents. This meant that despite categorising each participant group findings separately, there are occasions throughout the thesis, where I have inserted a finding or quote from a parent within the professional findings section and vice versa. All findings are presented in themes as identified from data analysis, aligned with my research questions (see section 1.3).

The findings are set in the context of data collected and analysed during 2023 and 2024. The findings reflect the accounts provided by participants at this time, and my analysis of this data. All participants currently live (parents) and work (professionals) across 15 different Local Authorities in Scotland. Four Findings Chapters tell the story

of a sample of participants living in Scotland through the lens of parents and professionals. This story sets the context of the communities participants live and work within, where, why and when interactions between parents and professionals occur regarding children aged 3-5 years old. Some of the findings are consistent with existing literature, while others contribute new insights and evidence.

This Chapter navigates the role of villages, parents, carers and professionals. The role of villages refers to the old proverb '*it takes a village to raise a child'*. I used this proverb as a focus point for understanding participant perspectives during interviews about the role of communities in supporting parents. Discussions around this proverb were central to examining and interpreting the foundations of support that parents have within their homes and communities. From this, the Chapter moves on to understand the context of parent-professional interactions. These findings provide insights and new knowledge for professionals, politicians and policy makers to consider in their attempts to 'Get it Right for Every Child', as per Scotland's national policy for child health and wellbeing (Scottish Government, 2008b and 2022c). This Chapter identifies gaps in practice where policy rhetoric diverges from the lived experiences of participants.

My study found that for half of the parent participants there is a lack of informal support in their 'villages' helping them to raise their child. This creates challenges for parents who are already on an unpredictable journey through parenthood. Parents without informal/unpaid support told me that they rely on public sector services in their local communities. This appears to create a two-tier support system, where those parents who can afford to pay privately do, and those who cannot, are left waiting to access

support. Waiting was presented to me as the product of growing demand, insufficient resources to meet local needs, strict eligibility criteria, and perceived tokenistic interactions for those not deemed a priority. Waiting according to this participant group can be detrimental to some families, exacerbating and creating more needs. This is set in a context where there appears to be some inconsistencies and a lack of clarity as to when parents should ask for, or receive support in their parenting role.

5.1 *'It takes a village to raise a child'*

Most of the participants I interviewed had heard of the phrase '*it takes a village to raise a child'*. This proverb refers to the benefits of people within a community to work together to support parents and families to raise a child. Reupert et al, (2022) reflects that supporting children and families, especially during difficult times is a matter for public health. That is to say that parents encountering challenges in their life require support to buffer the potential consequences both to themselves and their children. Without support, children and families are likely to experience a detrimental impact to their health and wellbeing (Reupert et al, 2022). These authors further emphasise that often families do not face challenges in isolation, rather, a domino effect can occur. For example, poverty can impact on health and wellbeing, employment, and relationships etc. Thus, making additional challenges difficult for some families to manage. Given the complexities and variations of these challenges, it is also unlikely that one person, professional or organisation would be able to support the family on their own too. Therefore, there appears to be a collective understanding and agreement within my research, which aligns with Reupert et al, (2022), that parents require help and support from a wider network within their community, and this is often referred to as 'the village'.

5.1.1 Do villages to help raise children exist in Scotland?

All participants agreed that it takes a village to raise a child in the context of the proverb. However, individual descriptions, definitions and experiences of villages varied widely. I created a speech bubble using an online tool to reflect some of the words participants used in responding to the question, '*do you think it takes a village to raise a child?*' (see Figure 5A). Some words were used more than others; however, this is not represented in the speech bubble, the different sizes of the word reflects formatting rather than any other meaning.

Figure 5A Speech bubble visualising words used to describe parent participant understanding of villages raising children

The wide-ranging words used by parent participants highlights the subjectivity of this proverb. A 'village', for some parents, is in the virtual, online digital world while, for

others, their parents, friends and neighbours are 'the village' and for others, the village is made up only of paid professionals. Geographical location can have an impact on the role of villages, as will be discussed further below. One parent also referred to living in a parallel world to her neighbours, in relation to parenting her child with additional support needs.

My key insights from analysing interview data on the topic of whether villages support parents to raise children, is the strong reliance on social media, the internet and paid professionals for information and support to parents.

5.1.2 Parent experiences of villages raising children

Half of the parent participants reported they had no family support within their village. Reasons for this included geography, relationship breakdown, older or deceased parents and challenges around the complexities of the needs of their children:

> "*… So, we don't have any family in Scotland. Both myself and my partner's family live down in England, I suppose, for us, that has - it's been quite challenging sometimes. You know, you don't just have the granny to go and drop off for an overnight stay or come round and help if somebody is sick or whatever. And then I think that's noticeably different from our kind of friendship group, where they, they just, you know their son just goes off the whole weekend, and they can kind of go away and, and do things*" (Brenda, parent)
>
> "*… I think one thing which we're lacking in, one of the reasons why we're moving down South is because, we - like her* [their child] *extended family, so her grandparents and her aunties and uncles, her cousins, they're all sort of down*

South and I think that's the one element I think she, she's missing… I think that's, that's the one thing in in in her village which is missing" (Jon, parent)

"*I needed physical, I needed physical support. I required physical support with me, I required a second person, and I didn't have that. My family's ...I don't have a big family … my partner has a big family, but they are non-existent, em due to their health needs so. ...em, yeah. It's been challenging yeah. It's all been me, yeah*" (Taylor, parent)

"*It's difficult because my parents and my husband's parents are in their seventies now, so it's kind of always like, I say, it's difficult to hand him over. And I'm like, how's your eyesight, how's your reactions? Like, I don't want anyone to drive him, just cause they're kind of not like quite up to date with all medical things. I find it difficult to hand him over, cause I just worry that they miss something …"* (Susan, parent)

The other half of parent participants had family members in their village playing a spectrum of roles to being very involved in helping to raise children to offering emotional support:

"… I'm quite lucky I still, we still live really close to all our family. … My own parents are just 5 min down the road. [My partners] families, just you know, they're about 20 minutes up the road. So, we're really lucky, em because I don't know what I'd do without, without them" (Claire, parent)

"*I'm a single parent carer. So, I get support from my own parents and my son's dad*" (Marie, parent)

"… *My parents live nearby, so, grandparents, they have a big role. [My wife's] mum, is, is not too far away. We see her most weekends*" (Oliver, parent)

A village raising a child was not a reality for all parents in my study. This meant for some parents, there is a lack of informal support networks in their communities and that can have implications particularly when parents are experiencing challenges at home as highlighted by Reupert et al, (2022).

5.1.3 Professional experiences of villages raising children

Professional responses to the question on whether it takes a village to raise a child aligned with the parent responses. They also recognised that some parents require more than peer (parent) support. Professionals and indeed parents told me that they recognise that villages are different now. Some of this difference was associated with the Covid-19 pandemic, others related it to living in an era where women are more likely to be working, families fragmented, and communities not necessarily having the facilities and services to support them. The latter observation was emphasised by a Social Worker:

"*I think in terms of the community, I think this is a real lack of community resources now for children, you know. And, and yeah, I think some areas are better than others in terms of having clubs and stuff like for them to go to, but there is a cost element now to a lot of these places, which means that a lot of*

our families just can't afford em, even just going to soft play now, you know, …"

(Sharon, Social Worker)

Other professionals recognised the impact of poverty in creating barriers to accessing paid or unpaid support. This was underpinned by the challenges families face with financial constraints, for example in paying for transport, and the impacts of stigma such as social isolation and asking for help. Alex (Third Sector) identified that some communities are "*thriving"* following Covid-19 lockdowns, where he observed communities coming together. However, Alex, also noted the impacts of poverty and trauma are driving other families and communities apart. This was echoed by Sharon (Social Worker) who reflected on neighbours phoning social work to, "*complain about the family, rather than actually offering them support*". The post Covid-19 lockdown era was unanimously agreed to have exacerbated challenges for families in raising children by professional participants in my study; that a lack of informal support equated to more difficulties for parents in fulfilling their parenting role. This was underpinned by increased stress faced by parents, as well as the suggestion that there are less role models for parents now (due to dispersed families).

5.2 Who is in participants' villages?

This section identifies who is in villages as described by parent and professional participants. This section provides context to the circumstances leading to parent-professional interactions.

5.2.1 Parent views and experiences of who is in their village

Parents who have no family support within their village referred to receiving support from paid professionals (public, private and third sector). Although how much support they actually had access to varied. For those parents with families offering support to them locally, most of them also referred to professionals as part of their community. I asked all parent participants to tell me which professionals they have had interactions with during the timeline of their child being aged between 3-5 years old. The parents were asked to identify these professionals using a visual aid on a Google Jamboard (see section 4.9.4 and Figure 4E).

Figure 5B and 5C are images of two Google Jamboards depicting the professionals that two parents identified as key people they have interacted with about their 3-5 year old child.

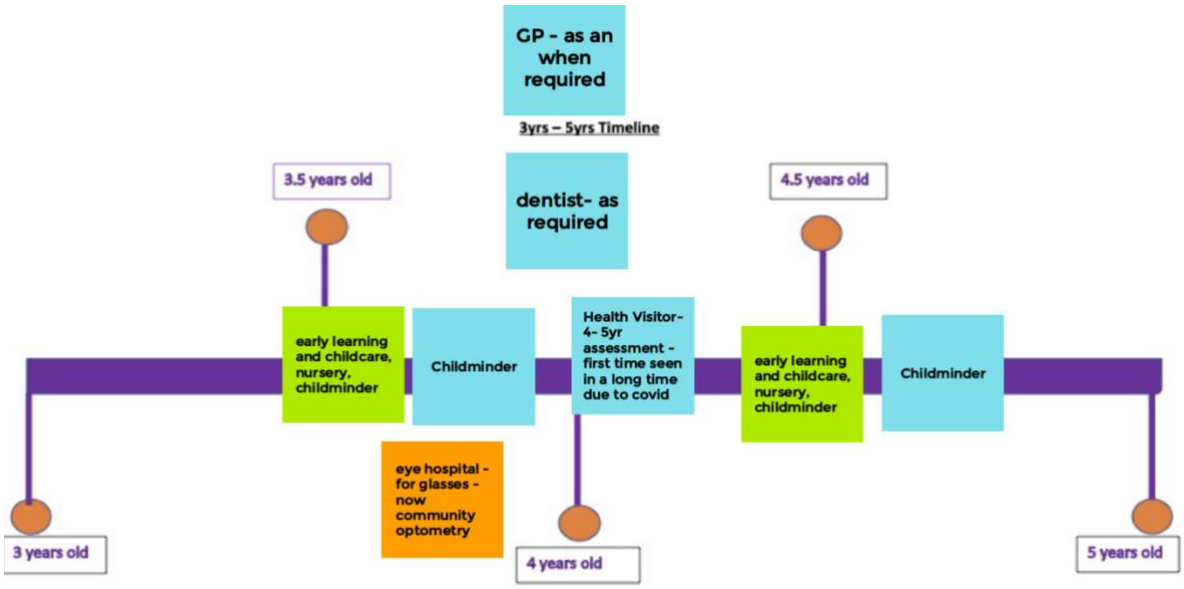


Figure 5B Parent Google Jamboard

The Jamboards look different because the children being discussed are different ages and have different needs. Figure 5C represents a child who has a significant number of professionals involved in their life, and thus the parent has engaged in numerous interactions with professionals throughout the 3-5 year timeline.

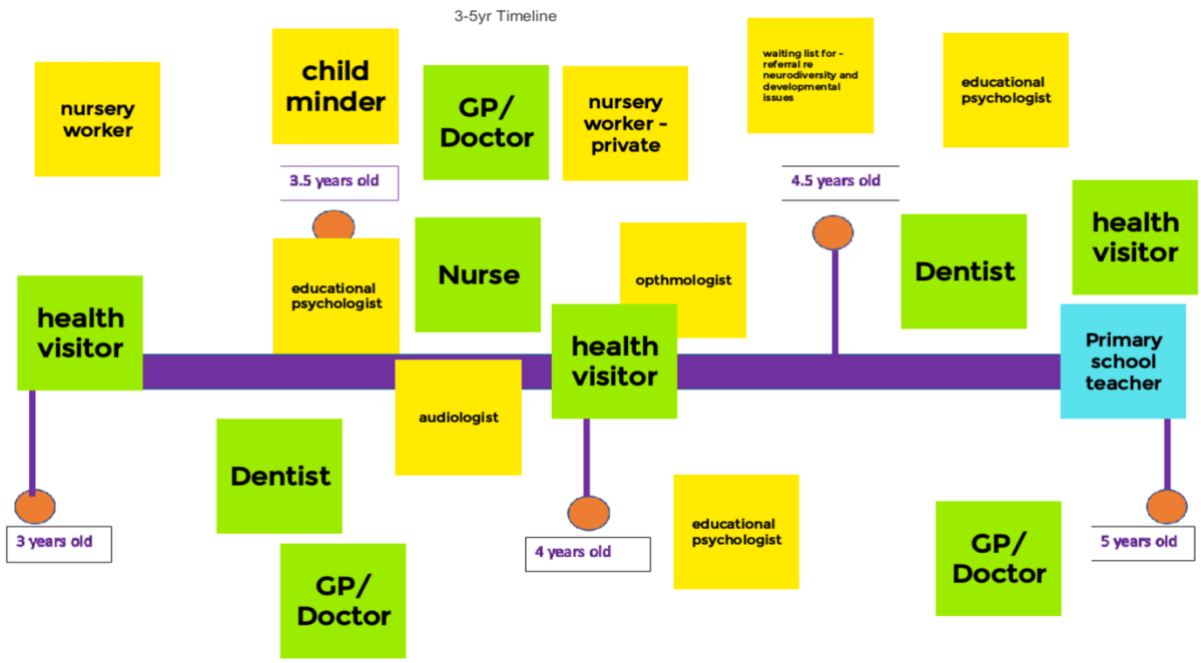


Figure 5C Parent Google Jamboard

This list of professionals represented in Figure 5D is not exhaustive, rather it reflects the key groups of professionals referenced by parents in my study and observed in the Google Jamboards. All parents had a child in ELC and thus interactions with this professional group were daily/ weekly. GP visits were for routine check-ups, normal childhood illnesses, vaccinations, allergies and in relation to ongoing assessment or treatment. Most parents had their child registered with a dentist or were accessing dental care via Childsmile (2024), and in some areas, the dentists visit ELC settings too. The other professionals, mainly Paediatric Doctors, Speech Therapists,

Physiotherapists and Occupational Therapists were referred to in the context of children having additional or complex needs, on an assessment pathway or having received a diagnosis.

Figure 5D Professionals that parents have interacted with about their child's health, wellbeing and development

Geographical location was associated with who was in the village of some parents. For example, one parent reflected that living in a suburb did not equate to having access to informal support, despite the residential setting. For example, Helen (parent) said that living in the city created more opportunities to connect with neighbours, than her current situation, where everyone has a private garden:

> *"And I think because in [the city] it's easier because we had the flat and you're going to the park and meet other people, well, here, it's different here I guess.*

… here people have their own garden and spend time in their own garden. Because Covid, and also maybe area where we are in, there's not many children of his [her son] *age"* (Helen, parent)

Helen's experiences conveyed that, since moving to a suburb, there has been challenges identifying a supportive village of friends, neighbours, and paid professionals, amplified due to Covid-19 lockdowns. Helen further conveyed her experiences as a migrant living in Scotland:

"I don't have my family here. My partner is from [another Local Authority]. So, his parents is quite away, actually we gradually lost his parents just when we get pregnant …. So, we don't really have - and all his, all our friends are already mum and dad. So, they have, they have their children, even adults and my friends will be with children in school. So, I think they were trying to support us, but also because during Covid time I think it was just time it would be the hardest for any child in this age. I guess, their childhood, is mostly because Covid-19, not getting much contact with other people. … I just don't know the local support, so I don't get that much. … we really get minimum support; I don't know if it's the minimum, but I don't think I get much help [smiling]. Maybe in a way I don't need to …" (Helen, parent)

Despite her assessment that there are developmental concerns for her son, she advises that professionals have not deemed her family to be a priority. Consequently, she conveys they are not receiving any further support or assessments relating to her concerns. Other parents spoke about their reliance on the digital world as a

community of support, referring to *WhatsApp* groups and social media as being an asset in their lives:

> "… *to have them on the WhatsApp, and be able to message them at 2 in the morning and go, like, 'who else is up? We're having a horrendous night, we've been up.' - and they've been just so important to this whole thing, because it's not exactly the same circumstances, but to not be alone … a lot better now than maybe 10 years ago, because I can go on Facebook and join a group where I can speak to people, ask questions"* (Susan, parent)

Susan's challenges in accessing support from her own community relates to the barriers she and her son faces because of his complex needs:

> *"… we operate in a different world at times because it's all the quiet sessions and like it's so separate from all the mainstream kind of activities and stuff… where we speak our own language. We all know what Melatonin is, and we all know what child disability payment is, and that kind of thing, whereas other parents don't ever have to think about this. ... So, we have our wee community that feels very separate to the rest of the world at times, I think, and it is what it is, it's different needs. And there's only so much our child can cope with. So, they can't go to normal things if you want to use the word normal"* (Susan, parent)

Similar to Helen, Susan reported a lack of informal support in her local community, despite living in a residential area. She said she had to find her 'tribe'. For Susan,

this ‘tribe’ consists of an online community, many of whom she has never met in person. The word ‘tribe’ carries strong connotations of community, culture, and belonging. While Susan has found this sense of connection amongst her online peers, she has struggled to experience the same in her local community from both paid and unpaid sources of support.

However, there were also examples from half of the parent participant group that informal support is local. Marie (parent) was able to compare living in two different areas, concluding that the small village she currently lives within is nurturing and supportive:

> “*And we, we have just moved to really small village. So, I've noticed a big difference from here to where we came from, em there's much more of that community spirit here”* (Marie, parent)

Community spirit was also noted by a parent living in a semi-rural area. This parent said she benefitted from living in a community where people look out for one another, with family, friends and professionals supporting them.

Overall, these findings reflect that assumptions cannot be made about support to families within their local communities. Parents in my study living within low, mid and high household incomes all had varying experiences about the level of support in their communities.

5.2.2 Professional experiences of who is in villages

Amy, an Early Learning and Childcare professional (ELC) working in the private, voluntary and independent (PVI) sector, also referred to the word 'tribe' when discussing her personal experiences as a parent. Like Susan (parent), Amy has children with additional support needs:

> *"… it took me a while to find my tribe. You know my kids were older when I found my tribe"* (Amy, PVI ELC)

Amy also recognised that the parents accessing her ELC service were seeking their tribe too. Amy identified that due to the nature of her service (outdoor provision), often middle-class families seek out this service and travel to access it. This means that families connect with one another through the setting, but are not necessarily neighbours or from the same community. Yet, she said an important support network is established amongst these parents.

The idea that villages only exist for some groups in communities was explored further by professionals. Alex raised concerns about the digital world, conveying his view that:

> "… *in one sense the village is under threat from the digital world, this age of distraction and mass information"* (Alex, Third Sector)

He was concerned that people will go to the internet for information, rather than seek out community or family members, and he said he believes this can have a negative impact on relationships within communities. The concern being that more people are

becoming isolated with the increasing use of the internet and social media, as people don't need to speak to one another to get information. He reflected that the village is no longer necessarily local; the world can now be the village because of the internet. However, the ELC workers all relayed the benefits of having social media platforms where parents can connect with one another, to share experiences, tips, and support (as well as ask questions to the early years staff).

Shona, another Third Sector worker, recognised the isolation that disabled families often face from their local communities:

> *"… we've heard unfortunate stories where neighbours don't quite understand the whole additional support needs and what the young person kind of shows in terms of the additional support needs"* (Shona, Third Sector)

Given the potential consequences to families facing marginalisation and isolation as a result of unsupportive communities, the value of accessing digital support makes sense. However, access to digital support will not be universal due to financial constraints, lack of material resources and in some situation's language and comprehension abilities (Audit Scotland, 2024).

I noted that no participant referred to the church or religious organisations as being part of their village. However, a Teacher (Alice) referred to challenges with sectarianism in the community that she works within, which she reported causes divisions and sometimes violence. Different cultures within communities were also referenced by the professional participants in relation to how communities come

together or not. This was also linked with the different approaches to raising children. It was suggested that cultural conflicts may arise within some communities, particularly in relation to differing expectations of behaviours. Findings relating to ethnicity, race, and language are discussed further in Chapter Eight, section 8.2.

Some professionals reflected on their personal experiences as children and parents. Reflections on being care experienced and part of military communities resulted in both professionals conveying an understanding of the reality of being isolated without informal or family support. While there is a different form of support within the military community, this was not the same for Ella, who is care experienced:

> *"I lived everywhere. So, I didn't have that village. I was constantly shifting from, from community to community to community. So, there was no consistency" (Ella, LA ELC)*

Ella conveyed the significant challenges of having no consistent community or informal support during her childhood.

The increasing visibility of dads in local communities has been observed by professionals, particularly in this post Covid-19 era. Notably, professionals are engaging with more dads across all the sectors they represented. For Alex (Third Sector), who works directly with dads/male carers, he suggests that not only is this really positive for parents generally, but it's also positive in terms of children's outcomes. This was indicated in McWayne et al's, (2013) meta analysis exploring

father involvement and early learning outcomes for children during early childhood. Gender will be discussed further in Chapter Eight section 8.1.

5.2.3 Section summary

The findings from this section present consensus that villages may exist, but not always as the proverb suggests. There are no guarantees of informal support to families within any community regardless of geography in this study. The factors behind this are outwith the scope of this study, but given that all participants conveyed that villages should support children, this is worthy of further investigation. The findings suggest that when villages are fragmented and unable to offer informal support, there are implications for a greater need for professional (paid) support for families, which is not always available when needed.

5.3 What role does the village play in supporting families?

This section outlines the participant views and experiences of the role villages play in supporting parents to raise their children in their communities.

5.3.1 Parent experiences on the role that villages play in supporting them

A pattern of responses across all of the interview data suggested a critical need for parental support, particularly among first-time parents. However, Claire, a parent of three children, made clear that just because you have more than one child that doesn't mean that you know what you are doing any better as a parent:

"… nobody knows what they're doing like when they have a child, and, and that's not - like that applies to each individual child as well [laughing] because they are all different. Because I mean obviously, there's like certain things where you have, you've got one, and then you have another one, and you kind of feel a bit more, right, okay, I know what happens here, and what processes are and stuff. But, but all my kids are totally different" (Claire, parent)

I noticed a recurring trend in responses stating that parenthood does not come with a handbook, and even if it did, how do you apply a generic parenting guide to individual children and unique family groups. Some parents referred to parenthood as being a *"shock to the system"* (Mel), "*terrifying"* (Oliver) and *"hard work"* (Brenda). There was a unanimous sense from all parents that help and support to navigate parenthood, was vital. The role that a village can play is clearly dependent on the specific requirements of the family. For example, Claire, a mother of three children spoke about the value of maintaining her 'pre-children' friends, stating that friendships are important for parental mental health, but also for their identity as a person.

For other parents of disabled children, or those with additional support needs, they conveyed some challenges in either receiving or accepting support from their family and friends. This was sometimes underpinned by concerns that other people did not understand the challenges the parent was facing, or the needs of their children. Some parents also reflected that not all professionals are able to provide the emotional support required, and this is a problem if you have no-one else offering this type of support.

Oliver (parent) recognised the role of professionals as those being able to flag up issues and concerns, and to share their knowledge with parents. He identified the role of parents as being engaged in a learning process. However, Brenda (parent), who only has access to paid support in her village, has less experience of people sharing helpful knowledge with her. Brenda reflected on the changes in societies over generations, where families do not live near one another and there is a reliance on the digital world for information. Brenda conveyed that it's not always straightforward to get information from professionals, and the information conveyed is not always accessible for parents to understand.

Professionals were identified as being part of villages supporting families across both participant groups, however, there were perceived conditions conveyed from parents in accessing professional support. Some parents perceived access to professional support as conditional, based on priority or eligibility criteria. Some parents reported self-assessing as not being a priority, based on their determination that they were unlikely to be a priority. Other parents were told this directly. For example, Helen told me that a Health Visitor had said:

> "*She can't see me as often because obviously we aren't high risk, and they go and see other families*" (Helen, parent)

This is despite Helen citing concerns to me about her child, and having limited peer support networks in her community. Peer support was identified as being extremely valuable to women in Lightbody's, (2024) study exploring women's roles in informal parent and child community groups. Lightbody's, (2024) article revealed that attending

parent and child groups offered a wide range of support to women including emotional support, confidence and learning from one another. The study also noted specifically the issue of isolation and loneliness in parenthood, thus pointing to the challenges of the concept of villages raising children when parents feel isolated. My findings identified that access to some of these types of support is dependent on having access to resources such as money, transport and time. Fiona (parent) reflected on the financial challenges that she is currently facing as a lone parent engaged in full time education. Although her child can access funded ELC (1140hrs), she is unable to utilise more hours because she cannot afford to pay for this privately. This is having a detrimental impact on her ability to engage in full-time education as she has no other informal support.

My findings suggested a very busy 'village' for a couple of parents underpinned by interactions with a number of professionals associated with their child's multiple and complex needs. This was the case for Marie (parent); however, she reflected that despite the legal requirements for some professionals to be involved with her family as a kinship carer, she told me that she believed that professionals actually wanted to be involved and support her as a parent. Perhaps ironically, given the statutory requirements underpinning kinship care, the professional least involved in her family was Social Work. Marie recognised that this is partly due to their being no safeguarding or child protection concerns at the moment and also their geographical location (they live in a different authority to the responsible social work department). Marie, like some other parents, reflected that not seeing a particular professional all the time was less important than knowing that she has a safety net of being able to access professionals, when required.

5.3.2 Professional experiences on the role that villages play

The context of working in a deprived area was shared by most professionals in terms of their observations of the impacts of poverty and disadvantage. For example, both teachers spoke about their school's offering food to families in their communities. Some ELC settings have a permanent space for parents and family members to sit and have a coffee, and connect with one another.

Professionals told me that they try to bring communities together, by promoting events where interactions can occur. Across all sectors represented in this study, settings offer:

- Open days
- Parent consultations/ catch ups (planned and ad hoc)
- Shared learning events
- Play and stay

These events were deemed by professional participants to be important for parents to connect with professionals, and to build social and support networks with their peers. Some of the professionals suggested that, by having peer support, and positive relationships with staff, this can contribute to positive mental health. An example of this was provided by Amy (PVI ELC) who works in an outdoor nursery setting. She conveyed that the nature of her setting has meant that parents use the outdoor space to connect with one another, often having picnics in nearby fields either before or after picking up/dropping off their child. Mental health impacts were also observed by Shona (Third Sector) who works with parents of disabled children or those with

additional support needs, who have sometimes been rejected by their local communities. Parents connect and support one another in her setting.

Sharon (Social Worker) and the two Third Sector workers recognised that because of the lack of informal support networks locally, often their role to parents is a nurturing one; listening, giving reassurance, being there, spending time and building trusting relationships, recognising the systemic challenges they are facing and trying to support them to overcome these. Two professionals referred to the word *"scaffolding"* as a requirement for children and families who need layers of support:

> *"I think we touched on that in terms of the need, for you know, for a lot of children having a lot of support around them. Do you know a lot of scaffolding, em in terms of supporting some families that are really struggling, you know, and I think that you know for a lot of these parents, in particular, what we are finding is we're having a lot of really young parents as well, that have maybe come to us, you know at pre-birth stage, you know, and some of them are amazing. You know some of them have great family support. But there's some that don't you know, have any support at all"* (Sharon, Social Worker)

> *"We really feel there's a need for staff to be aware of how we are scaffolding something for that child … Every single member of staff will have a different relationship with that child, and they will see that child differently"* (Amy, PVI ELC)

The word scaffolding implies support that will lead to improvement or progression. The concern is that they both emphasise the need for layers of support, however my data does not reflect sufficient scaffolding is always available when families need it, and this was identified in my literature review in the section on waiting (Chapter Two, section 2.8.2.1).

5.3.3 Tensions and inconsistent views

I created this section to reflect on some tensions and inconsistencies that I found in the professional data surrounding the role of parents and villages supporting them. There was consensus between parent and professional data on the need for villages raising children. There was also consensus that there are no guarantees that a village can support all families. However, there were tensions in some of the views regarding when a village should support families. I identified multiple views from the different professionals participating in my study and some of these were conflicting, including:

1. It takes a village to raise a child
2. Parenting is not always straightforward or easy
3. Parents are responsible for raising their children
4. Parents should *"step up"* and take *"ownership"* of their responsibility
5. Parents should reduce their expectations on the level of support from professionals

Points 3-5 were made in the context that a few professional participants feel that some parents expect professionals and organisations to be responsible for their child's health and development. The varied perspectives highlight underlying tensions,

reflecting the recognition that parenting is inevitably challenging and therefore often necessitates support. However, I identified specific tensions within the professional data, as well as in comparison to the parent data, particularly regarding points 1, 4, and 5. The parents participating in this study appeared aware of their roles and responsibilities, with one parent conveying the *"buck stops with you"* as the parent. The tension around these conflicting views is that there is an implication that seeking or receiving help might undermine a parent's accountability or responsibility. This subjectivity exacerbates the problem, as it raises the question of who decides when it's appropriate for parents to seek or accept support.

The contrasting views and experiences of parents and professionals in my study may be explained by most professionals working with parents experiencing poverty, whilst most parents in my study were from high-income backgrounds.

Point one was highlighted by an ELC professional who introduced the idea of *"community parenting":*

> *"Parenting and, and bringing up a child is, is absolutely a community effort. So, whether that be your immediate family, you know, whoever that may be, em you're like parental figures or carers, and your extended family, who may need to step in. If you don't have an extended family that's available, then it's your friends who would then be acting as your extended family, and then you do have us, like caring staff that come in….all these people pull together to help kind of mould them and bring up the child. em so I absolutely think that"* (Lynn, LA ELC)

For Lynn there is no question of the village rallying to support parents. She spoke passionately about the role of villages supporting parents. Sharon (Social Worker) observes that for the families that she supports, there are huge barriers for them in asking for help. Sharon observes that for some parents, making a phone call, a simple task for many, may be intimidating or impossible. This may be due to illiteracy and comprehension barriers or that the parent has additional support needs. It is her view that professionals can and should step in to offer support when these barriers are apparent. There was also some reflection from professionals about treading the line between interfering in family life and safeguarding or offering support.

The spectrum of professional views on types of parenting support is illustrated in Figure 5E.

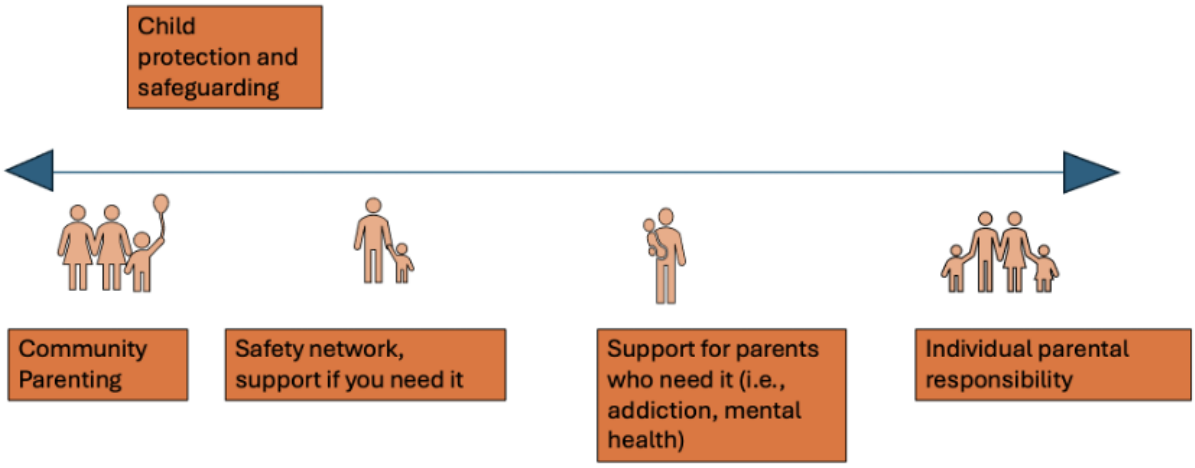


Figure 5E Spectrum of views on support for children and families in local communities

I created this Figure to illustrate visually my findings where at one end of the spectrum there is a view of the need for community parenting, state intervention, safeguarding and support networks. This means lots of people are involved in supporting parents. The opposite end points to individual parent responsibilities and parents should not expect others to absorb these. There was consensus that parents can move along this spectrum (in both directions), however, I did not identify a strong view that by actively seeking support, parents were taking responsibility. Furthermore, there was some ambiguity about when and how parents can access the support when they need it.

Third Sector and Social Work professional participants expressed views that some parents don't have the capacity or ability to parent alone at different points along their parenthood journey. This can be for many reasons and in this scenario, parents need support, help, empowerment, for as long as it takes to get them to a place where they do have capacity. Furthermore, my analysis suggests that community parenting may not be available if the parents' needs are unknown to themselves, to professionals, they are isolated, marginalised or they don't know how to access that support.

The subjective and fluid construction of parent/carer roles and responsibilities created by professionals or organisations appears to present challenges, particularly during interactions where the parent may be asking for or need help. Power is one factor that can impact on the ability of an individual to assert their candidacy to access support, as discussed by Dixon-Woods et al, (2006b) (Candidacy is also discussed in Chapter Two, section 2.8.3). Professional adjudication was created in Dixon-Woods et al's, (2006b) Candidacy Framework in recognition of the powerful positions that

professionals possess as gatekeepers, assessors and decision makers. Dixon-Woods et al, (2006b) suggests that professionals make judgements (adjudicate), and these can determine whether or not a person receives support. These judgements can be underpinned by a variety of factors including socially constructed notions of deserving and underserving.

5.3.4 Section summary

The role of the village differs among families, with some benefiting from a combination of paid and unpaid forms of support, while others have limited access to either. Consequently, some parents become reliant on paid professionals to meet their family's needs. Some parents reported feeling isolated and unsupported, whilst others referred to their luck in having informal support and being able to afford to purchase help privately. The words luck/lucky were used by parents and professionals repeatedly, suggesting that it is widely understood that not everyone has the same access to support in raising children. There was also the implication that having access to support is something of a lottery. Claire and Mel repeatedly conveyed their luck, in the context of having access to a consistently positive network of informal and formal support.

5.4 The Role of parents

The subsequent sections will present key findings on perceptions and experiences on the role of parents during interactions with professionals, exploring where parents interact with professionals, why, and when these interactions occur.

5.4.1 Parent experiences of where they interact with professionals

Figure 5D identified the key professionals that parents cited having interactions with about their child at aged 3-5 years old. Professional workplaces were the most frequently cited place that parents reported interactions occurred, except the Health Visitor. Interactions with the Health Visitor mainly took place in the parents' home (with the exception of the Covid-19 lockdown periods, where telephone calls replaced home visits). Parent interviewees reported valuing home visits, suggesting that being at home helped their sense of control and comfort. However, for parents of disabled children, or those children on an assessment pathway, home visits were sometimes reported as not reflecting the reality of their child's needs. For example, Brenda (parent) suggested that, because her child felt comfortable, happy, and safe at home, the child's presentation during a home visit from the Health Visitor was not reflective of their presentation in ELC and other settings. Brenda was of the view that a far more accurate assessment should take place in the nursery setting:

> *"… The main issue that I think we've experienced is that she [Health Visitor] always visits in this home setting and being at home in the comfortable space is very different from some of the experiences we were being told about in his nursery setting"* (Brenda, parent)

Brenda had suggested the Health Visitor assess their child in nursery, but said that the Health Visitor had never clarified whether or not this happened.

Participants reported that meetings, particularly 'Team Around the Child' (TAC) meetings, were held in professional settings. TAC meetings are multidisciplinary,

usually involving a number of different professionals gathering to share information (assessments), plan, or review needs or support plans (as discussed in Chapter Three). There was also a consensus that attending the GP surgery was always an acceptable place to meet with the GP as they did not consider a home visit necessary (viewing home visits for emergencies).

Parents in my study conveyed that ELC professionals do not engage in home visits, and neither do Primary School teachers. All interactions with ELC or teaching professionals occur in their workplaces. ELC professionals were cited by most parents as the type of professional that they would be most likely to seek advice or support from. This was due to the opportunity of seeing ELC professionals every day/week and thus building close relationships. It was on this basis that parents said they were more able to ask for advice or support from them. Some parents referred to ELC workers as their additional eyes and ears:

> *"You know that they sort of have, em, have your eyes, and ears as well …"* (Oliver, parent)

However, this was not the experience of all parents. Two parents relayed that since Covid-19 lockdowns, they had not been permitted access to the ELC setting that their child uses, and what had been a temporary adaptation (reflecting Covid-19 restrictions) appeared to have become a longer-term policy. This meant that daily interactions with professionals occurred outside the ELC setting. These parents said that they would prefer to be able to enter the setting to see their child, the environment,

and the staff. However, they told me they felt unable to challenge the policy and they did not want to try, for fear of negative consequences to them or their child:

> *"I worry somehow, maybe I feel if I ask too many questions, [my child] will get a difficult time in nursery. So, I kind of stopped asking questions, you know."* (Helen, parent)

> *"… I suppose I am used to it now - don't know any other way, cause obviously, since she's been at nursery, there's always been Covid protocols, so …and then you don't want your child to get, I know they wouldn't pick on her, but you know what I mean like,, 'oh, your mums a pure like grump'. I mean, see if I asked to go, and they - wouldn't like - they would let me come in, do you know what I mean, but it's like I think it's that it's now the norm that parents, it's handed over the door, so it's like - and I get it as well, it's like I'm human, I know that keeping parents out is easier [laughing]"* (Grace, parent)

Both parents indicated that being unable to enter ELC settings makes it challenging to fully understand how their child's needs are being met. There appears to be little sense of partnership in this scenario, and it seemed difficult for parents to feel valued when they were unable to access the environment where their child remains in the care of someone else. These findings align with a report published by the Care Inspectorate which presents an analysis of survey data from Scottish ELC staff (Care Inspectorate, 2023). The report identifies challenges ELC staff are experiencing with parental engagement, and increasing support needs of children and families, amongst

other issues. The report also published that some settings are not permitting parents to enter them:

> *"… some drop-off experiences are still at the gate or garden outdoors"* (Care Inspectorate, 2023:19)

The survey aimed to gather staff views and experiences in the ELC sector regarding their recovery from the Covid-19 pandemic. However, there seems to be a lack of clarity or context within the report on the reasons for the challenges and demands cited. It's unclear why parent/ carer views were not sought to provide a broader, and perhaps balanced view of the post Covid-19 lockdown era. By excluding parents from settings where their 3-5 year old child is being cared for, it is understandable that they may feel undervalued and feel a lack of partnership. However, perhaps more concerning than the outcome of the survey findings is this study's findings that some parents said they could not challenge professionals about access to their setting.

5.4.2 Professional experiences of where they interact with parents

Professional views and experiences mostly aligned with parents in the context of where interactions occur. Professionals working in ELC confirmed that home visits do not occur, however, a few of them said that home visits were an offer prior to the Covid-19 pandemic as part of the initial assessment/getting to know families process, and that this had not returned once legal restrictions pertaining to the pandemic had been removed. There was recognition of the potential benefits of home visits in building relationships and breaking down power dynamics, negative stereotypes and perceived authority. None of the ELC professionals were able to advise why home visits had not

returned. Sharon (Social Worker) and Alex (Third Sector) relayed that home visits were core to their work, and agreed with ELC workers that home visits are essential to relationship and trust building.

5.4.3 Parent experiences of when and why professional interactions occur

Interactions with ELC professionals were most frequent due to conversations at drop off and pick up times. On the most part these types of conversations are informal. Parents also have the opportunity to attend *parents' night* or *open days*. These types of interactions tended to be scheduled and led by the professionals. However, parents in my study were generally clear that they could ask for a meeting or for information at any time from their ELC provider, and some of them did. Parents also referred to the different methods of being able to communicate with ELC staff. This included using social media and 'apps' (online applications that normally has specific software and functions, typically used on mobile phones). The use of apps and social media normally means that there can be informal and regular two-way communication. These opportunities appear to be highly valued by parents who have access to this.

As well as information being shared by ELC staff, there are also photographs, videos and updates on the developmental progress of children. Parents can share information with one another too. However, not all parents have access to this type of communication with ELC staff, and one of the parents who reported not being permitted into her child's ELC setting also reported not having access to any effective communication processes with the ELC provider. This parent, Grace, conveyed that she has no idea what happens day to day in the setting other than what her child tells her:

".. the nursery are pretty, pretty awful to be honest. … the communications really poor. … , I don't know, I don't know anything [laughing]" (Grace, parent)

The other parent who reported not being able to access her child's ELC setting also conveyed barriers in accessing information. These findings reflect some of the power imbalances between parents and professionals, as well as the variation of approaches adopted by professionals in ELC settings in terms of engaging with parents. The power differentials are reflected by both parents feeling unable to challenge professional decisions that impact on them.

Parents in this study relayed that interactions between GPs and Health Visitors are initiated by both parents and health professionals. Parents tend to initiate interactions with GPs as a result of their child being unwell or a concern about their presentation. The main GP led interactions conveyed were invitations to attend their surgery for childhood vaccinations. There were mixed experiences reported by parents about their interactions with Health Visitors, particularly regarding the reasons for the interactions. The findings indicate that some parents deemed interactions to be tokenistic underpinned by the requirements that Health Visitors must fulfil. The tokenistic nature of these interactions was understood as a necessity due to high caseloads and prioritisation of families, and therefore in the most part, accepted.

Some parents reported having a strong relationship with their Health Visitor, and others conveying no relationship. For those without a strong relationship, they indicated that they would seek out their GP or an ELC worker for advice instead:

"I think if there's, if there's something which you know, I think it's, it's more sort of like medical wise then I, I'd probably go to the GP first. I think if it was something behavioural or like behavioural or emotional or ah…, then, yeah, I'd probably start with the nursery staff" (Jon, parent)

This finding aligns with Komvoki, (2020) who reported in her study that some parents seek out advice elsewhere due to challenges in accessing their Health Visitor. The sentiment of Health Visitors fulfilling check lists and tick boxes was repeated:

"You did feel that they also had an agenda for themselves, that they had things which they had to let us know about" (Jon, parent)

"… like I said before you know, it always feels like, I suppose you're part of a flow chart, you know it's, it's a tick box" (Oliver, parent)

"… it, it can seem check focused, can't it?" (Rachel, parent)

The data reveals a power imbalance, as parents accept that professionals must follow procedures, leading to work being prioritised and rationed service provision, and therefore, judgements are made about families regarding their need for support. Oliver referred to Health Visitors as:

"… having to make a lot of judgment, you know, coming to your house, judging how you're coping, judging how the child is, judging how the home

circumstances are whilst being very smiley and friendly. But you can see that they're having to sort of do an awful lot of work" (Oliver, parent)

However, two parents were frustrated with the tick box focus particularly as their children were *not* 'ticking boxes' to access the support they perceived them to need. This research found that Covid-19 lockdowns had a significant impact on the interactions with Health Visitors with many parents struggling to tell me when they last had a visit from their Health Visitor. Most parents were not aware of the Universal Health Visiting Pathway framework (Scottish Government, 2015b) or the minimum visits required by a Health Visitor. However, despite the perception that Health Visitor actions are tokenistic, or tick box focused, most were empathetic of a Health Visitors demanding job, as reflected in Oliver's quote above. Doi et al, (2021) found that most parents were satisfied with Health Visitor interactions even when there were some issues. It is worth considering for this research project whether the level of empathy and understanding conveyed by this parent participant group was underpinned by six of them having professional experience directly or indirectly in working with the third sector, public sector or with health professionals.

Claire, Marie and Mel conveyed positive relationships with their Health Visitor and their experiences represented that their Health Visitor was very helpful, particularly for Claire and Marie who both have children on an assessment pathway. Claire has had the same Health Visitor for all three of her children and has a good relationship with her:

"We're really lucky with our current Health Visitor, because we know her quite well" (Claire, parent)

The reference to luck suggests a recognition from Claire that not all parents receive this type of support. Interactions with Allied Health Professionals (AHP), like Occupational Therapists, Speech and Language Therapists, and Physiotherapists, appeared to be time limited, with parents suggesting they had no power to determine or influence their work with their child. Indeed, a couple of parents referred to being discharged without consent. For example:

> "*But we've been discharged, even though I think he still needs support with that, em they say he's making progress which he has, but I still feel he needs support. … I've been discharged as well from OT with a big lot of things to work on. And I think they're just trying to get folk off their caseload really"* (Susan, parent)

The findings reveal that parents found the expectations of AHP professionals unrealistic, this was demonstrated when one parent advised that her child has been discharged on the presentation of a support plan. The perceived expectation is that the parents should be able to implement the support plan without support. However, sometimes there are challenges as parents attempt to do this. Other parents like Marie relayed positive experiences about AHPs and were still in receipt of support of these professionals on a regular basis, with them attending TAC meetings. In terms of analysis, it is difficult to pinpoint the reasons for variation. For example, two parents of children with additional support needs living in different Health Board areas were recounting contrasting experiences of access to AHP support. Both parents had different backgrounds and circumstances.

The data suggests that interactions between parents and schools are often school led. Some parents relayed feeling they had limited opportunities to interact with teachers as a result of the structure of the school day and the infrastructure of the school environment, contrasting this with ELC settings. In ELC settings, most parents enter and speak to staff twice daily without any appointment. Parent evenings in schools was relayed to be time limited and often led by the teacher, leaving limited opportunity for parents to lead or ask their own questions. However, Marie (parent), reported feeling empowered to lead in interactions with professionals in her child's school informally and during scheduled meetings. However, this parent also worked in the school, and this might be a factor facilitating these positive interactions.

5.4.4 Professional experiences of when and why they interact with parents

Overall, the professional data aligned with the parent data on when and why interactions occur, particularly for ELC and primary education. There was one unique example from an ELC professional who conveyed that a Parent Council had been formed, creating opportunities for regular interactions:

> *"… so that's why we set up these parent chit chats so the managerial team invite parents to the staff room, and they have a coffee like for an hour, any staff member on their break drops in from any room, and the parents get to talk to them, see what's going on in the rooms and stuff, and they feel more part of it, and that's open to everyone like from each room, like we'll have a, a babies chit chat session we will have a toddler chit chat session, we'll have the 3- 5 chit chat session"* (Jamie, PVI ELC)

Informal chit chat type offerings were also provided by the other ELC settings both Local Authority and PVI. None of the professionals relayed any restrictions to parents entering their settings (contrasting with two parent participant experiences). However, one professional did convey that she feels that everyone is working in *"silos"* post Covid-19 lockdowns. She relayed a view that there should be no restrictions for parents in accessing any service their child uses:

> *"I think it previously - it was Covid, and now I think that's an excuse. To be honest, I think it can be used a lot of the time as a barrier, but there's no reason for it to be a barrier now. Everything should be open, and everybody should be able to access everything"* (Rose, LA ELC)

However, despite Rose conveying this, I identified some tensions and inconsistency in views when she later appeared to justify reasons for keeping parents out of settings, stating that children settle more quickly when their parents are not there:

> *"… interestingly, and everybody I spoke to - the children settled better through Covid without the parents coming in, which I never, ever thought would be the case, but we see it ourselves first hand … But reflecting back on it again, again I don't think it was the children, I think it was probably the parents that we were doing it for - and a lot of it was the anxiety of the parent leaving the child which then impacted on the child. When you remove them from the outside door, and mum's gone, within 2 seconds the child all of a sudden thinks right I've got to get on here, whether that's right or not is for everybody to decide on their own,*

but I do think it is easier on staff not to have the audience of the parents watch them trying to deal with children and settle them in" (Rose, LA ELC)

Rose also suggested that keeping parents out of settings prevents them from recognising the realities of what is happening in school or early years settings regarding negative experiences for their children:

"… for some staff within the setting for them at the moment is the fear of what they [parents] might see. Oh, my God, if they knew that little Johnny in the corner's poking him with a pencil everyday they'd [parents] be absolutely raging …" (Rose, LA ELC)

Rose conveyed that ELC, and teaching staff sometimes conceal information from parents for fear of what their response may be. This revelation validated the perception of Grace (parent) who is not permitted access to her child's setting. This finding, alongside accounts of parents being excluded from ELC settings, prompted me to critically reflect on existing policies and practices, specifically, on why some professionals appear to believe that parents do not need to be fully informed about their children's experiences. This is contrary to the rhetoric set out in Chapter Three. These findings suggest that certain professionals may perceive parental involvement as potentially exacerbating a child's behaviour, such as distress upon entering the setting, or behaviour constructed as challenging. This raises important questions for all practitioners and policy makers to reflect upon regarding assumptions about parental roles and responsibilities, current policy rhetoric and the implications of limiting transparency in professional practice. Furthermore, this is in the context of

children aged 3-5 years, who are at a critical stage in their development (Sharma et al, 2022). Reflection of these findings also leads to questions around power dynamics, and children and parent rights.

Both Grace and Helen (parents), who reported not being permitted to enter their child's ELC setting, conveyed feelings of being disconnected. This disconnection means that they cannot be involved as effectively as they want to be in their child's experience of their ELC setting. Keeping parents out of settings that their children access could be disempowering for parents, and the lack of transparency may create risks that parents cannot hold professionals to account. This potentially informs a culture of distrust and 'them and us', which is contrary to policies such as GIRFEC (Scottish Government, 2008b) (see Chapter Three).

A contrasting approach was offered by Amy (PVI ELC) advising that as part of the induction process for parents in the ELC setting that she works in, parents are informed that they should remain with their child if they display signs of distress or upset (i.e. crying). Amy's said:

> "… *attachment comes first, and the connection comes first, and therefore we ask parents to be available"* (Amy, PVI ELC)

In contrast to the perspectives and observations from Rose (LA ELC), Amy suggests that crying is a healthy sign of attachment for babies and young children and that the child must feel comfortable before the parent can leave. She makes clear her view by saying:

"… the perception is that the child is feeling better because they've stopped crying, that's not necessarily the case. The child hasn't been in control of that process" (Amy, PVI ELC)

These two contrasting findings alongside the Care Inspectorate, (2023) report, reveals a stark division in both the understanding of child attachment theory (Bowlby, 1969) and the practical application of both supporting parents and children. The role of the parent in these different examples is distinct. A pattern can be identified in the inconsistencies and tensions of perspectives and expectations of parents from professionals, not only across different sectors, but within one sector. Given these inconsistencies, there is clarity as to why some parents feel confused and frustrated.

Professionals working in Social Work and the Third Sector in my study relayed that they tend to have interactions with parents because of referrals from other agencies. Some of the reasons why they said they engage with parents have been listed in Figure 5F. I identified these reasons from the Google Jamboards (see Figure 5G) used at the beginning of the interview where I asked the specific question of common reasons for working with parents.

Figure 5G presents Sharon's Jamboard, who conveyed to me that interactions with parents about their children are not age specific, and can occur at any age and stage. Sharon advised that during the Covid-19 pandemic and since then, she and her colleagues are responding to crises within family homes underpinned by poverty, depravation and mental ill health difficulties for parents and their children.

Parenting support	Safeguarding or child protection	Communication/ speech and language	Toilet training
Disability and additional support needs	Behaviour	Poverty/ Income advice	Food/ fuel issues
Sleep	Allergy	Friendships and socialising	Emotional wellbeing
Referrals	Support strategies	Routines	Needs of the parent (mental health, disability or addictions)

Figure 5F Reasons conveyed by Social Work and Third Sector professionals for interacting with parents

I've illustrated some of these challenges in Figure 5F to provide an overview of the range of issues parents face, as well as the types of support offered by Sharon in her Social Work role. This visual representation also prompted me to reflect on the broad and complex nature of family support needs, and the importance of contextualising professional interactions within wider socio-economic realities.

Sharon (Social Worker) and Alex (Third Sector) advised that it is not always easy to work with parents who have been referred to their organisation, rather than asking for help themselves. Sharon conveyed that her department are also receiving frequent referrals regarding behaviour difficulties for two and three year olds:

"But we have a real kind of mental health crisis. It's beginning at three. Do you know what I mean? Even, you know, I've got cases where children will show really difficult behaviours only at two you know, …, and there's not really that much support … (Sharon, Social Worker)

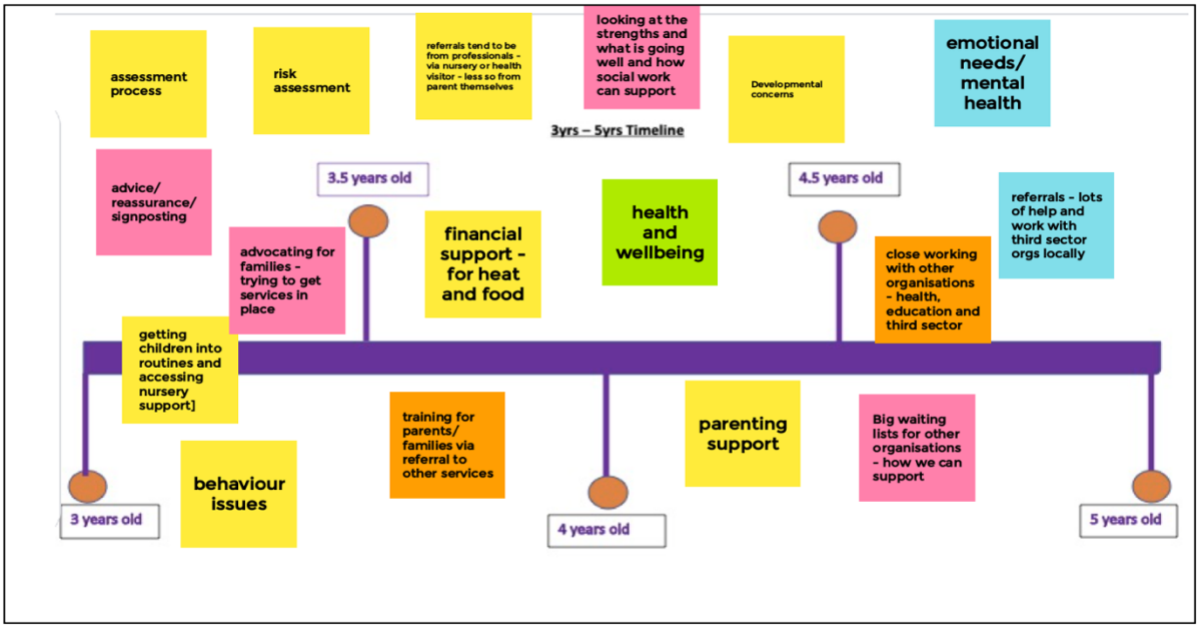


Figure 5G Sharon, Social Worker's Google Jamboard (reasons for interactions with parents)

ELC workers and teachers echoed increasing numbers of children at nursery and school presenting with 'challenging behaviours'. There was recognition across professional groups that those children who do not have their needs assessed and met in ELC settings, can move onto school with the same unmet needs, and therefore are more likely to struggle, adapt and cope with school life. Sharon (Social Worker) suggested that for children transitioning to school with unmet needs, there are risks that by the time these children end primary school or start secondary school, the impact of unmet needs, prolonged unaddressed trauma unfolds in children's

behaviour, attendance, and their engagement in school. Sharon also identified that many parents are not receiving the support they need to address the multiple barriers and challenges they face, including access to financial support for food, fuel and clothes.

5.4.5 Section summary

My research findings suggests that interactions between parents and professionals are influenced by trust, power and perceptions, with the strongest relationships forming between parents and ELC professionals. However, the role of parents during interactions with professionals vary dependent on a variety of factors despite commitments from law and policy as cited in Chapter Three. This was exampled by the restrictive policies preventing two parents living in different areas from accessing ELC settings their children attend, and the perception from one ELC professional suggesting a view adopted by colleagues that parents can be unhelpful when they drop off or pick up their child. These findings require further investigation to explore these post Covid-19 phenomenon's of relationships, interactions and outcomes.

5.5 Expectations on parental roles

This section provides an overview of findings from both participant groups on perceived expectations on parents in their parenting role, and also as they interact with professionals. I have added this section because expectations was a prominent theme I identified across both participant group data.

5.5.1 Parent views and experiences of expectations of their role

My analysis identified that expectations between parents and professionals are sometimes misaligned or unrealistic. For this study, these findings may be partly attributed to differences in the socio-economic backgrounds of the two participant groups with the professionals working mainly in deprived areas and most parents coming from high-income households. However, since the parent sample comprised individuals from a range of income levels, this factor alone may not fully account for the observed differences. For example, the data indicates that there is a lack of clarity on when parents can and should ask for or accept support (as discussed in section 5.3.3). Parents in this study were clear that society expects parents to be accountable, and at the same time, it's recognised that parenting is hard:

> *"Yeah, I think society expect me to do all by myself [laughing]"* (Fiona, parent)

> *"… even if you got two parent households, the pressures, the demands on life is just, it's just, it's just relentless, isn't it? So, there's no way one person could do absolutely everything"* (Rachel, parent)

Fiona is a lone parent, and Rachel has a partner. Both relayed the challenges of parenthood. The impacts of the Covid-19 pandemic were threaded through the data, particularly the consequences of lockdowns where children and parents said they did not receive the help they needed. Misalignment of expectations of the roles of parents and professionals was reflected in a variety of experiences conveyed by participants. For example, parental expectations of Health Visitors. There was a sense from some of the first-time parents that they expected to learn about child development, parenting

approaches and child centred services in their community. This was not always the case. I also found it interesting that some parents were self-assessing their own priority status, taking account of their social class and cultural position and assuming that this meant that they would not be a priority. Many of these parents were able to seek out support elsewhere, but not all of them.

Some parents in this study expressed a perception that professionals hold specific expectations regarding how they should behave, particularly in relation to the expression of their emotions. This perceived pressure was experienced as challenging, as illustrated in the two quotes below:

> "*We've lost the understanding of what it is to speak up and, and be, and be, confident. We're not allowed to be confident, because that's aggression, and that - I mean, I've been absolutely painted – see if I … honestly, if I showed you a piece of paper written about - not about me, about my family, about my circumstances – I'm painted like a monster, an absolute monster, and I'm not a monster at all"* (Taylor, parent)

> *" Your attitude definitely affects how people are going to deal with you, em from the outset, and I try not to get to the point of frustration and anger until I really have to [laughing]. Em, but I appreciate that, that's not possible for everybody, and sometimes they will already be at breaking point by the time they get to have a conversation with somebody … and it's a shame because those are the people that probably need the support the most …"* (Claire, parent)

My data reflects concerns, and anxieties from some parents about how to act when interacting with professionals, in the context of huge amounts of stress, anxiety, trauma, coupled with multiple challenges they are facing in trying to meet their children's needs. Parent perceptions of their requirement to behave in a particular manner was verified by some of the professionals who also disclosed their anxieties about how to respond to parents displaying emotions during interactions. This will be discussed in the next section.

For Claire (parent) and Taylor (parent), in particular, they suggested that professionals judge and respond to you on the basis of your presentation, including your ability to contain your emotions. Therefore, for them, being angry, upset, or frustrated, or any of these types of emotions could result in negative judgements and responses from professionals. Both these parents conveyed their frustrations of their inability to convince professionals to act within law and policy regarding their own, or their child's legal rights (i.e. assessment and support plans for additional support needs in health, education and social work). They conveyed how difficult these barriers are to cope with, when the impact of professional responses impacts directly on their children.
These findings are stark in contrast to two parents who had opposing experiences (Marie and Mel). These parents relayed that professionals expect them to be the advocates for their child, and that their contributions to their children's assessments were undisputedly accepted by individual professionals or a multidisciplinary team. These parents were recognised as experts on their own children, and there was a view from many of the parents that this should always be the case, but it is not:

"… You're an expert on your own child, so if you're not taken seriously in that subject, like, you should have the confidence to talk about the subject of your own child, because you're the person who knows the most about that subject" (Claire, parent)

Despite Claire making the above statement, she conveyed that her assessment of her child's needs was ignored by a Head Teacher (discussed further in Chapter Seven). There was some consensus across both participant groups that the reality is that professionals do not always recognise that parents can be experts on their own children, and in the worse scenarios, instead parents are viewed as unhelpful (as was highlighted by Rose, in relation to parents accessing ELC settings). This is further illustrated in the quotes below by parents Grace and Martin:

"… I think there's a lot [of professionals] *that just think parents are pains in the arse, that just want to em – sorry you maybe don't want to write that in your research [laughing]"* (Grace, parent)

"… stop pushy parents [laughing] giving us all a bad name [laughing]" (Martin, parent)

It's worth noting that although both Grace and Martin were laughing, and there was a sense that both their comments were playful, my analysis of these statements suggests that both also reflect a truth. The laughing seemed to be a response to the contrast of being parents and discussing the role of parents as experts, whilst recognising that some parents are perceived to be overbearing. This highlights the

subjective nature of understanding the role and responsibilities of parents, the spectrum of expectations of their contributions and perhaps their behaviour in advocating for their children. There seems to be a point where a parent's contribution may be deemed overbearing, aggressive, or emotional, but there is a lack of clarity about who decides what this point is, and how parents and professionals are supposed to understand these subjective, perhaps context specific, unwritten rules.

5.5.2 Professional views and experiences on the role of parents

Similar to the tensions I identified earlier in this Chapter from professionals about when parents should seek support in their parenting role, there were tensions surrounding the expectations of parents, with a spectrum of conflicting and variable views. For example, there were contrasting views at one end respecting a family's right to privacy, and this was underpinned by the complexity of professionals attempting to balance interventions without *'overstepping the mark'.* At the other end is the expectation that parents tell the truth, and disclose events in their life to professionals working with them. This expectation was further reinforced by the assumption that parents should act upon professional advice. The findings from the professional data reflect the power differentials between parents and professionals where professionals are already likely to have detailed information about families, particularly families who have been in receipt of (social work) services previously. Parents not sharing information can be viewed suspiciously and those not acting on advice, can be constructed as defiant and not engaging.

A key theme I generated from the findings was positionality. The term positionality was introduced and discussed in Chapter Four (section 4.5.1) Individual parents and

professionals have identities, cultural backgrounds, power, and their own personal values and experiences. There are also further factors such as ethnicity and gender that appear to impact on the lens adopted by parents and professionals as they interact with one another (see Chapter Eight). Differing backgrounds, identities and perhaps cultures was illustrated where both a parent (see section 5.2.1) and professional (see section 5.2.2) referred to finding their tribe. My analysis has identified that misalignment sometimes occurs between parents and professionals as a result of their lens or positions. This impacts how they see and understand one another's circumstances, and this seems to impact on expectations. This means that a parent choosing not to take a professional's advice may not be defiant or disengaging, there may be other (justifiable) factors. This misalignment appeared evident in a variety of examples from both participant groups and will be illustrated further in Chapter Six.

In relation to expectations around parent behaviour and emotions, this study found that some professionals are anxious about how to respond to parents displaying emotions, particularly those who were upset, anxious or angry. The findings suggest that some professionals are not skilled, or experienced enough, in knowing how to adequately respond or support parents who are displaying these types of emotions and behaviour, particularly in understanding the contexts of their emotions. An example of this was an ELC setting only permitting one way communication for staff to communicate with parents through an 'app'. The app had been set up this way because ELC staff were concerned about what parents '*might*' say on the app (e.g. concerns about staff being targeted by angry parents). However, a decision was eventually made to change the app to permit two-way conversations, thus allowing

parents to post communications to staff and others. This decision was deemed a success, and concerns were not realised:

> "… *And we've just opened up that for parents to interact back to us as well, which we didn't have previous because we were a bit worried about what they might interact back, and how do we police it and control it? But it's been so positive that we thought, let's go for it, and we'll see how it goes, so they can interact back collectively or individually on their child*" (Rose, LA ELC)

Although this quote from Rose is not necessarily centred around parent emotions, it suggests some initial concern for this group of professionals about how to manage perceived negative communications from parents. However, this contrasts with views from another ELC worker, Amy, who identified that as humans, everyone has feelings and emotions, including professionals. Amy used the word '*human/ humanness'* several times during her interview conveying that humans have emotions and make mistakes, including professionals:

> *"I've stood in the field at the end of the day and cried about my own family circumstances, you know. So, it's about, it's about being human. Yes, there's a professional line there. … But what we are is human, and, and that shown in this, I think gives permission to the parents to then, you know, recognise us you know not as another species, really, but also as people who desperately care for their children and we want what's best, that they are trusting us. We have, you know, like anyone else, we are not perfect, and we make mistakes. … and that's one of the reasons that we try to show that we're human in front of parents*

is, so that when we make those mistakes we own them and that parents trust us enough to know that we're not hiding anything from them, …as humans, we're all different, and we all have different belief systems and different understandings of ourselves" (Amy, PVI ELC)

Amy suggests that taking a "*humanness*" approach to service provision is also beneficial not only for the parents, but also for the children she works with, as a form of modelling for them to also recognise that people make mistakes, and everyone is learning.

Alex (Third Sector) reflected that some of the emotion or anger that parents can express is often about parents feeling a power imbalance in their life and seeking to gain (or exert) more control. He also suggested that perceptions about behaviour and emotion were gendered with dads/male carers more likely to be deemed "*unemotional"* and "*distant*" and are therefore perceived to be, or are on the periphery of discussions (this will be discussed further in Chapter Eight). This is a key finding in my data, as the literature review (section 2.8.2.3) highlighted that it was mainly female participants (mums) who said they felt judged (see Norman et al, (2016). These views from Alex provide new insights in the area of collaborative work between dads and professionals.

My analysis also linked the concept of power to the wider cultural and societal expectations of children and parents. There was a suggestion from Amy, a PVI ELC professional and parent that, in Scotland and perhaps across the UK, parents are expected to control their children, and therefore when parents are perceived as not adhering to this social norm, they are constructed as being a problem:

"I think we have a systemic problem in our society about how we value children, and I think the general - whether it's an expectation or a perceived expectation, it's a very, very real one, and it's a very, very present one that children should be controlled and that parents should be able to control their children. And the adults know what's best, and that the systems around us know what's best. And, and even as an educated parent I've been a parent who's been in the school system. I've been a parent who has had to advocate really, really strongly for the needs of both of my children, and I was gaslit and I was belittled, and my mental health was in question, and my parenting abilities were in question, because the beliefs of the system were that my children should be forced into situations where they had no control, where they felt threatened and uncomfortable and therefore it was my job as a parent to advocate for that" (Amy, PVI ELC)

Amy reflected that, as a parent, she felt excluded from her local community support networks for parenting in a manner perceived as being different from the norm. Sharon (Social Worker) suggested that the social construction of 'good' or 'bad' parenting reflected a compliance (or not) with social norms and with parental decisions to act on advice from professionals:

"I think for parents, you know, we want to work with them, you know, we don't want to be wagging the finger and telling them what they've got to do. You've got to help them, you know, to make informed decisions, …going into do that work at a time that's right" (Sharon, Social Worker)

Sharon suggests that professionals and organisations should focus on the "*bigger picture*", on the impacts of those systemic, structural problems creating inequalities for families, and thus impacting on their parenting role. This means that her job involves mitigating against the impacts of poverty, the cost-of-living crisis, poor housing and discrimination etc. Sharon observes some of these structural impacts in her practice such as increased mental and physical ill health, and fragmented and divided communities, Sharon's observations align with current evidence about the impacts of poverty (Catalano et al, 2024).

A clear theme from across the data is that participants frequently suggested that services cannot cope with the increases in developmental delay, mental and physical ill health, associated with long waiting lists. This finding aligns with the (Audit Scotland, 2023) report on the performance of the NHS and recent findings of challenges within schools to support children with additional support needs (Audit Scotland, 2025). Sharon (Social Worker) advocated for a whole systems approach, where professionals recognise the structures and systems in our society and how these create inequalities, and thus impacts to families, rather than focusing on individual parents, families or communities as the cause of their own problems. Sharon suggests professionals should operate from a position of empathy and non-judgement as their starting point.

Associated with positionality, my data suggests that a potential misalignment of views in what is considered as being in the best interest of a child or their parent, is also a cause of conflict and tensions between parents and professionals. For example, in an ELC context, Rose stated that their team had identified that parents were anxious about the achievements of their children in relation to '*tracking'* developmental

progress. ELC staff had perceived that the anxiety of parents was underpinned by parents comparing their child with another. In response, the ELC team removed the ability of parents to access online tracking information and decided that this would instead be discussed during face-to-face in meetings. Rose told me that the purpose of doing this was to *"discourage them to comparing to others because they [children] are all different."* However, the data from the parent participants in this study revealed that often they are seeking information, support and reassurance from both peers and professionals, in ELC and primary school. For example, Jon (parent) conveyed how useful it was to receive information from his child's nursery about his child's learning and development. However, he highlighted that he would like parents to be even more involved in understanding the curriculum:

> *"There is all this curriculum sort of things which says - which there going through, and it'd be quite nice to say, all right, you know [my child] has practiced her counting today next steps would be to practice more, you know, bigger numbers or whatever. And so, so I think those things are really, really good, and I think em involving us with that as parents also gives us, it gives us a good idea. It gives us a bit more structure in terms of like what we're doing, because, like, if she comes back a bit tired, she's had a bit of a run around, and sometimes if you know, maybe we should do a bit more like you know a bit more reading or a bit more something like that …"* (Jon, parent)

There were other examples in ELC, and education where professionals restricted the information they shared with parents in response to their sense of what the parent could cope with. For example:

"We've got two [children] who are gonna repeat primary one, basically again, but we hadn't worded it like that to that parent … It's not that you're not giving them the full information, some parents. you know, there's only so much they can take" (Alice, Primary Teacher)

Other similar approaches were used to encourage more parent engagement with their children's learning both in ELC and school settings. Professionals referred to targeted work with particular groups (those living in the most deprived areas) of parents to improve attainment and parent engagement. Parents were invited into settings in the context of a parent engagement activity, but they were unaware that they had been specifically selected due to concerns about the child or family:

"*We also do an arts and crafts club with primary one and two children. On paper its names are picked out of a hat, but really as a staff, we're kind of using it for reluctant parents, and the parents that maybe have been highlighted to us by social work or by the nursery"* (Alice, Primary Teacher)

"… just invite them along so we kind of do things a little bit, it's sneaky and sometimes, but, but relationships are a massive, massive thing" (Amber, LA ELC)

However, Sharon (Social Worker) reflected that engaging in discussions about sensitive topics requires transparency from professionals:

"So, I think we need to be really clear and transparent with families, and honest, em but also not shy away from the difficulties you know, in terms of what's affecting this child's health and wellbeing, and what we all need to do to try, and you know, improve that" (Sharon, Social Worker)

Sharon's quote contrasts with the previous quotes from Rose, Amber and Alice. The professionals restricting or limiting information to parents conveyed that these approaches are used because of concerns about a parent's (mostly mums') mental health, or recognising that parents can be fearful of authority figures, or may have previously had negative experiences with services which cause them to disengage. In other situations the parents may not be aware or disagree that there are concerns or issues. These approaches, adopted by some ELC and school settings referred to in my study is an area worth further exploration in future research. However, given current research on parent engagement, which reflect the importance of authentic partnerships between families and schools (Harris et al, 2009), and theories on stress and coping which suggest that stress is a fluid process, subjective in nature, and involves a process of exchange between an individual and their environment (Lazarus, 2006), withholding information about a child from a parent would seem unlikely to reduce their anxiety. It could be argued on the basis of the latter evidence and theory that withholding information could reduce the likelihood of the parent being able to learn, understand or engage in a meaningful manner. There are also complex and sensitive challenges faced by parents in engaging with professionals in the context of poverty and, in some cases, domestic violence and challenging households:

"… most of the review meetings when we've got women in tears, and we realise what the problems are. ... when you really got down to the problems all arose from women being treated and abused appallingly by men …" (Alice, Primary Teacher)

Given these complexities, a multidisciplinary, co-ordinated, whole family approach is required to support parents, as well as their children (Morris et al, 2008, Scottish Government, 2023f). However, as already noted by professionals, services are often provided in silos, and one issue with multidisciplinary working is the problem of long waiting lists. This study found professionals try to plug the gaps, they wear different hats, but they also know their limitations as individuals. For example, in education they are not trained health professionals:

"Health kind of then takes a back seat once they get to school, it's more education, driven and focused, and health is really a backseat" (Louise, Primary Teacher)

If health takes a back seat in schools as suggested by Louise, it could be argued that the role of parents in discussions about their child's health, wellbeing and development becomes very important, particularly as the Health Visitors role ends when a child transitions to school. Head teachers become the 'named person' under the Children and Young People Act (Scottish Government, 2014a) (see Chapter Three) for children through their education journey. Schools also have access to Nurses (Scottish Government, 2018e); however, each Local Authority/Health Board has different processes for accessing and engaging with Nurses, as evidenced by the Freedom of

Information request responses I received (see section 4.12). Louise also advised that parents were expected to liaise with their GP about their child's health and wellbeing when they transition to school (as opposed to the named person). This finding aligns with the response from one Local Authority in their Freedom of Information submission.

I interpreted the findings from this section concerning the expectations on the role of parents as they interact with professionals through the lens of Arnstein's, (1969:217) Ladder of Participation (see Figure 5H).

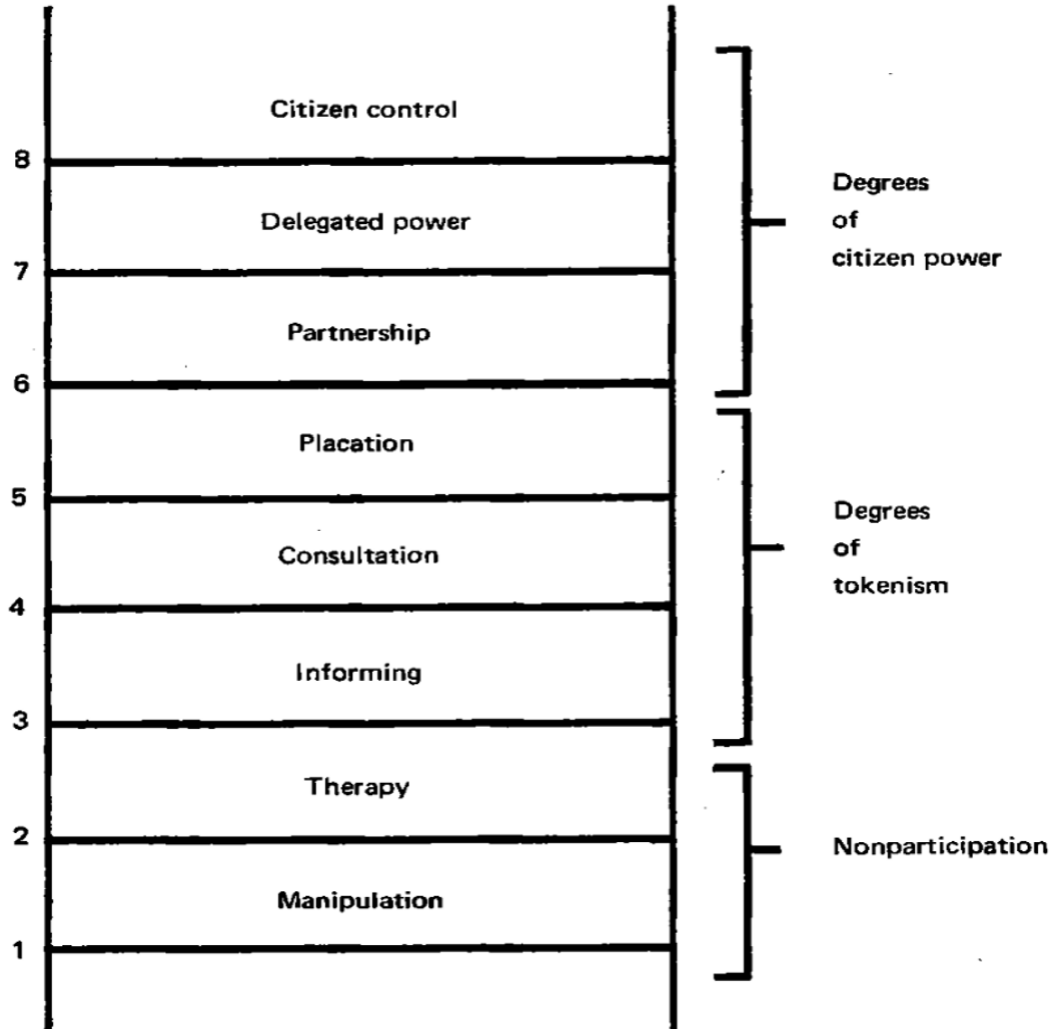


Figure 5H Arnstein's(1969:217) Ladder of Citizen Participation

This is a framework visually illustrating the different levels of citizen engagement and involvement (using a ladder) in decision making processes. The ladder reflects that with each incremental step; the citizen is involved in more genuine partnership and shared decision-making processes. The bottom and middle rungs of the ladder reflect non-participation and tokenism. This occurs when citizens are not involved in decision making, or are tokenistically involved. Applying this framework to the interview data analysis in this study would suggest that in some scenarios parents are only minimally or tokenistically involved in some decision making processes as described by both participant groups. It appears that this can impact on trust and relationships between professionals and parents.

5.5.3 Section summary

Misaligned positions and expectations, assumptions and power differentials can create a complex environment for parents and professionals to engage and collaborate. The findings of this Chapter underline the importance of regular communication, building relationships, listening and trust. Parenting can be challenging, and stressful, and socio-economic and environmental factors can pose serious obstacles to a parent's ability to fully engage with professionals, as well as impacting on their own and their children's health and wellbeing. Furthermore, professionals are limited in their responses by organisational procedures and access to resources. The findings in this Chapter point to the emotional and physical toll on parents, who often have no informal or local support (as illustrated in sections 5.1 – 5.3) For parents living in poverty, challenges are exacerbated.

5.6 Covid-19 pandemic

I identified the Covid-19 pandemic as a theme, particularly in relation to the impacts both on families and professionals from my data. I have depicted these impacts in Figure 5I, using data from the codes I constructed within NVivo on Covid-19.

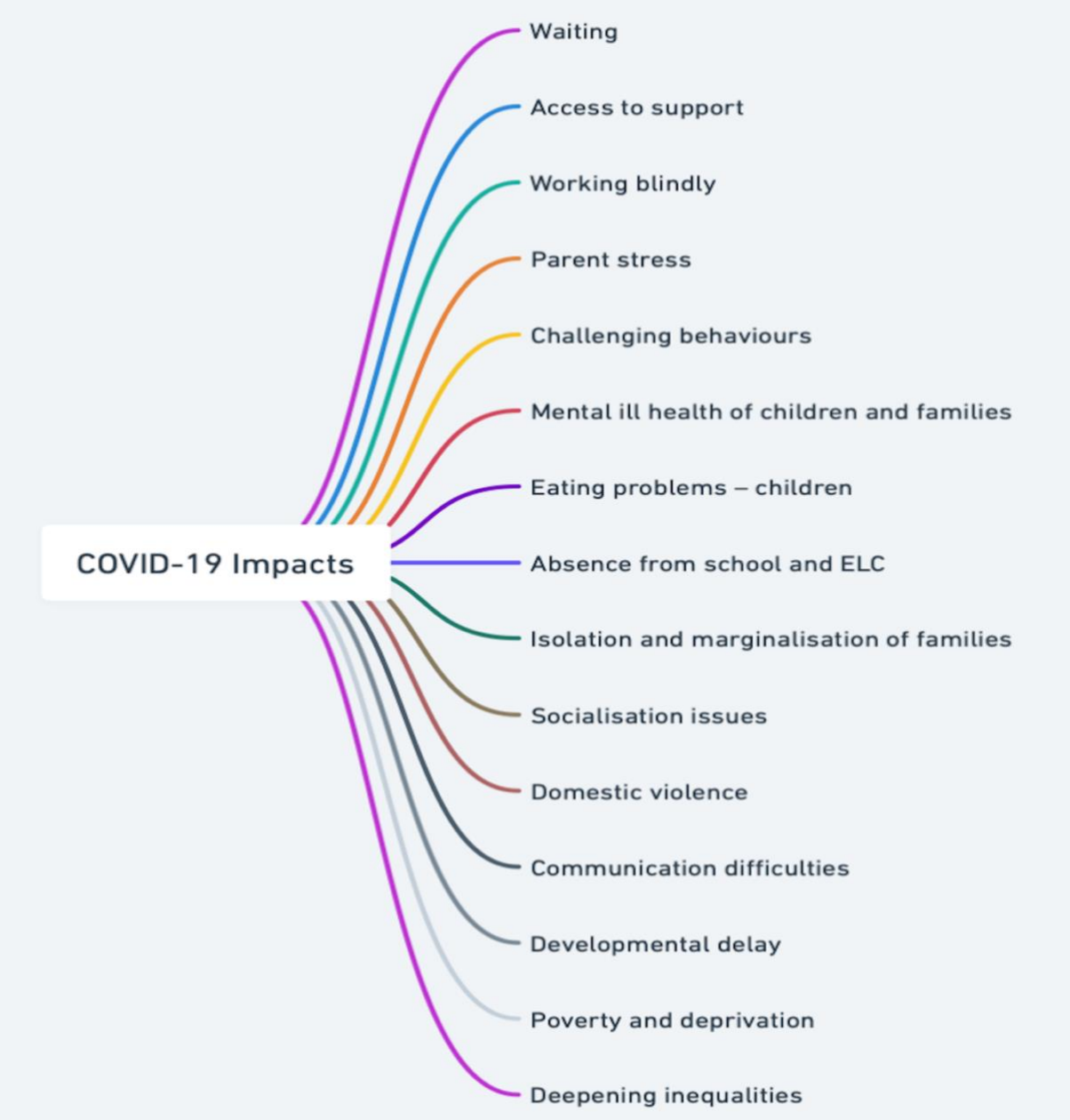


Figure 5I Covid-19 impacts for children and families

I also identified overlapping codes relating to the Covid-19 pandemic including waiting lists, health, education and poverty. Some professionals identified that there are increasing numbers of children now presenting with unmet needs in their settings in this post Covid-19 era. For example, nearly all professionals referenced the increasing numbers of children being referred to neurodivergent assessment pathways, and more children presenting with developmental delay, especially speech and language delays.

It was clear from this study that professionals are identifying needs in children at age two years old in ELC settings. These professionals also told me about the long waiting lists, with some estimates of between 2-3 years to access an assessment, and in some cases longer. I also heard about concerns from the teachers about the presentation of children entering P1, some unable to cope with this transition. Some participants attributed the current problems in public sector delivery of services to the Covid-19 pandemic. Similar concerns from parents were reported by Public Health Scotland, (2024), who used parental survey data to gather views and experiences on impacts of the Covid-19 pandemic. There is particular emphasis on mental ill health for both parents and children from these Public Health Scotland findings too. Parents also reported concerns about their child's behaviour, attendance at school and difficulties in accessing timely support (Public Health Scotland, 2024), aligning with this study's findings.

5.7 Conclusions

This Chapter has contributed new knowledge and understanding of the context of parenting within communities in Scotland, and the role parents play during interactions with professionals. I identified the role of villages, parents and professionals in

parenting and raising children from my research findings. Villages can be made up of friends, family, neighbours, professionals working in different sectors and online communities. There is unity within the findings across both participant groups that parents need support during their parenting journey, but not all parents receive the support they need, when they need it. These findings highlight the imperative for the establishment of comprehensive local support networks tailored to the needs of parents, with particular emphasis on first-time parents who are seeking social and emotional support, reassurance and advice.

This research provides an understanding of the complex nature of the relationships between parents and professionals taking account of power differentials, positionality, misaligned expectations, and variations of knowledge and understanding of issues around child health, wellbeing and development, and the impacts of social determinants of health. Although professionals play a pivotal role and some of them were described to be at the centre of support in villages, the wider issues surrounding insufficient resources to meet needs, coupled with the abilities of parents to engage with professionals, creates the increased potential for unmet child and parent needs. The post-Covid-19 landscape has also magnified the need for prioritised support for children and families. However, this is apparently challenging with long waiting lists and insufficient resources to meet demands. This aligns with findings from the Royal College of Paediatrics and Child Health Scotland, (2024), meaning that early intervention is not a reality for all families.

Parent participants in this study were mostly from high-income households, whereas the professionals mostly worked with parents from low-income households. This

provided contrasting views and experiences underpinned by varying expectations, misaligned perceptions and power imbalances. Despite these structural processes within organisations, on the ground, parent-professional interactions can also be positive, and there are benefits of the universal provision of services to children aged 3-5 years and their families. ELC, GPs and Health Visitors were viewed as a 'safety net' for families, despite the perceptions from some parents that interactions between themselves and Health Visitors can feel tokenistic. Parents in this study appeared to understand the challenges of professionals such as the Health Visitor regarding their workload, insufficient resources and therefore eligibility criteria. However, this means some parents delay asking or do not ask for professional support from Health Visitors.

Professional participants depicted a complex web of challenges facing parents from low-income households facing disadvantage and poverty, who are not receiving timely support. My findings suggest that there are parents who require support, and deficiencies in local resources juxtaposed with tensions between professionals and parents regarding respective roles, responsibilities, and expectations, seem to complicate access and the provision of support. Any construction of parents into categories of 'good' or 'bad,' and 'deserving' or 'undeserving,' is likely to prove inherently problematic and fails to address underlying systemic issues such as long waiting lists and poverty. These issues cannot be addressed by individuals, professionals or services alone.

The Chapter highlights that there is a need for policy reform to prioritise funding and resources to support families early, as was recommended by Christie, (2011). Reforms need to tackle waiting lists and look at more opportunities for providing

support in local communities. Targeted support to families in most need is critical but many families without support or financial means are missed, which means they eventually meet the criteria after a period of time. This is contrary to Christie's, (2011) recommendations of early intervention, prevention and using the strengths of families and communities to meet needs.

The findings of this Chapter also prompt questions that cannot be answered within this thesis and therefore need to be addressed by policy makers and explored further in research. These questions include addressing the subjective ambiguity around the point at which parents should seek support from professionals in addressing either their own or their child's needs. This question arises from this research that reflects the contradictory statements that it takes a village to raise a child, and parents requiring to step up, own parenthood and absorb their responsibilities. Giving the subjective nature of individual experiences, and the recognised consequences of stigma within communities, work requires to be done to enhance opportunities for parents and professionals to work together in supportive, non-judgemental environments. In doing this, there requires to be more services and support locally for families to access.

The second question from this research is why some parents are unable to access ELC settings in this post Covid-19 era, while most parents can. Restricting parent access to an ELC setting is at odds with current Scottish policy on the role of parents. The final question concerns how professionals working with parents experiencing complex and sensitive life challenges can be supported in developing inclusive, non-

judgemental and transparent approaches aligned with current policy, which moves away from siloed working (see Chapter Three).

The next Chapter addresses my research question of how parents and professionals describe professional responses to parental contributions during interactions about their child's health, wellbeing and development. It focuses on participants' perceptions and experiences of how parental input is valued.

Chapter Six: *"There are some parents who professionals love"*

Exploring The value of parents: Perceptions and experiences from parents/carers and professionals

6.0 Introduction

This Chapter begins with a presentation of findings exploring professional responses to parents as they contribute to, initiate, or respond during interactions about their child's health, wellbeing and development. This Chapter is informed by the data gathered during interviews to specific questions about parent-professional interactions focusing on professional responses. The literature review (Chapter Two) identified gaps in evidence about the realities of children and family's policy implementation in Scotland, particularly relating to children aged between 3-5 years. These findings therefore contribute original and new insights into these realities.

The title of this Chapter is a quote from a Social Worker participating in this study, reflecting on the social construction of parenting, and professional's responses to those parents who conform and comply. This study finds that differing social constructions and positions shaped by factors such as social class, culture, professional status, power dynamics, individual and organisational values and beliefs,

can either create tensions or become enablers during interactions between parents and professionals. According to participants of this study, where tensions and conflicts occur, this can lead to (mental) health impacts on parents, and contribute to escalating unmet needs for families.

Sub-themes relevant to and addressed in this Chapter include professional gatekeeping, waiting lists, referrals, 'wait and see' approaches, and organisational structures impacting on the delivery of professional services and support. Underpinning organisational structures are sub-themes on power, resources, decision making and accountability. These issues identified in both parent and professional data are important because it centres around how professionals respond to or interact with parents according to their organisational policies and procedures, as well as how parents access support.

Understanding the role and value of parents as they interact with professionals is central to the purpose of this research project. Chapter Five provided the context of parent-professional interactions (where, why and when they occur), the role of parents, professionals and the village, and an overview of perceived expectations on each participant group. I have structured my Findings Chapters in this way to provide context and foundation to the story of understanding the role and value of parents according to both participant groups. The first part of this Chapter provides insight into professional responses to parents during interactions. This context provides an important backdrop to understanding the perceived value of parents according to participants of my study. I did not define the term 'value' in my interviews, rather, I constructed definitions during data analysis using participant views and experiences.

The nuances in the data reflect the variations between and across both participant groups, resulting in multifaceted perspectives. Although, overall, most participants concluded that parents are generally valued when they interact with professionals, there were conditions attached to some of these statements.

6.1 Participant experiences of parent-professional interactions

This section provides insights from both participants groups using examples from their experiences and views on how professionals respond to parents during interactions.

6.1.1 Parent experiences of interactions with ELC professionals

Parents described a mixture of professional responses to their contributions during interactions. Interactions is a broad term, covering informal chats at the nursery door and formal assessments with a Health Visitor, Team Around the Child (TAC) meetings, GP appointments and parent consultations with Primary School teachers. Parents used a combination of different ELC settings for their child based on their needs and the options available to them. Figure 6A illustrates the different types of Early Learning and Childcare (ELC) settings used by parents in this study. The Figure was created using data generated from codes I constructed in NVivo. Reflecting this diversity was important, as it aligns with a key policy development discussed in Chapter Three; the expansion of funded ELC services aimed at increasing parental choice. Interview data suggests that this variety is both helpful and meaningful to parents.

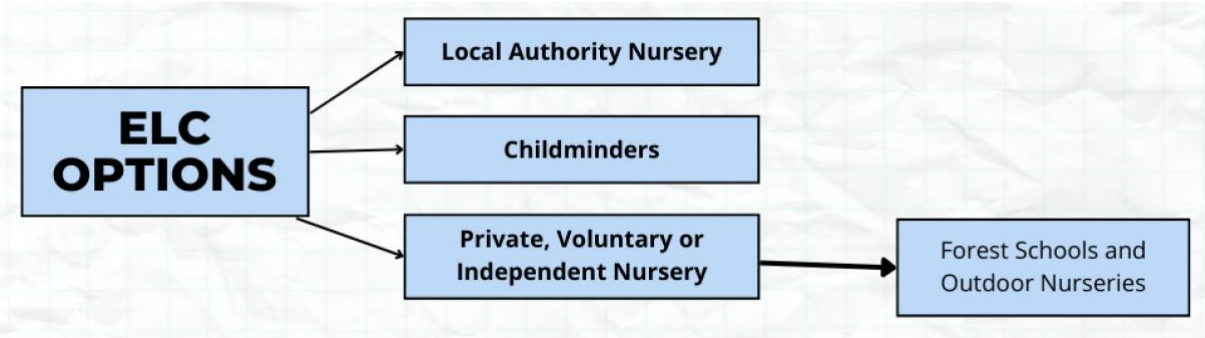


Figure 6A Examples of ELC settings that families use in this study

Parents in this study have been interacting with some of the services depicted in Figure 6A since their child's first birthday. Three main ELC options identified were Local Authority (LA), Private, Voluntary and Independent (PVI) settings, and Childminders. Most parents in this study used a combination of these, often at the same time. However, most parents who returned to work after their child was born needed to use a PVI setting (including childminders) before their child could access funded ELC at 3 years old. This means some parents are interacting with multiple professionals within more than one ELC setting on a weekly basis.

Some of the topics of discussion between parents and ELC professionals has been illustrated in the word cloud in Figure 6B. I constructed this word cloud using an online platform, inputting words that I identified from data analysis and coding to provide a visual illustration of common topics (the size and colour of the words have no meaning). These words were recurring across the parent data with issues relating to toileting and food being most prominent. I would suggest that there are no surprises that parents and ELC professionals are talking about food, eating, toileting, friends, emotions, and socialising for children aged between 3-5 years old given this is a key

period of development for children in this age group (Sharma et al, 2022). These words were used in examples where either the parent or the professional initiated the interaction.

Figure 6B Example of topics for discussion between parents and ELC professionals

Some parents conveyed that information sharing, and any concerns raised by the professionals was done so in a supportive manner. ELC professionally led interactions were reported by some parents as supporting parents to consider next steps for their child, particularly if the professional had raised a health or developmental concern to them. Brenda (parent) and Claire (parent) both spoke about the value of having ELC professionals approach them to discuss and highlight concerns about their child. They valued their expertise, experience and knowledge. Both Brenda and Claire attributed their positive experiences directly to the expertise of ELC professionals. They also

suggested that, were it not for the role of these professionals in making and chasing referrals, and advocating on their behalf, the outcomes may have been less positive:

> *"I would say, if we had never had [child] in any childcare settings I don't think any of the rest of the stuff would have happened just from the Health Visitor. I think we'd have had our routine checks, and that would have been it until he was at school"* (Brenda, parent)

> *"… the nursery were like chasing up cause we, we were..... I was obviously like, 'we've have not heard anything', and they were like, 'right, I'll phone them,' because they obviously knew who to contact and stuff. So, the keyworker was like, 'I'll phone them, don't worry' … and then the, the nursery also initiated, like a multi-agency meeting"* (Claire, parent)

Of note, these parents reflected that the positive interactions and responses from ELC professionals was perhaps also due to their compliance to their concerns and suggestions. Chapter Five briefly referred to the social construction of good and bad parenting generated as a theme from data analysis. This theme was often associated with codes on expectations, stereotypes and judgements. 'Good' parents were generally constructed by participants as those who comply with professionals, those who listen, take advice and those who visually conformed to stereotypes of a 'good parent' (i.e. physical presentation, demeanour etc). Sharon (Social Worker), in particular, reflected on this, noting that:

> *"There are some parents who professionals love"*

When Sharon made this observation, it resonated deeply with me, particularly given that the interview with this Social Worker was the final interview for my data collection process. This observation, underpinned by Sharon's experiences encapsulated many of the insights I had absorbed thus far, emphasising the critical importance of parental compliance in facilitating a positive and supportive response from professionals. Sharon provided context to this statement identifying that there are parents who are perceived as being difficult. Those deemed difficult are less likely to receive sympathy, more likely to be judged, and also more likely to have unrealistic expectations placed upon them. This is discussed further in Chapter Seven, with the example of attendance at mandatory parenting classes being required before other forms of support can be accessed for families. This is particularly in cases involving children with unmet needs or perceived 'challenging behaviour'. Sharon and other professional participants identified that many of these parents are also unlikely to be receiving the "*support they need*".

Sharon's views and experiences as described above were supported by some of the perspectives and experiences that parents in my research described. For example, Claire, Susan and Taylor told me that they took the decision to remove their children from an ELC and/or school setting as a result of negative responses from professionals in these settings. This was underpinned by their view of a lack of collaboration from professionals, particularly in accepting the parents' contributions as to how to meet their children's needs:

> *"… between the 3 children, I think that's 5 nurseries they've had. Whoa!* (Taylor, parent)

For Taylor, she advised that she gave up trying to battle with professionals and as a result had to move her children several times to find the right setting, with professionals who would listen to her. Susan, in the quote below, refers to the difference between one ELC setting and another, contrasting one '*head*' who she said would not listen or accept suggestions she made to meet her son's needs with a much more positive experience in the new setting:

> *"The head … has been so supportive, and making a lot of changes and accommodations for him, just really embracing the whole thing, and not making us feel different or awkward, or like a problem, she's been doing brilliant. … The new nursery is being very supportive, and they, they have lots of conversations with us about what we need"* (Susan, parent)

During data analysis, I noticed that there were varying experiences of ELC professional responses to the parent participants. Therefore, I decided to analyse this more deeply to explore whether experiences were associated with any particular ELC setting more than others. I have summarised the overall experiences that parents presented to me into two categories of positive and negative. I constructed these categories during data analysis using transcript excerpts coded under professional responses in ELC settings. Positive experiences were associated with scenarios parents conveyed to me that they were happy about and the opposite for negative experiences.

Most parents conveyed positive experiences to me in their interactions with ELC professionals across all ELC settings. However, my analysis identified that there were

more negative experiences in Local Authority settings, and this was underpinned by a number of issues including the example provided in Chapter Five, where two parents described not being permitted entry to their child's ELC setting. The data also includes concerns from a few parents about communication, particularly around parents' efforts to understand their child's developmental progress. Helen (parent) experienced multiple issues and barriers in her interactions with a Local Authority ELC setting. One example of this relates to a time she went to collect her child from nursery, her child required a change of clothes, and was clearly upset. Helen reported needing some space and some products to help to clean and change her child. She said that no-one helped her, despite her child being upset and her standing there. In the following recollection, you can see Helen describes this experience as humiliating and embarrassing:

> *"… there's one time I remember, and they [staff] know we are leaving and … I don't know if [my child] was soiled, not soiled, I think maybe pee or something … and [my child] was really upset … I take [my child] in … and I was sitting there. Okay, so I don't want to touch their stuff, I don't know what, what they are, I saw people's labels, I didn't want to replace it. I was literally standing there for like 5 minutes. Nobody. I think they try to avoid me…. I was there standing by myself, and I was like, what's happening, can anyone come to help me? I don't want to approach people; I don't want to jump into the room. So, until one girl, who was quite young, she, I think she, I think she tried to avoid me the first time, I think she saw me standing there so then she come and talk to me - can I help you? … And then, it's just like so embarrassing, almost like, you like - humiliating is a strong word. But I just feel like, why you doing this? You know,*

this is your place. I, I'm trying to be respectful in your place. I am trying to find things" (Helen, parent)

This example highlights both the inadequate communication perceived by Helen, and the failure on the part of staff to provide appropriate support to the child and parent, despite evident need within their setting. In conveying this experience, the emotional impact on Helen of recalling this was clear. Helen also recounted a number of other experiences where professional responses were unacceptable to her in terms of responding to and respecting her child's needs. This included:

- Her son coming home wearing another child's clothes
- Coming home in dirty/soiled clothes
- Provision of food to her son that deviated from their cultural traditions

Helen tried to address these concerns, but she told me she felt professional responses were disrespectful and that there was a lack of accountability. Helen also tried to raise concerns about her child's health and development but reported that she did not receive the responses she expected and instead she said she felt dismissed. Although Helen did not use the word racism herself, in the interview she told me she felt that she was treated differently due to her skin colour and being perceived as *"foreign".* Helen eventually opted to remove her child from that ELC setting in which these incidents occurred.

Another example of a challenging interaction was relayed by Erin, a parent who reported being told by ELC professionals to leave her distressed child in the nursery

setting. This mother was advised that her child would settle after she left, and they advised her to stand outside, out of sight of her child. In Chapter Five, Rose (LA ELC) recounted her understanding of why some ELC professionals prefer parents to leave their setting, suggesting that one reason is a desire to avoid having an audience, while another is the belief that children settle more quickly in their absence. A contrasting policy is offered by Amy's (PVI ELC) setting.

Erin understood the context of her child's distress and wished to comfort her, although she complied with the ELC staff members' requests to stand outside. This continued for a couple of weeks. Erin conveyed that had the distress of her child persisted, she would have removed her child permanently from the setting. Erin would have preferred to stay to comfort her child, but this was not the approach of this setting. Erin was also aware that although her child may have visibly appeared to have 'settled' (i.e. stopped crying) when she was out of sight, she recognised that the reality was that her child was still upset, and this was indicated by the fact that her child was upset for several weeks.

Erin interpreted this professional response as the staff prioritising the management of the setting, as opposed to disregarding her views. However, taking account of attachment theory (Bowlby, 1969), and the United Nations Convention on the Rights of the Child (UNCRC) (United Nations, 1989) particularly the best interests of a child, GIRFEC (Scottish Government, 2008b), and the Children and Young Person's Act (Scottish Government 2014a), it could be argued that prioritising the organisation by asking parents to leave a distressed child does not align with theory or these policy frameworks. A similar experience was also conveyed by Helen, who is not permitted

entry to her child's ELC setting. She reported that often her child is crying on entry to the setting, and this is very stressful for her to process because she does not understand why he is crying, and she cannot see what is happening in the setting.

Contrasting with these professional responses, other parents conveyed the consistent, supportive responses from ELC professionals particularly from Brenda, Claire, Martin, Rachel and Oliver. Positivity was underpinned by providing information and reassurance, acting on the requests of the parent (i.e. chasing up or making referrals) and advocacy by speaking to other professionals on their behalf. Whether the experiences were constructed as positive or negative, both were underpinned by levels of compliance from parents, and this finding requires to be noted.

6.1.2 ELC professional views and experiences of interacting with parents

Contrasting experiences were observed between parent and professional data in relation to physical access to settings and both the quality and quantity of interactions. In attempts to entice more parents into ELC and school settings, some of the professionals in this study said they had set up opportunities for parent engagement, including shared learning and play time with parents, as well as targeted interventions for specific groups of families (i.e. where they had concerns). Many professionals in Local Authority settings observed that since post Covid-19 lockdowns, fewer parents are coming into their settings. This finding is noteworthy, given that two parents relayed that they are not permitted entry into their child's ELC setting.

Six of the professional participants worked in the ELC sector, five females and one male. Four worked in a Local Authority settings and the other two in PVI settings. I have illustrated this information in a flowchart (Figure 6C):

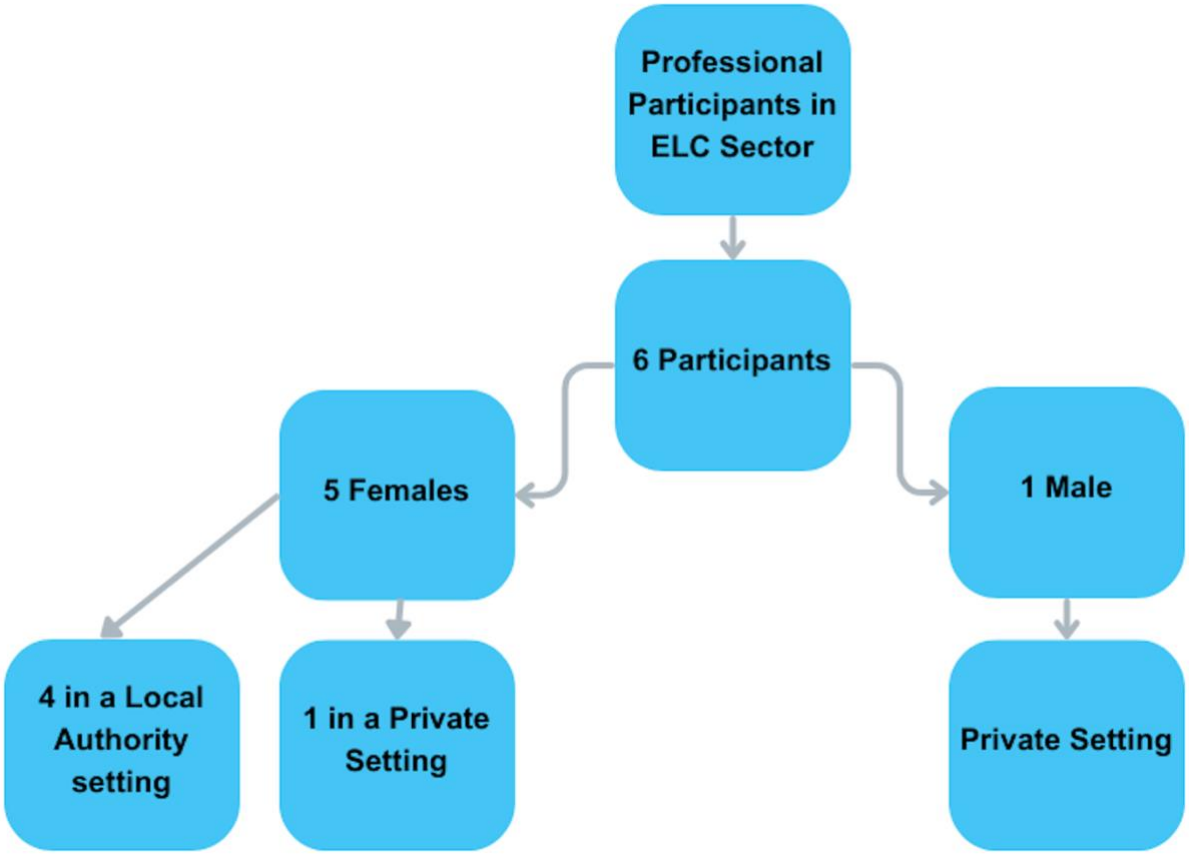


Figure 6C Professional participants working in the ELC sector

I constructed this flowchart using coded data from professional participant interviews. I wanted to depict the gender ratios visually to quickly represent that the majority are women in this sector which aligns with the Scottish Government, (2024f) interim report on the ELC expansion relating to the ELC workforce. However, regardless of participant gender or employment setting, there was consensus from all ELC participants on the important role that parents play in their settings.

The interview questions focused on professional responses to parent contributions to discussions about their child's health, wellbeing and welfare. For many ELC professionals, they relayed that the most likely scenario during engagements is that professionals initiate conversations about health, wellbeing and developmental needs of their children with parents. Amber (LA ELC) specifically noted that she has rarely experienced a parent asking for help. She explained that, in her experience, some parents, despite offers of support, will refuse and may resist engagement. In contrast with the accounts of parents, with high-incomes, involved in my research. Current evidence indicates a relationship between socio-economic status and levels of engagement in services (Bradshaw et al, 2012, Sosu and Ellis, 2014, Von Stumm et al, 2022).

Amber said that she felt one of the reasons that parents may be unlikely to approach staff to discuss concerns about their child, may be that they cannot see that there is an issue. Amber suggested that often, how a child is developing is the norm in their family household, which means it can be difficult for parents (especially first-time parents) to understand if there is an unmet need or developmental concern:

> "*I do think that parents - don't always see, cause they see a situation as a norm … They think that there's not a problem there"* (Amber, LA ELC)

Amber's experiences were identified in the literature review too (Marshall et al, 2016, Locke et al, 2020). However, the literature review also highlighted that where parents are reporting concerns or conveying their assessment of their child's needs, the parent's contribution can also be reliable in this process (Sims et al, 2019).

One of the strategies employed by LA settings to encourage greater interactions with parents was to change the name of parents' night consultations to something more informal. Professionals working in two different settings reflected that the formal language used around these parent engagement interactions may be off-putting to some parents. Instead, some settings offered more informal opportunities for parents to talk to staff in the room their child is playing within, with the option to move to a private room for privacy. These professionals did not allude to having consulted with parents in making this decision and of note, as part of the evaluation of this change in one setting, the feedback from the parents was that they wanted more structured, formalised interactions with ELC professionals:

> *"… but the feedback we received last time was they were asking for more structure"* (Ella, LA ELC)

The parent participants in this study reported mostly positive experiences during interactions with ELC professionals, including those opportunities to sit down formally, one-to-one, with their child's keyworker to discuss specific details of their child's journey. Therefore, these contrasting findings indicates a potential misalignment of perspectives resulting in the obstacles for each group in responding to the question of what is best for children and families.

6.1.3 Parent experiences of their child's transition to P1

The theme of transitioning to school was prominent in the data, unsurprisingly given the age group. Most parents who provided interviews had a child transitioning to school (age 4 or 5), or a child already there (age 5 years plus). This data reflects the

multitude of experiences of parents in this study in interacting with ELC and primary school professionals.

Only one parent (Marie) referred to an 'enhanced transition' for their child, which she described as being excellent and child centred. Enhanced transitions normally reflect additional support to the child and family as part of the child moving to school (Enquire, 2023, Jindal-Snape et al., 2023). Most of the parents described a process where they were being given information about the transition process. Thus, the process appears instructive rather than collaborative. This suggests that the parents' role in this process is more passive. Dunlop, (2003) suggests that an active role in activities such as transitioning to school for parents and children is more likely to result in more positive outcomes for the entire family. However, parents require to be supported to become active in this role, and this was not represented consistently across the parent data.

Marie came across in the interview as having a sound knowledge of the legal framework surrounding both her role as a kinship carer, and the rights of her son. I observed a pattern in my data that some parents had professional knowledge and experience that was perhaps associated with positive interactions with professionals:

> *"I don't know if it's because of my background as well. Because I've worked in family support for a long time, again, I don't know if they maybe feel, I suppose harder to bullshit compared to other, other people"* (Grace, parent)

"I think I always do make it known to the GP practice – well it has come up that I'm a nurse, and that can help, because you can speak the lingo" (Erin, parent)

If parents with a professional background perceive that their positive interactions and responses from professionals are based on their shared status and familiarity with professional systems, jargon and processes, it realises significant concerns for those parents and carers who lack these backgrounds or abilities. These individuals, especially those who have English as a second language, were not born in Scotland or have their own support needs, may find themselves at considerable disadvantage. This disadvantage potentially translates to impact on their child in terms of their needs. There were examples of all these factors in this study, and some parents' own analysis was that needs were exacerbated because of lack of timely and relevant support.

6.1.4 Professional experiences of children transitioning to P1

There was consensus across the parent and professional data that the transition to school tends to be an instructive process, resulting in mostly passive involvement for parents. A key recurring theme, from both participant groups, was that parents tend to be anxious about their child transitioning to school. Despite this, there was limited evidence of concrete interventions to support parents in this process. The most common response from the professional participants about responding to parental concerns about transition was to talk to parents, and give them reassurance. However, there was an example from Ella (LA ELC) where she was literally holding the hands of parents who were struggling with the transition process. Ella, in a senior position was able to attend visits and meetings with parents to schools during their child's transition. Ella was clear of the benefit of this to parents in building confidence.

Amber (LA ELC) highlighted that the main barrier to providing this type of support to parents is the lack of resources (including staff). Amber also suggested that enhanced support during transition is probably a postcode lottery likely down to resources and variations in *"the skills and knowledge of the practitioners*".

There was consensus from most participants in my study that there are increasing concerns about the development and behaviour of children transitioning to school. Both participant groups highlighted a number of issues in the context of the post Covid-19 lockdown era (see Figure 5I and section 5.6). Similar thematic patterns were constructed from the two teachers' data despite working in different areas in Scotland, albeit, both deprived areas. Both highlighted that their role far extends beyond teaching in a classroom. Their experiences makes clear the impact of the social determinants of health and wellbeing to families in deprived communities and how this potentially and actually impacts on children attending their schools. Common experiences reported by these two interviewees included:

- Having food and clothing banks available to families in their school setting
- Staff funding school events to enhance experiences for children and families
- Collaborative working with the third sector to support families (especially women)
- Families living in deprived areas facing multiple barriers, disadvantages and discrimination
- Increasing concerns about the health, wellbeing and development of P1 children, as highlighted in Figure 6D

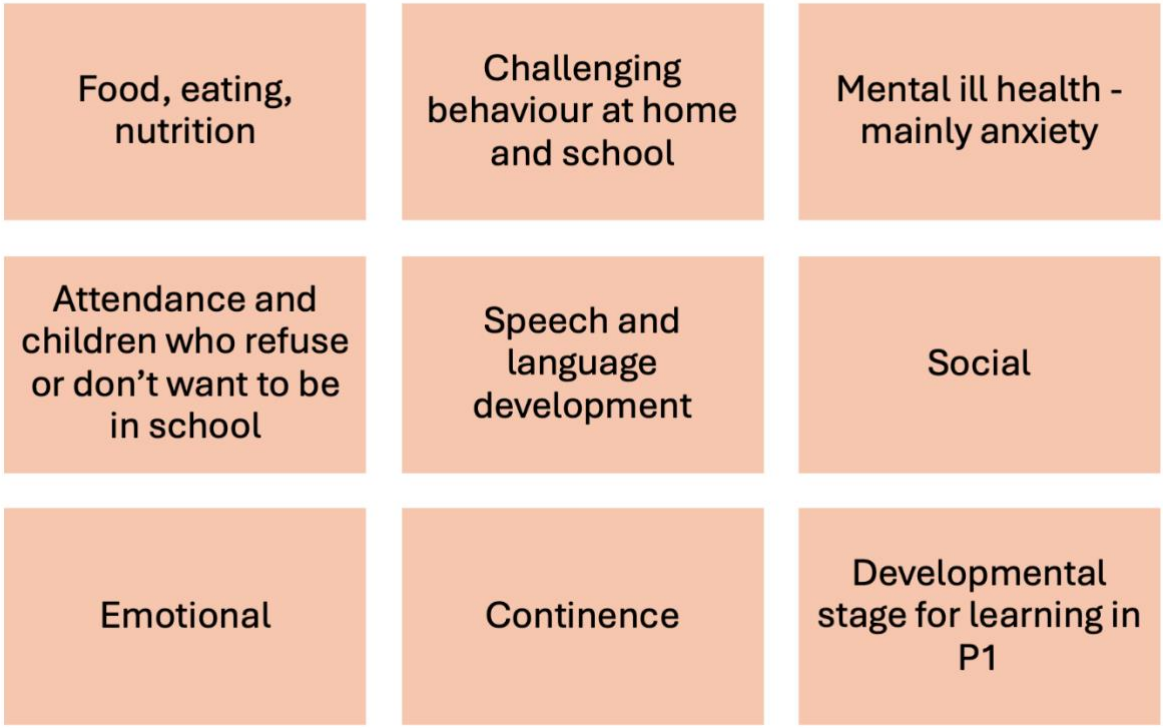


Figure 6D Concerns observed by P1 Primary Teachers regarding children's support needs

Figure 6D was created using data from the two primary teacher's interviews. I created this Figure using PowerPoint to visually depict concerns about children aged 4 and 5 years old entering formal primary education. These nine concerns were emphasised by the teachers as having the biggest impacts on them in their role as teachers, and also for the children in their learning experiences. Concerns about mental health, emotional needs, food anxiety, non-attendance, behaviour, and developmental stages were also raised by the other professional and parent participants. Both the teachers, the Social Worker and a parent recognised that without timely support, children are struggling to cope and adapt to the school environment. In response to these concerns, Alice (Primary Teacher) suggested that Scotland needs a kindergarten stage in order that formal education starts when children are older and perhaps more

developmentally ready to learn. Alice noted her concerns about the transition process, and the leap that many children require to take as they move from ELC settings into primary school settings, with very different infrastructure and support:

> *"… does something magical happen from children, from their last year of nursery till their first year of primary one, when we're still in early years? … It's absolutely crazy that we think that these children, you know, can handle that situation from having a group of 1 to, to 8 - that's the ratio in nursery. Then 1 to 25 in primary one"* (Alice, Primary Teacher)

The quote was in the context of how 4 and 5 year old children cope with the demands and expectations of school given the changes from ELC. Alice expressed this view, even though she described the school she worked in as having a deeply embedded play-based, nurturing approach to P1 and P2 children.

However, there were some tensions in the professional data around the value of parent contributions:

> *"I don't always think the parents are coming up with the solutions, in fact, I barely think that's the case. But I think it's really crucial that parents were involved, so they could see how much care, time, effort and how at the centre of all this is always the wellbeing of their child"* (Alice, Primary Teacher)

> *"I don't always think that everything they're [parents] saying is vital, and that you know, you need to, you know some things you, you just have to let them*

*say. Let them air it, and it doesn't mean we're gonna always act on that. But I always think that you would much rather have the parents' involvement, than not" (*Alice, Primary Teacher)

Within these statements, both from Alice, there is the suggestion that there is value in the parent being involved even if they cannot contribute anything effective, or their contributions cannot be acted upon. Inviting parents to attend a meeting, or visit, for the sake of being there, to observe and listen, could be interpreted as a passive, tokenistic role for parents. These passive roles, if analysed against Arnstein's, (1969) ladder of participation, would see parents sitting in the lower rungs of the ladder indicating non-participation (see section 5.5.2 and Figure 5H for more information on Arnstein's, (1969) ladder). This diverges from the ethos of the Parental Involvement Act (Scottish Government, 2006).

This study identifies that part of the challenge in addressing family barriers are the lack of resources and support for professionals. The two teachers participating in this study conveyed how they try hard to mitigate against the challenges families are facing in their personal lives, and thus impacting on a child's learning. This was also observed by the Social Worker (Sharon) in her practice:

"So, we're looking at education, and even at nursery level, do you know that they are very, very good at communicating with families and offering that nurturing support. … Education they're so much more trauma informed, you know, and I think that the work that they do with parents as well is, is just amazing" (Sharon, Social Worker)

However, both teachers observed that, once a child leaves the school building, what happens next is outwith their control and, in some ways, their efforts for that day can feel pointless:

> *"… sometimes you feel like you are bending over backwards to try and support these children and to help them make the progress, and then they walk out the door at the end of the day, and you know that, that's it until the next day"* (Louise, Primary Teacher)

This statement suggests a number of different scenarios including a gap in connectivity with families, limitations of multidisciplinary working and insufficient resources. It is clear that schools cannot solve the root causes of poverty and the other factors impacting on families (Mowat, 2018). Both teachers articulated the challenges of managing a class of 25, particularly given that the P1 curriculum aligns with the early level used in ELC settings, yet operates with markedly different staff, rations and an increasing number of children with additional support needs:

> *"It's just absolutely impossible to manage …. I just think there needs to be a kindergarten"* (Alice, Primary Teacher)

Louise conveyed that individual requests to meet the needs of children by parents as difficult because she requires to balance out support of the other children's needs too:

> *"… because I'm one adult in a room of 25, I can't, I don't have that extra 10 minutes, which sounds awful, that I don't have 10 minutes. … you know, some*

dispute in the corner, or wet themselves as well as trying to do all the teaching, and I don't have a full time PSA In my class, it's in the afternoons especially, it's me on my own with all these little children, and it's Miss, Miss, Miss ..." (Louise, Primary Teacher)

These quotes and scenarios illustrate some of the challenges and perhaps tensions between the expectations of parents, the needs of children, and the capacity of teachers to respond. This is in the context of at least one third of classrooms potentially having children with varying additional support needs (Scottish Government, 2023c, Audit Scotland, 2025, Scottish Assembly of Parents and Carers, 2025b).

In response to how to overcome barriers, Alice suggests:

"*Staffing. … Time, … Smaller class sizes, ASN children with specialist staff who can support them, and having more adults in the building …"* (Alice, Primary Teacher)

My data suggests that a key problem in interactions between parents and professionals is the misalignment of perspectives and positionalities. The findings also suggest that there may also be knowledge and practice gaps across those public sector organisations responsible for working with children and families within education, health and social care. In particular there appears to be some gaps in connecting the impacts of social determinants of health, such as poverty and the other challenges that parents face, to the behaviour and presentation of families. A potential

example of this relates to a recurring theme identified in the data from some ELC professionals and teachers regarding problems with parent's toilet training their children, resulting in some P1's starting school wearing *"nappies"* (Louise, Primary Teacher). Data analysis from one teacher suggested some blame on individual parents for this, rather than a wider sociological perspective to understand the reasons why children are presenting in this way. For example, the suggestion on one example of a child in nappies was that:

> *"… parents couldn't be bothered toilet training. It wasn't actually that wee one couldn't as they had ASN difficulties"* (Louise, Primary Teacher)

Reflecting on this statement afterwards. The teacher suggested *"… that sounded really negative though, didn't it"*? As the conversation unfolded, Louise did acknowledge a possible link between poverty, deprivation and the challenges that families in her community are facing, including addiction, may also help explain why some parents are struggling with 'toilet training'. This study has also established that local, informal, community support, and role models are not readily available to all parents (see Chapter Five). Whether the issue is that a parent cannot "*be bothered"* (as reflected in the last quote from Louise, Primary Teacher), or parents are unable to 'toilet train' their child, or children have additional support needs, these families clearly require support.

Both teachers also referred to the impact of stigma on parents facing challenges in their communities, including as a result of limited literacy and numeracy skills, and a fear of this being found out:

"I think, for a lot of them, they feel intimidated coming in because they're not confident in their own, literacy and numeracy abilities, and they don't want us to pick up on that, because they think it's something that they need to be ashamed about" (Louise, Primary Teacher)

These examples suggest to me that support is required in these areas for families. However, my study has also identified from the professional data that sometimes, parents who are struggling and lack informal support, while also facing barriers and disadvantage, are not always able to or keen to accept or ask for help. Tudor-Hart, (1971) created the concept of 'inverse care law' many decades ago, suggesting that those who require most help are the ones who receive it least. Over five decades later there continues to be a focus in research, policy and practice to reduce health inequalities, particular for those experiencing disadvantage and poverty (Pearce et al, 2020). The World Health Organisations (WHO) report *'Reducing inequities in health across the life-course'* (Pearce et al, 2020) states that supporting parents as those fundamental people responsible for the health and development of their children is key:

"Informal social support systems provided by friends, family and communities can help parents to navigate and overcome barriers that are related to social adversity" (Pearce et al, 2020:9)

However, this study has identified that not all families have access to this type of informal social support in their communities. Therefore, there is an argument that systems appear to perpetuate inequalities with those who need support most being

the least likely to receive it (Tudor-Hart, 1971, Mercer and Watt, 2007, McLean et al, 2015, Fisher et al, 2022).

6.1.5 Parent views and experiences of interactions with health professionals

Overall, parents relayed having positive experiences during interactions with health professionals. However, parents in this study, especially when reflecting on their experiences as first-time parents, conveyed that, in an ideal world of more resources for Health Visiting, there would be more support for parents. Most of the parents described being a first-time parent as overwhelming. Experiences and some of the parental accounts of the forms of support they would have liked from Health Visitors is summarised in Figure 6E. I have created a visual for this finding using PowerPoint to see the overlapping themes provided from parents surrounding advice, reassurance and particularly support for their emotional and social wellbeing.

Parents were looking for more information and support on parenting, child development, access to local services and resources as illustrated. Yet, parents told me that they suspected that their social class and status meant that they were not a priority, mainly because there was no evidence of risks in their homes to their children. Although there were views that some interactions were tokenistic, some parents also had strong relationships with their Health Visitors and described them as responsive to their family's needs.

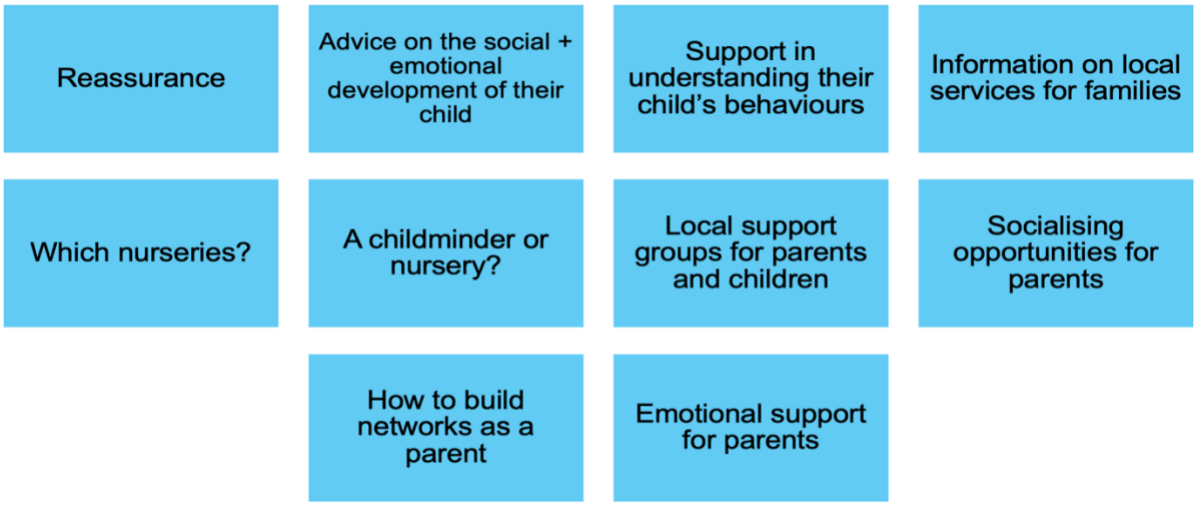


Figure 6E Parent experiences as first time parents and help they would have appreciated

This study could not identify the factors underlying the variation in parents' experiences of Health Visitors providing support, especially when families were not formally considered high risk. I was unable to recruit any health professionals to participate in this study and thus their perspectives cannot be incorporated but it points to a need for further research in this area.

6.1.6 Parent views and experiences of interactions with Social Work

Overall, the three parents who had experiences and perspectives on Social Work Services was not positive. This was due to a lack of support, interaction or service provision. There were two key perspectives on this, one from a kinship carer who had minimal input from Social Work. This was not framed entirely negatively from the parent because of her child's young age, she wanted to protect him from the exposure of too many interactions with professionals:

"They don't see him. … We don't have – I could probably count in one hand, in three and a bit years, how many times we have actually seen the Social Worker because he's not classed as high risk now" (Marie, parent)

Another parent who had engaged with Social Work relayed multiple negative experiences resulting in her lodging formal complaints and seeking legal advice. The other parent stated she was unable to access support from Social Work because her child had no diagnosis. There was limited evidence within the data of experiences or perspectives of support from any Third Sector organisation. Only Taylor (parent) shared experiences describing the family support she received as helpful.

6.1.7 Social Work and Third Sector experiences of interacting with parents

I noticed a pattern in the data from the Third Sector and Social Work interviewees that often their views and experiences aligned. One key aspect of their views was their focus on the structural inequalities impacting individual families, rather than deficits of the individual families themselves. The two Third Sector workers recounted flexibility within their roles in supporting families as key to being able to build relationships and trust. They both told me that their conversations were often parent-led, with no requirements to complete forms, or answer specific questions:

"We don't prescribe to them what direction they should go in. But we say, generally, 'do you want to be heading this kind of way?' And they would say, 'yes, I want to go that way. But what do I do?' And when you start seeing small little successes, and …. their confidence shoots up. And I think when we see that happen, that's one of the key changes" (Alex, Third Sector)

The Social Worker (Sharon) also echoed the Third Sector workers in emphasising the need to spend time with families building trust and relationships. Sharon suggested it is important to take parents on a journey, to give them information and ask them to reflect on their own lives. She concludes by stating:

> *"… I would hate someone coming in and, and telling me, you know, that I've maybe done something incorrectly*" (Sharon, Social Worker)

Following this reflection, Sharon continued to convey her observations and experiences in practice which underpin the above quote that some children and families she works with are experiencing hunger, have no heating, lack support, and the parents are trying to manage their children as best as they can. She also noted these factors intersected with disability, poverty, language, race, culture and mental ill health, make for very difficult experiences for some of them. Sharon also referred to *"trauma"* for many families in dealing with many of these factors. Therefore, she told me her response to parents was underpinned by empathy; an understanding for the challenges they are facing. This seemed to align with the two Third Sector workers, as illustrated below from Alex:

> "*So, we very much lead from a very personable human being point of view"* (Alex, Third Sector)

Empathetic and personable approaches were suggested by these professionals. However, they and others recognised that this is not the approach that they witness from all people in society. Sharon (Social Worker) told me that often the parents who

are facing some of the most difficult challenges are often the ones who receive the least sympathy from society. This view was echoed by Ella (LA, ELC) and parents were aware of fluctuations in empathy and sympathy they received from professionals. Ella suggested that if a parent is not receiving empathy, they are probably being blamed. This relates closely to the notion raised by participants across both groups that some parents are viewed more favourably than others, reflecting an underlying social construction of 'good parents or parenting', underpinned by stereotypes, judgements, and expectations. Professionals in this study also acknowledged situations in which such judgements had influenced their perceptions and responses to parents. For example, Alex relayed that he has received referrals for parents whose descriptions raised concerns to him, yet the actual situation was a very different story:

> *"We've had a number where they come in, and we think, 'oh, this guy is, gonna be a really difficult person to work with, man, he's up to no good,' and [then] you get to know him and the referrals actually being quite skewed"* (Alex, Third Sector)

A few professionals across all the sectors represented in this study suggested that some parents probably do not seek support for fear of judgement, blame or intervention from Social Work. Alex (Third Sector) noted the dads that he works with are particularly concerned about judgements from Social Work. He suggests more work is required to educate families about the role of Social Work. Educating parents was a theme from the professional data, however, the word empowerment was notably absent. Alex recognised professionals as being the *"exporters"* of knowledge and information to parents. However, a finding from the parent data is that even with

knowledge (parents with professional/ educated backgrounds), parents are not necessarily able to ensure that the professionals they are engaging with listen or respond to the knowledge they provide. This seems to be exacerbated further for those families' facing challenges in their life including migrant families and those from deprived backgrounds.

6.1.8 Parents views and experiences of professionals as gatekeepers

A key reason for focusing my research on frontline, community based professionals was to understand the role and value of parents in interacting with professionals about their child's health and development. These community based professionals like Health Visitors, GPs, Social Workers Allied Health and ELC professionals, could arguably be described as 'gatekeepers' because the public does not have automatic access to resources to meet their needs, or specialist/secondary/tertiary care (Naidoo and Wills, 2016). Forrest, (2003) describes gatekeepers as being:

> *"… positioned between organisations and individuals who wish to use resources within those organisations. Gatekeepers use discretion when determining who will be granted access to these resources"* (Forrest, 2003:692)

Gatekeepers are often positioned as those managing (rationed) resources within their services, and thus assessments and eligibility criterion is normally established (Lister, 2010). Given the policy context on the role and value of parents as outlined in Chapter Three, understanding the interactions between parents and frontline professionals as gatekeepers is crucial to understanding how parents, as advocates for their children, navigate access to support. All professionals could be described as gatekeepers as

all professionals participating in this study were directly delivering services to children and families, had access to resources and could either directly make a referral to another professional or organisation, or someone in their organisation could do so. These professionals were also determining the level of support and access to resource within their own organisations.

Although parents themselves did not initiate using the word 'gatekeeping', analysis of data revealed that some parents conveyed the role of professionals as being important and beneficial to accessing specific support for their children (or themselves). However, Taylor (parent) suggested that if a parent does not have access to a 'gatekeeper' and thus requires to make a 'self-referral', the family would be considered a lower priority. Taylor recounted this theory to me based on her own personal experiences. Taylor was emphatic on the detrimental impact a 'self-referral' has on the likelihood of receiving support. Although this is one person's theory based on their individual experience, it may be worthwhile exploring in more detail in future research to determine the extent of this reality for other parents and families.

As noted in Chapter Five most parents in this study had a strong sense of the challenges facing professionals in this post Covid-19 lockdown era and thus the requirement to prioritise high risk families (see section 5.6). This meant that the gatekeeping role was not only about professionals providing access to other services and resources, but also their own resources. Most parents in this study particularly reflected on the role of Health Visitors, whose priorities were deemed to be child protection, and therefore, families who were not deemed at any risk were not a priority. The study found that first-time parents in particular, although understanding of these

conditions, would have been keen to chat to their Health Visitor about the issues impacting on them but that they did not always feel this was possible. For example:

> *"I don't want to use the term dismissed, but I did feel like em, it wasn't - we didn't really sort of talk, really about sort of, particular sort of strategies or anything like that. And, and I think that's kind of what we would have liked*" (Jon, parent)

This quote from Jon, was in reference to advice he was seeking about his child's behaviour. He was seeking information and support on how to manage/ respond to his child. However, he said he felt that his concerns were overlooked, and therefore, the information he was looking for was not received from the Health Visitor. Jon recognised that he would probably not be deemed a priority within a Health Visitor workload, addressing the concerns he was raising would require the Health Visitor to make additional visits, and it is likely that the support being sought was not a priority.

In contrast, most parents who reported referrals via GPs, said that their experience was of GPs being responsive. Making referrals is one role of a gatekeeper. The findings suggest that parents also require interpreters, chasers and advocates to ensure referrals are made, followed up, understood and actioned. In the most part, parents in this study conveyed that ELC workers had adopted these roles. Many parents relayed significant challenges and barriers in doing this themselves. My analysis suggests that some of the challenges in accessing support for a child's health and wellbeing reported in this study seemed to occur when a child was transitioning to school, and during their first year of school. The loss of ELC and Health Visitor support seemed to mean that some parents faced more obstacles. Key to this was

their role in advocacy on behalf of the family. Parents discussing some of these complexities and challenges in my study were from high-income backgrounds (household income of £50k+). This suggests challenges in accessing support across all socio-economic groups.

Most of this data was analysed from codes named 'referrals', 'gatekeeping', and 'professional responses'. My analysis of data on parental requests for support revealed varied outcomes and pathways. Responses appeared complex and highly subjective, particularly when neither the parent nor the professional had a clear understanding of gatekeeping roles, referral procedures or eligibility criteria. Dixon-Woods et al, (2006b) highlight that various barriers can hinder parents from asserting candidacy, including insufficient knowledge, doubts about legitimacy, and professional judgements influenced by power dynamics. For a parent to assert that they need support (candidacy), and navigate that process, parents appear to need a set of tools. My research identified that not all parents have the tools to navigate these processes. This is a bigger problem for those parents who lack support networks within their communities.

If families require to make referrals themselves, as was indicated in this study, this necessitates professionals to empower parents to do this, and this hinges on knowledge and skills sharing. In the context of public health, early intervention, and prevention, timely referrals are especially crucial in an era of long waiting lists and limited/rationed resources. This seems to be a gap in practice, and thus misaligns with a number of policies outlined in Chapter Three about early intervention, prevention and supporting families.

6.1.9 Professional views and experiences of gatekeeping

This study identified contrasting views and experiences of gatekeeping between parents and professionals. For those parents discussing referrals, ELC professionals were the most likely professional group to make a referral on their behalf. However, the responses of ELC professionals in this study to parental concerns were inconsistent, with variation in whether or not they would refer families to other services. Thus, suggesting that there are factors influencing professional adjudication in responding to parents asserting candidacy on behalf of their children. I asked all ELC professionals about their response to parents requesting help from another sector for their child (i.e. a referral). Half the ELC professionals stated that they would automatically make a referral, regardless of whether they agreed with the parent concerns:

> *"… absolutely act on what a parent says even if we totally don't agree with it. We have a duty as a professional to put it forward, that's, that's my opinion. Even if we weren't seeing anything, we would still make the referral …, because we all absolutely know what happens at home is very different from what happens in the nursery …"* (Ella, LA ELC)

> *".. children behave differently in different settings. They do all the time, and so they might not be comfortable to be themselves - children mask, we know that for behaviours or, or whatnot"* (Lynn, LA ELC)

Masking is a behaviour undertaken to suppress a person's true identity, behaviour or emotions, often done to 'fit in' or avoid standing out (Mullally et al, 2024). The other

half of ELC professionals indicated that referrals would not be automatic. For these professionals the responses varied from suggesting the parent make a self-referral to giving them a leaflet or taking some notes. Other responses included:

- Listening/ acknowledging
- Discussing with a senior and/or the multidisciplinary team
- Implementing training
- Signposting

"We provide like the signposting. I will always make sure that every nursery has got leaflets from Speech and Language about talking and listening, just, just so the parents understand that children do develop at different stages, and at different paces…" (Amber, LA ELC)

"We have that scenario to be honest. In particular, around SALT, em - Speech and Language Therapy, they [parents] are quite often coming in and saying - look I'd quite like them to be referred on, so, for us it's to make sure we listen to them, give - we've got some handouts from Speech and Language Service about the basics of communication. Talk through that leaflet with them, and just normally, that will highlight the area that they are seeing, and we always discuss with whoever it is they're asking" (Rose, LA ELC)

Jamie framed his role differently:

"… it's not, not so much gatekeeping, I would say, as we're trying to put them in the right direction to get the help that they, they seek. Like it's, it's not our place to gatekeep it's our place to support the child" (Jamie, PVI ELC)

While Jamie positioned himself as a supporter rather than a gatekeeper, his role still involves making decisions that can impact a family's access to services:

"Well, em well in my role, I'd probably then talk to - involve my room senior, …, and try and set up a meeting with the parent, so we can gather as much information as possible. …We can then discuss as a three, like the senior, myself and the parent and talk like what, what they're worried, what the problem is" (Jamie, PVI ELC)

I think the latter quotes illustrate the potential for the differing views and understanding of the gatekeeper role. For parents, they see professionals as those who can access more support. For professionals, they are working under procedures and processes set out by their organisation. This may be why Jamie does not consider himself to be a gatekeeper. Jamie explained he would suggest the involvement of a Health Visitor to parents in the context of any concerns about their child:

"Have you involved the Health Visitor yet? Because that's probably your first port of call for things like that" (Jamie, PVI ELC)

This is noteworthy because, another LA ELC worker, Rose stated that in recognising the strain that Health Visitors are under, she would not automatically make referrals to them:

> *"Health Visitors have a positive impact but unfortunately it's such a huge workflow at the minute that our parents are saying it can be a year before they see the Health Visitor from one appointment to the next, so we can hear it too. So, we try and not be coming down on them, for things …"* (Rose, LA ELC)

This suggests that professional adjudication may also include professional judgement about how much capacity other services have (or not) to support parents. Therefore, the quote from Rose above implies that she is also trying to determine who should receive a referral to the Health Visitor on the basis of her understanding that the Health Visitors are busy. This scenario provokes multiple reflections; the significance of the adjudication role of professionals as gatekeepers, the decision making process underpinning decisions to make referrals and the challenging environments that professionals in my study are working within. These findings from the professional data require to be understood in the context that they are working in deprived communities, with families facing poverty and disadvantage (Joseph Rowantree Foundation, 2023).

One potential consequence of not making a referral is the absence of a record detailing unmet needs, the number of parents and children who would be on waiting lists, and the underlying reasons why families are seeking support. Data gaps was identified as a problem by Audit Scotland, (2025) in relation to the prevalence of children with

additional support needs in Local Authorities, their needs, and resources required to meet those needs. My analysis identified some of the barriers observed by the professionals that families face within their communities. Some of these are listed in Figure 6F. This list is not exhaustive, rather an illustration of some of the key and repeated barriers highlighted by interviewees.

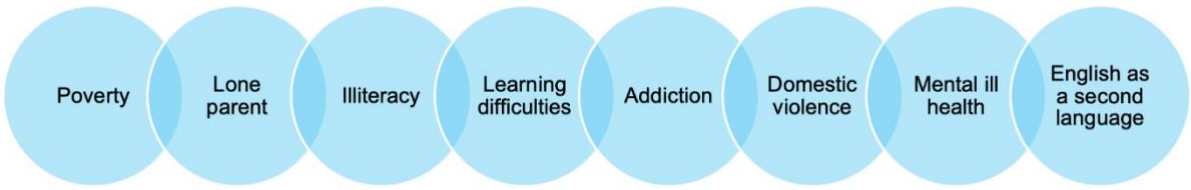


Figure 6F Examples of barriers professionals observe that families are experiencing

Professional participants conveyed their observations and experiences of families who are experiencing more than one of the barriers highlighted in Figure 6F at the same time. Professionals advising parents to make self-referrals or providing information leaflets in response to parent concerns, in the context of the barriers listed in Figure 6F, may overlook the consequences of these barriers, which would make self-referrals or reading leaflets a challenge. In one example, rather than the professional making the referral for a parent raising concerns about their child, the ELC professional suggested staff would ask parents to write down their concerns:

> *"… we would get them to write what their concerns were"* (Amber, LA ELC)

Giving a leaflet and asking parents to write something down is likely to result in some groups of parents being unable to respond due to comprehension, illiteracy or the

impacts highlighted in Figure 6F. Poverty and inequity were topical with most of the professionals, with specific work being targeted towards supporting parents to understand and meet their child's needs in both ELC and school settings. My analysis of ELC data reveals a notable contradiction; while some professionals report making referrals based on parental concerns and requests, and claim to value parental input, not all are willing to initiate a referral based solely on a parents' observations or concerns. Furthermore, the study found that some processionals may not refer to a service that they recognise is under pressure and unlikely to be able to help due to eligibility criteria or waiting lists.

The contrast between different settings means that some parents receive automatic support in the form of referral, and others face conditions (i.e. mandatory parenting classes, requirement of a diagnosis, for the concern to be observed by the gatekeeper). Amy (PVI ELC) refers to this as the *"inequity of the system"*. She expressed disdain for these types of professional responses on the basis of understanding the challenges many parents face in eliciting support for their children. As a parent herself, Amy said she experienced challenges in accessing support for her children, however, she states because of her professional background she was able to challenge Local Authorities' response to her concerns about her children's needs. Amy said she understood her rights as a parent and the law regarding education and support for children with additional support needs. She said she recognises that many parents will not have this knowledge, understanding and the ability to challenge, thus making the system unfair.

The two teachers participating in my study advised that they would not make automatic referrals for parents requesting them. Referrals are made on the observations and assessments of teachers, otherwise, parents require to make self-referrals via their GPs. Teachers in this study also explained that they do not make referrals themselves; instead, there is a key person in their schools who will do this:

> *"If we don't know someone's maybe having money problems, or we notice the children are coming in dirty like, you know, and maybe it's not been highlighted to us before. We're very much encouraged to highlight it and to talk to the management team"* (Alice, Primary Teacher)

Both teachers relayed that if they observed or assessed concerns, they would automatically raise this with their seniors, and a referral would likely be made to the appropriate agency. However, the process is not the same if parents raise a concern or ask for support:

> *"… when you're a teacher you've got perspective, … So, if they [parents] bring up something to me that I, I'm thinking in my head this is not an issue. I'll always say, 'well, thank you for bringing that to my attention. I haven't seen that yet, but now you've told me about that, is it okay if em, is it okay if I have a wee look out for that over the next week or so', …"* (Alice, Primary Teacher)

Alice advised that by listening to and acknowledging parent concerns, this *"makes a big difference".* At the same time, the teachers recognised their limitations:

"I can't diagnose; I'm not a medical professional. I can only report on what I'm seeing in front of me" (Louise, Primary Teacher)

While it is true that most teachers are not medical professionals, it is also true that other non-health professionals can, and do, make referrals. For example, there is quite a contrast between the views of those ELC professionals who stated they would automatically refer and the teachers in my study. The contrast appears to be attributed to different procedures across professional groups; with teachers requiring evidencing observation of needs before referrals can be made. This is very challenging for them when they only see the child in their own setting. There was recognition from the teaching professionals in my study that their approach may be seen as unhelpful by parents, and there was some acknowledgement that parents may be frustrated by it.

Home visits were not a practice for any ELC or teaching professional in my study, therefore, for those requiring observing a need before being able to act on it, I can recognise how this could become very problematic for families. These findings provoked reflection for me as someone who has previously worked in the frontline of public sector provision, making referrals. In terms of policy making, practice and current evidence pertaining to the relationship between poverty, barriers in accessing early intervention for health and wellbeing, and the context of long waiting lists in this post covid pandemic era (as outlined by Marmot et al, 2021, Finch et al, 2023, and Catalano et al, 2024), I suggest a reconsideration of gatekeeping (referrals) policy and practice in responding to parents asking for help. In the worst case scenario, a referral is made for someone who does not require that service, and thus, this could be deemed wastage of precious services in demand. However, delayed intervention or

no intervention could be more detrimental in terms of the requirement and cost of future access to services. Universal service provisions are offered via ELC and Health Visiting without knowing the level of complexities of needs, perhaps a system for referring to other agencies could be reformed to align with early intervention and prevention theories, similar to other universal services provided in Scotland.

A further issue requiring to be explored and addressed given the findings of my study is clarification of whose responsibility it is to determine eligibility for another service, in the context that the referrer may not be an expert on that service. I understand that some professionals have good intentions surrounding not making referrals to services that cannot respond due to overwhelming demand. However, this type of decision may result in no record of these needs. In order to advocate, or evidence for more funds and resources, it seems important to me that public sector services have a clear understanding of the level of need in their area. If parents and professionals are avoiding referrals to Health Visiting services due to awareness of resource constraints, the resulting data will fail to accurately reflect the true level of demand for these services, impacting future service planning and allocation of resources. My analysis of this aligns with the conclusion of Audit Scotland, (2025) and their reported concerns about the lack of data evidencing both met and unmet needs in Local Authorities. It appears that the current gatekeeping processes means that there is a lack of clarity on the number of referrals received, those waiting, eligible and even those who are not eligible to access services.

My study has also identified that for a variety of reasons some parents are either not confident or keen in reaching out, or accepting the offer of support. Therefore, when

a parent does reach out, it seems important to me to respond to that parent, including an explanation as to why a referral cannot be made, and what other options of support are available to them. Rannard et al, (2005) and Sims et al, (2019) identified that parents can be credible contributors to the recognition and/or assessment of their children's needs. Both studies identified that where parents had concerns about their child's speech and language development, on assessment from a professional, it was found that the parent concerns were warranted with most children receiving a diagnosis. Their evidence suggests that parent's ought to be valued more by professionals. This is particularly important in the context of early intervention and prevention. Their studies were discussed more fully in Chapter Two, and there is a brief overview of them in Appendix 2.4.

In Chapter Two (section 2.8.1) I referred to the theory of epistemic injustice, a phrase and theory coined by Fricker, (2010). In the context of the findings presented so far regarding the challenges that both parents and professionals face when parents share concerns about their children's health, wellbeing or development, the theory of epistemic injustice is relevant to this discussion, and warrants further exploration. My literature review in Chapter Two identified that some parents feel that their knowledge is not valued or recognised, and some feel that they are not recognised as the experts on their own children (Lundeby and Tøssebro, 2008, Almendingen et al's, 2022). In my study, similar experiences and perspectives were conveyed, particularly from Claire, Helen, Susan and Taylor. Although none of the parents in my study referred to a concept such as epistemic injustice, there is a sense from some parents particularly those referred to latterly of injustice when they feel their views and contributions are not acted upon, and in some cases even acknowledged.

Alex (Third Sector) and Sharon (Social Worker) both confirmed that they would make referrals to other professionals/sectors on request from parents. However, they also stated that trying to help in the moment due to waiting lists was also important:

> *"So that's at best a two year wait at the very best. So, you've got a 3 year old, 4 year old is displaying signs that they could well be autistic but they're not gonna get a diagnosis till they're 6. And hopefully, the schools can provide the support the child needs in the interim, because I think self-diagnosis is important. … What do you do in the interim?"* (Alex, Third Sector)

There was recognition of escalating crisis and trauma as a result of the lack of timely intervention for some families from most of the professionals. In recognising the importance of timely help, Sharon (Social Worker) conveyed that she is not an expert in other professional areas and therefore she would make a referral on the request of parents. Outlining her role to support and advocate for the parents she works with; she told me she believes there is an inequity if the support is not provided to those who need it most:

> *"I think, for a lot of families, you know they don't know where to start, you know they definitely don't. It's not easily accessible for them. And even if it is, they feel, you know, intimidated to, to even start that process. And I think that's really unfair. So, I think that's where the people around them need to be really kind of - I'll make that phone call for, you know. Sometimes they don't even have money in their phones, you know, and we are expecting them to go, and they don't know how to go online. … You can just hear the panic like; I don't know how to*

do that online. I'm like, it's fine. I'll come down and, and do it with you. So, I think for, for families, you know, my job would be to always try, and, you know find out who can support, you know. So, if I need to go here and everywhere, then I would do that to try and get that support for the family, and I think that's where we do try and all work together" (Sharon, Social Worker)

In my reflective diary, in analysing the theme of 'gatekeeping'. I inserted the reflective question:

'If a family does not have a Social Worker or Third Sector worker, who would fulfil these tasks for parents?'

My reflections were centred on my research findings on the lack of evidence of 'villages raising children' for all parents. Where do parents go for help for example to apply online for the Scottish Welfare Fund if you have never heard of or done this before and don't have access to a Social Worker? Thus, one of my recommendations from this study is the creation of more local support for any parent requiring it.

6.1.10 Parent experiences of being asked to 'wait and see'

The literature review (section 2.8.2.2) identified a 'wait and see' response from some professionals to parent concerns or requests for support. This was translated as a dismissal for some parents, and the waiting was deemed detrimental for some parent participants too. As a result of this evidence, I decided to explore any experiences of this in Scotland. Four parents relayed specific experiences of professional responses that were directly and indirectly suggesting that the parent wait before a response or

intervention is made. From the parents' perspective in my study, the wait and see responses were in the context of:

- A child's (young) age
- Child's stage of development
- Assumptions that the child's needs would change in time
- Disregard of the parents' concern

For Susan waiting resulted in significant frustration, and eventually leading to her ill health:

> *"It was almost like, we'll see if he grows out of things before we spend money, investigate, and stuff …"* (Susan, parent)

Some parents explained that the impacts on 'wait and see' and delayed referrals mean that the consequences spreads across families, resulting in increasing unmet need, especially physical and mental ill health, and the requirement for more services. This contrasts with the experiences of other parents such as Marie, Brenda, and Mel who describe responsive service provision based on ELC and Health Visitor professionals acting upon parent concerns immediately. It is unclear from my data alone whether or how socio-economic status features in professional responses, given that most of the parents in my study were from high-income households.

6.1.11 Professional experiences of a 'wait and see' approach

Most of the ELC professionals expressed that adopting a 'wait and see' approach is unacceptable. For example:

> *"it's so, it's so lazy, it's so laissez faire – I, I just don't think it's acceptable in any way. There is always going to be lazy practitioners, people who are disinterested or checked out of their job …"* (Lynn, LA ELC)

Rose (LA ELC) recognised that often, by the time parents ask for help:

> *"they've probably tried 3 or 4 different things"* (Rose, LA ELC)

Rose also reflected that:

> *"it's all about the anxiety side for our parents, they hate waiting. They just want to know"* (Rose, LA ELC)

Alike some other themes in this study, there were contradictory statements from professionals on this response:

> *"If I heard, one of my practitioners saying that [wait and see] I would probably have a word to them. … We might need to have like an observation period, so we, we are kind of hearing what you're saying, and we can't honestly say we've seen the same thing. However, we're not saying it's not happening, so give us*

some time to, to make our observations, and then we'll make a date to, to come back to you" (Amber, LA ELC)

This statement from Amber suggests some justification for waiting as part of an on-going assessment process, however, as noted by Rose, by the time parents seek help and advice, they may have already waited and tried to address the issue themselves. This was also evidenced in my literature review (Edmunds, 2005, Marshall et al, 2016, Powell et al, 2018). Wait and see was also an approach recognised by both teachers, particularly regarding the children's stage of development. Louise advised that, before a child is 8 years old, it can be challenging to identify a developmental delay or a child's unique stage of development. Wait and see was also adopted by teachers in response to parents raising concerns about issues that they could not observe themselves. The teachers would take note of the information, assess, observe and get back to the parents. The teachers recognised that a child's behaviour may be different at home from school:

"… we did have to say I'm really sorry that this is going on at home, but I can absolutely confirm that this is not happening in the school, but that doesn't mean that your feelings aren't valid. … We're happy with the support they're getting in school. We're happy with our approach. Let's now look at your home" (Alice, Primary Teacher)

This situation was in response to a parent who had raised concerns whose child's:

"… behaviour at home was atrocious and like trashing the place and doing these things, but they really struggled to settle in primary one" (Alice, Primary Teacher)

In the context of waiting lists, stretched services and resources, poverty, and children's outcomes, further research is required to explore this concept of 'wait and see', particularly since professionals in this study advised that they could only act within their own area of expertise. In contrast, Social Work and Third Sector professionals highlighted that a wait and see response, and eligibility criteria means that many families are not getting the timely support they need. Alex suggested that many families that need support are:

"Missed in a sense, or dismissed" (Alex, Third Sector)

Wait and see was recognised as an approach and observed by Sharon (Social Worker) and she suggested to me that this is a nonsensical approach, particularly in the context of growing numbers of children having additional support needs. Sharon reflected on the increasing numbers of children aged 3-5 years old she observes displaying behaviours that have been constructed as challenging or concerning. She notes that the 'wait and see' attitude can result in children going to school with unmet needs, and only beginning assessments during their teenage years when so much trauma has been caused:

"We are absolutely failing children in a lot of respects you know" (Sharon, Social Worker)

Sharon's experiences led her to conclude that some children are being failed as a result of the lack of support for families who need it. Sharon recognised that the Public and Third Sector are working hard to plug gaps whilst families wait for specialist help. Sharon's observations and perspectives are more prominent given the current evidence highlighting the importance of early intervention and prevention during early childhood (Doyle et al, 2009, Marmot, 2010, Shonkoff, 2010, Wilkinson and Pickett, 2010).

6.1.12 Parents views and experiences of organisational structures

The biggest theme I generated from my data analysis covered professionals', organisations and systemic structures, as illustrated in Figure 6G.

Theme 1-
Professionals, Organisations, Systemic Structures in Scotland

Sub-Themes

Accountability	Are parents listened to	Are parents valued	Deserving and underserving	Early Learning and Childcare	Gatekeeping	Health services
Health Visitors	Level of Priority	Multidisciplinary working	Organisational or systemic structural issues	Primary education	Professional training and development	Professional village of support
Reason for participation in interview	Referrals	Relationships secondary care	Service provision	Social construction of parenting	Social work	Societal views and expectations
Stereotyping and judgements	Third sector	Tick a box	Transition to P1	Transparency, trust and honesty	Wait and see	Waiting lists

Figure 6G Theme 1: Professionals, organisations, systemic structures in Scotland

I constructed these codes and this main theme using analysed data from both participant groups. This theme covered issues including professional roles, responsibilities, organisational procedures, policy, and practice, as well as issues relating to accountability, relationships, and professional development. Figure 6G was constructed using PowerPoint to visually illustrate the number and type of codes generated within this theme. Some of these codes have been discussed in previous sections, such as gatekeeping.

This section outlines findings related to parents' perceptions of organisational systems and structures, and explores how these are seen to affect their interactions with professionals. For many parents, there was empathy towards professionals working in the context of limited and reducing resources. Some parents themselves were also professionals with experience working in or with the Public or Third Sector. The findings reflected a sense of self rationalisation and assessment from parents in deciding whether or not to approach particular professionals or sectors (as highlighted in Chapter Five). There were tensions though in these self-assessments, because although some parents accepted they were not a priority to access ongoing support from services such as a Health Visitor or Speech and Language Therapist, some were also saying they would like additional support.

Some parents also recognised that certain professionals operate under significant pressure to meet performance expectations. Which they did not perceive as aligning with a child centred approach. Words associated with 'tick box' was referenced several times by parents. However, there was recognition that the actions and

behaviour of front-line staff was engulfed by the wider organisational, governance and political issues. This was illustrated by Erin:

> *"There needs to be Scottish Government money put into more nurses, more health care practitioners, more social workers, more, you know, nursery you know, workers, everything, basically across the board"* (Erin, parent)

When I asked Fiona (parent) about her views and experiences of the policies that exist in Scotland surrounding parents and parenting, she provided an example of a difficult situation she was experiencing as being unemployed, and in full time education. She advised that the income she has is not enough:

> *"I'm absolutely shocked that the government's not giving me any help to educate myself. Whereas as if I had a poor paid job, they would pay it [referring to Early Learning and Childcare wrap around costs] (looks fed up) … But they don't support me to educate myself when I've already taken out all the student loans, and I paid my savings towards it and everything …"* (Fiona, parent)

As a lone parent, Fiona reflected on the challenges she is facing financially, trying to progress through higher education and raise her child alone. In the above quote Fiona conveys what she sees as the unfairness in policies which she believes supports some family circumstances more than others. Current policy in the UK means that most full-time students cannot access Universal Credit (UK Parliament, 2024). Fiona currently accesses 1140 hours funded ELC, but she requires more childcare to attend university full time.

The impact of Scottish Government policies according to Taylor was made very clear to me during her interview and is demonstrated in this quote below:

> *"I think, that every, every move the Government has taken over the last 20 years has been to drive communities apart, … We are affected by absolutely everything that this government - has absolutely drained and failed, and it's absolutely- I mean, I would just never - I could never have imagined that this is the, the life we would have. It's disgusting, is absolutely disgusting…"* (Taylor, parent)

This powerful and emotive statement underpinned by significant anger reflects how Taylor feels about current policies. She clearly has a view that many policies over the last 20 years have had a detrimental impact on her, her family and her local community. For some parents the Covid-19 pandemic has exacerbated services that were already stretched. There is a sense that although services are back to 'normal' in this post pandemic lockdown era, services are not really performing as 'normal' or, at least, as parents would hope.

6.1.13 Professional views and experiences of organisational structures

There was consensus in the findings between parents and professionals that organisational dynamics, procedures, policy and systemic structures embedded into public services results in inequalities for some families. This was underpinned by the recognition that some families know how and when to access support, and others don't. Findings from the professional data unequivocally highlights the pervasive

presence of poverty, highlighting that without addressing this issue sufficiently, it will be a challenge for both professionals and parents to mitigate against its consequences. Barriers like poverty, ill health, illiteracy etc, creates challenges in parents accessing or accepting support from professionals. There were concerns about the types of unmet needs and developmental concerns that professionals and parents are observing post Covid-19 lockdowns:

> *"Covid's got a lot to answer for - for right across the board. But we've seen a lot more children coming in, developmentally delayed and maybe not because of neurodiversity, just because of their social, language and or lack of interactions, you know. And the parent's not had that support either, because of, of all the lockdowns and health services not being able to access the families in the way that they would normally do so. They actually don't have that extended network to support them, to bring their child up"* (Amber, LA ELC)

All professionals referred to mental health or a mental health crisis that is not only impacting on the people they work with (families), but colleagues too. Alex suggested that professionals are leaving Public and Third Sector roles, and there are high levels of sickness/absence:

> *"We're in a very interesting position overall, of services that are overstretched. So, you've got professionals leaving for their own mental health's sake"* (Alex, Third Sector)

Alex (Third Sector) and Sharon (Social Worker) both suggested that there is a population of parents who cannot parent alone and need support long-term. They reflected a scenario of firefighting rather than any meaningful preventative interventions across sectors, which means there is limited, if any reality in the theory of early intervention and prevention in practice. This is exacerbated in their view by the inequalities that many families are currently facing. Chapter Three provided the context of policy development over the last two decades focusing increasingly on the rights and needs of children and families. Many of these policies are centred around the theories of early intervention and prevention (Marmot, 2010), however, these perspectives from the Third Sector and Social Work, and indeed other parent and professional perspectives illustrated in this study, suggests that the role of parents and professionals is somewhat redundant in the current policy and resource climate.

Firefighting normally begins after the harm has begun. When firefighting is the main strategy, there is a likelihood that a child's health, wellbeing and development can be impacted as opportunities to address any concerns can be missed. Without early intervention and prevention, there is also the reality of more serious challenges for children impacting on their longer term outcomes. The reality of this is no doubt stressful for children, and their families. Christie, (2011) recommended the need for public sector reforms prioritising prevention and early intervention, this has been echoed by public health experts such as Marmot (2010, Marmot et al, 2020). Whole family support has also been recommended for some time (Chanfreau et al, 2011), however, some participants in my study reflected that this is not a reality.

6.1.14 Section Summary

Overall, the findings from this section of the Chapter suggests that some parents lack power to assert their role as advocates of their children and partners of professionals. This finding requires to be understood in the context that most parents in my study were from high-income households, and the current policy context as outlined in Chapter Three. Policy on the important role of parents in the lives of their children crosses over with policies on early intervention and prevention, including the National Parenting Strategy (Scottish Government, 2012), and the Early Learning and Childcare Strategy (Scottish Government, 2022f). There is also a commitment in to 'Get it Right for Every Child' (GIRFEC) (Scottish Government, 2008b), yet my findings reflect that the parents and professionals face a variety of challenges in their roles, and there is a divergence from the policy rhetoric in the real life experiences of some of the participants in my study.

For example, the selective exclusion of parents from some (ELC) settings whilst welcoming parents in other settings, highlights a significant power differential between professionals and parents. This inconsistent policy application appears to be less about necessity and more about professional authority. This cannot be described as collaborative and given current Scottish policy, it could be argued that the current approach is undermining parents' rights, value and agency. Furthermore, this experience is likely to have some impact on parent's expectations and relationships as their children move through their educational journey. I make this suggestion on the basis of education for children being a long journey beginning in early years and ending in secondary school. Therefore, if the experience for parents at the start of this

journey feels negative, or non-collaborative, there is a risk that these feelings remain with the parent throughout their child's education journey.

The GIRFEC (Scottish Government, 2008b) policy and many others referenced in Chapter Three highlight the importance of collaborative partnerships between parents and professionals. Early intervention requires someone to notice a potential need, risk or concern in a child's (or parent's) life, and respond by acting to meet that need, address or reduce the concern. In public health, early intervention and prevention are key drivers of reducing the impacts of the social determinants of health (Donaldson 2017, Marmot et al, 2020). Professionals hold the power and are in a position to access early support for families, yet referrals for professional support are not automatic in all cases. Where parents do not have access to Third Sector or Social Workers, there appears to be gaps for parents in accessing support across multiple areas of their lives, thus leaving the potential for unrecognised and unmet needs in children.

Although this study has identified the power imbalances between parents and professionals, it also suggests that professionals may feel powerless when they are working in environments with limited resources, resulting in significant challenges in delivering a service as they would like to.

6.2 Are parents/carers valued?

My key aim for this research project was to gain an understanding of the role and value of parents during their interactions with professionals on the health, wellbeing, and developmental progress of their child at age 3-5 years. The answer to this question is

revealed in the following sections. I thought it was important to provide the context of parent-professional participants interactions, perspectives and experiences before presenting the findings of this question. The context is important because for some of the parents in my study, they have had multiple interactions with professionals within and across many sectors for their child's 3-5 year timeline. In fact, for some of these parents, intensive interactions have been ongoing since the birth of their child. For other parents, their interactions have been less intensive, and infrequent (except with ELC professionals). There are also contrasting experiences across the two participant groups in my study in relation to the household income of parents, with most of the professionals working in areas of high levels of poverty and deprivation.

The following sections provide the findings of views and experiences of parental role and value during interactions with professionals. These views are underpinned by the experiences outlined in this and the previous Chapter.

6.2.1 Parents views of feeling valued in their role as parents

I decided from the outset not to define value in order that I could hear and understand parent and carers own definitions and experiences. All participants responded to this question and were able to provide examples to justify their response. In order to conclude whether parents and carers feel valued, I analysed the data centred around participant views and experiences of professional responses to them during interactions. In summary, most parents' perspectives and experiences generally reflected they do feel valued by professionals. However, there were conditions, inconsistencies and mixed experiences within these views. The quotes below reflect some of the positive experiences conveyed by parents:

"So yeah, generally, I think all the dealings I have are positive. I feel valued. Em, I feel that the professionals I am dealing with care about my child, my children. So, you know it's, it's, it's pretty positive" (Oliver, parent)

"Yeah, I mean, I think I definitely feel like that we are listened to" (Brenda, parent)

However, for a few parents their experiences were mixed, dependent on the professional or the situation. For other parents, interactions were generally described as negative overall. Two dads stated they felt valued by professionals, and most mums also said they felt valued. However, five parents had mixed experiences, and two mums did not feel valued at all. Mixed responses is a heading I constructed to cover parent views and experiences that included:

- Being unable to give a solid yes or no view on whether they felt valued
- Feeling valued by some professionals and not others
- Inconsistent approaches and responses from professionals
- Interactions that tended to be professionally led/focused
- Tick box type interactions

These perspectives and experiences are unique to the individual parents and underpin some of their expectations about the services they thought they would receive from professionals. There was a theme of disappointment from some first-time parents in the lack of information and support received from professionals. Responses such as

receiving a pamphlet, being dismissed or told ‘not to worry’ were highlighted as unhelpful and negative.

My analysis identified that parents in this study felt most valued by ELC professionals. This was linked to the strong relationships built with the frequent contact and communication. Of interest, in this participant sample, ELC professionals were not engaging in home visits in this post Covid-19 lockdown era. Therefore, key to feeling valued appears to be centred on what happens during interactions and frequency, rather than where they happen. When asked what feeling valued looks like, parents provided a variety of answers. This included professionals recognising the expertise of the parent, and that parents observe that professionals are passionately interested and caring towards their children.

I identified key words and phrases used throughout the interviews that aligned with parents’ views and experiences of feeling valued and unvalued, these are illustrated in the word clouds in Figure 6H and 6I. I constructed these word clouds using an online platform, inputting parent participant data within the codes I constructed in NVivo during data analysis on parental value.

Figure 6H ***Examples of words used by parents to describe what feeling valued looks like***

Figure 6I ***Example of words used by parents to describe what feeling unvalued looks like***

The colour and size of the words are for visual and formatting purposes and do not convey any additional meaning or significance. Figure 6H reflects examples of words used on what feeling valued looks like according to parent participants, and Figure 6I reflects examples of words on what feeling unvalued looks like. Depicting these key and recurring words/phrases in both the word clouds clearly demonstrates what is important to parents in their responses to their concerns or contributions *to discussions about their children.* For Figure 6H, I have concluded from my analysis that many of these words reflect actions and behaviours that could collectively be described as professional interpersonal skills. My interpretation of these words, based on my findings, is that, where professionals use these types of interpersonal skills in their interactions, parents are more likely to feel valued.

My literature review (Chapter Two) highlights how professionals' perceived lack of interpersonal skills negatively affects relationships and outcomes with parents and their families (Edmunds, 2005, Fereday et al, 2010, Norman et al, 2016, Locke et al, 2020), aligning with my findings.

For two parents, their negative experiences resulted in feeling unvalued or undervalued:

> *"… generally, I did feel hurt and not valued … they didn't take it seriously enough"* (Helen, parent)

> *"… em do I feel valued - no, no!"* (Taylor, parent)

My analysis of the words used in Figure 6I to describe feeling unvalued or undervalued suggests they are emotive words in contrast to those used in Figure 6H. Namely, that feeling unvalued resulted in parents feeling negative emotions. The word cloud in Figure 6I arguably depicts disempowerment, experiences of mental ill health and alienation. This study found that the impact of feeling unvalued is isolating in itself and therefore emphasises the potential of multiple impacts to parents of negative experiences in interactions with professionals. This insight coupled with previous findings about some parents having limited support networks in their local communities, raises significant concerns about parents who are isolated, without informal support, exacerbated by their unmet needs.

I consider the data gathered on perspectives and experiences of both participant groups to be nuanced, and requires significant attention to the details surrounding their experiences. Therefore, I think it is important to consider fully the findings surrounding views and experiences on parental value. My analysis suggests that one conclusion of my study indicates that most parents feel valued in their interactions with professionals when they answer a 'yes/no' question on 'do you feel valued'?. However, I would like to present another perspective in interpreting my findings. Combining mixed responses and feeling unvalued together equates to most parent participants being *unable* to state that they consistently feel valued by the professionals they interact with. Considering this perspective is important; many parents convey interactions with a multitude of professionals during the time line of their children being aged 3-5 years. Many parents in my study have significant experience of interactions and thus an opportunity to reflect on the differences across interactions. This means that the answer to the question '*do parents feel valued?*' is

divided. Half of the parent participants stated they feel valued. Combining those parents who had mixed experiences with those who do not feel valued, equates to the other half of participants.

These findings should provoke reflection across sectors, professionals and policy in recognising the potential impacts and outcomes of interactions between parents and professionals.

6.2.2 Household income and parental value

Three parents did not disclose their household income bracket; therefore, it is difficult to fully explore linkage between feeling valued and household income for my parent participant sample. From the data available, most parents were from high-income households, and most of them stated they felt valued by professionals. Five parents who conveyed mixed experiences of feeling valued were from a mixture of household incomes from low to high. One parent from a mid-household income relayed feeling unvalued by professionals. These findings warrant further investigation to delve into the factors that determine whether parents feel valued or not, and a closer examination of the factors surrounding the relationship between parental value and household income.

Related to household income is occupation. Most of the parents in this study had experience working in or with the Third or Public Sector or in roles linked to health/medicine, social care/social work, early learning and childcare, and education/ further education. These parents said that their background in these professional roles

is likely to have had an impact on the types of responses they received from professionals. These parents referred to factors such as knowing:

- The 'lingo'
- The system
- Legal rights
- Children and family's policy

This finding is important and supported by the Candidacy Framework (Dixon-Woods et al, 2006b), discussed in Chapter Two, which suggests that parents who do not understand the lingo, the system, their rights, law or policy, are less likely to receive the necessary support, whether asserting candidacy themselves, or in response to professionals.

As already noted in this Chapter, negative experiences impacted on some parent's health and wellbeing. For example, Susan relayed being on sick leave from work, and Taylor said she had to leave her job:

> *"I had a good job, eh I had to give up my job, … So essentially, we've lost income. We've lost stability… They've not got a mum that's as confident as I used to be. They've not got the mum that I thought I started out as, so my kids are impacted in that way ..."* (Taylor, parent)

This example from Taylor highlights not only the mental health impacts resulted in leaving her job. These impacts were long lasting. Taylor also relayed that leaving her

job also changed their household income and this brought new stresses to their lives. It is also noteworthy the gendered impacts of the role of parents in interactions with professionals, particularly given that women assume the role of primary caregivers and this study has indicated that the focus of professional interactions is on women. This is discussed further in Chapter Eight.

6.2.3 Professional views on the value of parents

Parent and professional data on parental value were not aligned. Overall, this study found tensions in some of the professional data between narratives of parents being valued, and recognised as experts on their children, with later statements contradicting this. The responses from professional participants to parental value was mixed but evenly split between response categories of yes and no. The category of mixed responses was constructed to reflect professionals who stated that *they* valued parents, however recognised that colleagues, other professionals/ sectors, or society did not value parents (enough).

The two male professionals both said that they believed that parents are valued in their contributions to discussions about their child's health, wellbeing and development. Overall, most men across both participant groups relayed views that parents are valued. This finding is worth future exploration to understand why men had a more positive overview of this than women. Some professionals reflected on their own practices, sector and wider societal views on the value of parental contributions:

"I think there is generally this expectation that parents should be involved and engaged" (Alex, Third Sector)

Alex refers to a societal view that parents should be involved in discussions with professionals about their children. The female professional responses were more varied, with most female professionals stating a view that parents are not valued enough in their role. The two female teachers both relayed a view that parents are valued:

"Absolutely, because we, you know, we note down anything, or if it's a child, child plan the, the strengths and the pressures from home are done before we do the strengths, or we do the strengths from home, … So, their bit is the bit that goes in first. So, you know, and it can take up to an hour, maybe an hour and a half, just to go through that part with them. So, we - these meetings are lengthy, so, the - it's the majority of the speaking at these meetings are done by the parents" (Louise, Primary Teacher)

"I would hope they would feel valued and sometimes the most vulnerable don't see it you know, and they don't see it, and they've got a guard up. That no matter what you do, will always be - there again, due to - maybe they've been disappointed by every authority figure that's ever been in their life, not just school" (Alice, Primary Teacher)

The example from Louise, and the reflection from Alice provides some insight into their views and experiences on parental value. However, as highlighted in Chapters Five

and this Chapter, this study has found that there are tensions in perspectives and positions and priorities between parents and professionals. The findings of my research suggest that parents and professionals may approach situations with a lens shaped by their personal experiences, cultural backgrounds and level of emotional investment in the child's wellbeing. If there are differing positions adopted between parents and professionals there is a higher likelihood of divergent expectations and interpretations of that situation. Concepts such as 'the best interest of a child' for example, or the type of support a parent or family needs are examples of where misalignment can occur. Consequently, such misalignment can construct misunderstandings which could escalate into conflicts, thus impacting on collaborative relationships.

Within the quotes provided above, a parent doing all the speaking at a meeting and the starting focus being on the parent/ home may indeed provide a reflection of the parent's value. However, parents in this study (and those participating in the literature review studies in Chapter Two) want to see action, be taken seriously, and be involved in decision making. As illustrated in this thesis parent's often have limited power to elicit the support and intervention they need for their child without the support of professionals. Therefore, a parent having the opportunity to speak at a meeting may not always be enough. Claire's (parent) experience as highlighted in Chapter Seven is an example of this situation. Differing perspectives, positions and experiences are perhaps further illustrated here:

> *"When we got our last, last HMIE a selection of parents … ended up talking about fish and chips. 'How was there never fish and chips on a Friday?' And we*

were just like - sometimes when you give the parents the opportunity .... is that really what we're talking about here? …" (Alice, Primary Teacher)

There was a sense of exacerbation from Alice in recounting this story given the context of her working environment and the challenges that families that she works with experience in relation to poverty. However, there are a number of potential reasons why parents may have focused on the food at lunch time for their children, especially in the context of poverty, illiteracy, addiction, domestic violence and a dislike of authority/ services (as had been conveyed to me). This highlights the differing priorities, positions, perspectives, and cultural contexts between groups, increasing the likelihood of misalignment and tensions between parents and professionals.

Three professionals were categorised in the mixed response category because although they stated they personally valued parents; they were aware that this was not universal. Lynn reflected that part of the issue of colleagues not respecting or valuing parents is due to training and education:

"I don't think you'll really find a, a practitioner who cares more about what they do than me like. It's my life like I, I, I love them, and I care for them in the same way that I would want my children to be cared for. I really do. You don't always get that. And at the end of the day, you know, without being cruel to the occupation that I work in..... [big sigh]. It's difficult, not everybody is educated, not everybody is worldly and not everybody has the communication skills to be able to express themselves. And so, when you have a diverse

range of people working within a particular sector, not everybody is, gonna get it right for the child" (Lynn, LA ELC)

Sharon (Social Worker) also relayed that she has witnessed judgements of parents reflecting a lack of value:

"I think they should be valued, you know, I think sometimes, em, there can be judgments, … lots of parents are trying their best there. They're trying their best in really difficult circumstances" (Sharon, Social Worker)

Of the four professionals concluding that parents are not valued, three of them were ELC professionals. Specifically, ELC professionals working in Local Authorities conveyed they were less likely to believe that parents are valued enough. These findings are also worthy of further exploration to understand why perceptions of value vary across and within professional sectors. Of note the three ELC professionals making these conclusions had also disclosed personal experiences of being undervalued or treated disrespectfully as parents themselves. They had all told me about experiences of being dismissed in their assessment and contributions about their own children by professionals. The combination of these personal experiences alongside what they observe in their own sector and wider experiences led them to make these conclusions. For example:

"No. no, no, I have to be honest, em it depends on the ethos of the [setting] as to how valued a parent is, and even then there's a lot of - no, no, no, I can't even [holding hands in hair, looking frustrated]. I think, they, they look at the

negatives of the family rather than looking at it from a strengths base. So quite often … it's a deficit - 'oh do you know what, that family - nothing's going to change' - that kind of attitude" (Ella, LA ELC)

There was also a suggestion that parents are forgotten about in the midst of focusing on children:

"… I think in a broader sense; I think there's a lot of focus on children quite rightly. Sometimes I think that parents can be a bit forgotten about a wee bit …" (Shona, Third Sector)

Shona suggested that parents were forgotten about during the Covid-19 pandemic, which is likely to have lasting implications. The current evidence does reflect the potential for long lasting impacts on parents as a result of that (Public Health Scotland, 2024).

6.2.4 Section summary

Overall, the combined experiences of parents and professionals suggest that both groups believe that parents are valued as contributors to conversations about their children's wellbeing. However, the purpose of engaging in qualitative research is to provide depth in understanding of experiences, context and the ability to explore phenomena. The concept of value is deeply subjective and the interactions between parents and professionals can be complex social processes. Therefore, the statement that most participants view parents as being valuable contributors is not enough. The data gathered and the thematic analytical process has presented a complex picture

really emphasising the differences between two groups of people in communities: parents and professionals.

The analysis identifies a misalignment in some of the parent-professional interactions underpinned by differing positions, views, values, beliefs, and experiences. Positions and perspectives in some cases were perceived to be driven by judgements based on stereotypes and social class (discussed further in Chapter Eight). Despite the power differentials between parents and professionals, the professional data generated a strong sense that most professionals are trying their best to support parents. There are also complexities surrounding the acceptance of support from parents, intertwined with various social determinants of health, such as poverty, illiteracy, mental ill health and addiction, among others. Furthermore, the fear of shame, blame and statutory social work interventions dissuade some parents from seeking/accepting support, as identified in my literature review.

The apparent gaps in support for parents in their parenting role regarding their child's development is evident. Deficits in parenting abilities or responsibilities such as toilet training or managing a child's behaviour or understanding their development were identified as requiring to be addressed by some of the professionals. However, my data also suggests that in order for parents to respond to and address these 'deficits', they require to:

- Align with cultural expectations and understanding of the issue identified
- Be motivated
- Have good physical and mental health

- Have manageable levels of stress
- Have access to support
- Have access to childcare
- Have time
- Be able to access finance and transport
- Be able to learn/ absorb information in the manner it is delivered

Any of the above factors may be impacted by low-income, poverty, spoken language, culture, gender, age etc. Therefore, professionals aiming to support parents in their parenting role require to understand the context of the parent's own needs. Using Maslow's, (1954) '*Hierarchy of Needs'* is a helpful framework illustrating the potential position of some of the parents that the professional participants describe working with. If families are struggling to meet their basic needs in terms of housing, food, clothing, and feeling safe, it is very likely that engaging in some social situations, learning, development, confidence and reaching one's potential will be a challenge. This could represent a scenario as to why some parents do not engage with suggested development and support opportunities from professionals.

This research has illuminated the range of professional responses and subsequent impacts to parents in feeling valued. This range seems to be influenced not only by policy and organisational procedures but also individual values and the experiences of those involved. The National Parenting Strategy (Scottish Government, 2012) assert that valuing parents is key to achieving optimal outcomes for children. As identified in Chapter Three (section 3.4) using Bacchi's, (2009) 'What's the Problem Represented to Be' Framework, it seems evident that '*what is left unproblematic'* is

how valuing parents equates to understanding and addressing *their* needs. When both parents and children have unmet needs, the situation becomes very challenging, highlighting the need for whole family support, co-ordinated and multidisciplinary working as set out in GIRFEC (Scottish Government, 2008b, Scottish Government, 2022c) and not strongly or consistently evidenced in the data provided by this participant group.

6.3 Conclusions

This Chapter offers new insights into the unique experiences, expectations and responses of parents and professionals as they interact with one another. It identifies power as a key feature in these interactions; particularly the power that professionals hold as gatekeepers, and their adjudication on the offer of access to early intervention and support. The findings indicate that while many parents in this study feel valued, professional responses were not always aligned with the parents' expectations, needs or policy. However, in some examples, parents (mostly from high household incomes) demonstrated some empathy towards professionals because they understood the professional landscape underpinned by insufficient resources and high levels of demand.

Challenges were identified for parents across all socio-economic groups, and the professional data really highlighted the complex, multifaceted barriers and disadvantages that those in lower household incomes face. The context of racism, discrimination, domestic violence, hunger, housing problems, with the overarching burden of poverty requires those with power to use their knowledge and resources positively, offering support that alleviates rather than exacerbates hardships and

difficulties. A compassionate, constructive stance needs to be sustained for relationships and trust to be built, and importantly for parents to take support offered. The context and depth to the data in my study provides insight into why certain participants' said parents are not valued enough. These findings will be discussed further in the Discussion Chapter using the Candidacy Framework (Dixon-Woods et al., 2006b) as a lens to examine barriers and facilitators to parents accessing support.

The next Chapter presents findings on the views and experiences of the spectrum and impacts of support to parents who have disabled children, or children with additional support needs.

Chapter Seven: "*It's almost like I've brought an alien in, and they don't know how to cope*"

The spectrum of professional support for parents/ carers of disabled children/ those with additional support needs

7.0 Introduction

This Chapter focuses on the spectrum of professional support and lived experiences of parents and professionals as they interact with one another regarding disabled children and those with additional support needs. This Chapter reveals that lived experiences sometimes diverge from the policy rhetoric, and important legislation such as the Equality Act (UK Parliament, 2010) for some families.

Themes relating to disability and additional support needs were prominent within my findings drawing attention to the profound and deeply emotional experiences of some parents in their role as primary caregivers (and professionals working with families). This Chapter focuses on the findings specific to data analysed from codes I constructed relating to disability, additional support needs, the role of parents in interactions with professionals and professional's responses.

7.1 Disability, additional support needs, assessment pathways

In this Chapter, the term disability and additional support needs will be used inclusively, to encompass parents and children who have either received a formal diagnosis or self-assessed a disability, those who are currently on an assessment pathway, but who do not yet have a diagnosis, as well as individuals with additional support needs. It is important that I acknowledge that not all individuals within these categories may identify themselves as disabled. Furthermore, not everyone wants a formal diagnosis. This broad usage is intended to ensure comprehensive coverage and consideration of all relevant experiences and needs, while recognising and respecting the diverse ways in which people may perceive and describe their own circumstances.

The experiences of parents of disabled children, those with additional support needs or undergoing assessment, have also been detailed in Chapters Five and Six, which showed that families of disabled children and those with additional support needs sometimes experience rejection and thus isolation from their villages (communities). As a result, some families turn to the internet and social media as a lifeline for communication, support and a sense of belonging. Parents also struggle to seek the responses they are looking for from professionals, leaving them feeling powerless and sometimes unwell with stress and anxiety. This Chapter will present findings on these experiences, focusing on the impacts to parents and families on the outcomes of parent-professional interactions.

Five parents out of fourteen described their child as either disabled, having additional support needs or on an assessment pathway (see Table 4H). One other parent shared concern about her child's development, but this child is not on any assessment

pathway, according to his mum. One parent disclosed being on an assessment pathway, and two others described either themselves or their partner as neurodivergent.

7.1.1 Parent views and experiences of support from professionals

Despite having rights in law (see Chapter Three), thematic analysis identified that parents of disabled children, or those with additional support needs are not consistently having their rights upheld as per legislation or policy. From the accounts provided by some parents, there is a potential argument to suggest that some of their children's and their own rights have been breached in one or more of the examples of law and policy below including:

- Parental Involvement Act (Scottish Government, 2006)
- GIRFEC (Scottish Government, 2008b)
- Children and Young People Act (Scottish Government, 2014a)
- Additional Support for Learning (Scottish Government, 2017b)
- UNCRC Incorporation Act (Scottish Government, 2024a)

Concerns from parent accounts also apply to the use and application of the Equality Act (UK Parliament, 2010) in terms of reasonable adjustment. For example, Claire a parent of a child with additional support needs with ongoing assessments relayed experiences of being ignored in her advocacy for interventions in the best interest of her child in primary school. She described feeling powerless as she was unable to insist that the Head Teacher create a child support plan (CSP), act on her assessment of her child's needs and suggestions for adjustments to support his learning. The

Additional Support for Learning: Statutory Guidance (Scottish Government, 2017b) clearly outlines the right for parents to request a CSP. However, where Head Teachers refuse a parent's request to create a CSP, it is unclear what else the parent can do, and how they can ensure that their rights, and the rights of their child, are upheld. Even if complaints are submitted, these take time to consider, and, in the interim, parents are left in a situation in which they feel their child's needs are not being met. Susan, (parent) said she tried to involve a Member of Scottish Parliament (MSP) as part of the complaints process that she was engaged in, with limited impact. This was in reference to her attempts to elicit a satisfactory response from services to meet the needs of her son.

Claire relayed feeling a multitude of emotions when her child transitioned to primary school, all underpinned by feeling undervalued and powerless in her insights and knowledge of her child. This led to a sense that her experiences did not constitute sufficient evidence for professionals to respond, arguably a form of epistemic injustice (Fricker, 2010). For some parents of disabled children or those with additional support needs, they concluded that they have become the experts in knowing and understanding their child's needs due to waiting for support. However, parental expertise is not always recognised, and neither is the fact that not all parents can self learn, and they need support to understand their children's needs. This was also evidenced in my literature review (Marshall et al, 2016, Locke et al, 2020), see section 2.8.1.

One of the key impacts to Claire and her family was the emotional toil of processing their frustration and anxiety as illustrated below:

“Banging my head against a brick wall for quite a long time about that”

“The frustrating thing was that they weren't, they weren't willing to, to give him any kind of support plan despite what we were saying until, until we got - because we got the diagnosis”

“I remember at the time being like, am I, is this me? [laughing] You know, we question ourselves. But speaking to other people in the school who had a similar experience like it, it just seems to be you feel this way when it comes to these things like you're, you're making it up, and you're really exaggerating it, … or you're making it sound worse than it is, … it was quite frustrating”

(All quotes above from Claire, parent)

Claire relayed that this experience was very challenging for her particularly because she said the same Head Teacher had participated in multiple TAC meetings whilst her child accessed the school ELC setting, thus she was aware of his needs. Claire relayed that once her child had transitioned to primary school, the Head Teacher had categorised the concerns she was raising as a ‘home problem’. I identified categorisation of ‘home’ and ‘school’ problems from the teacher data also. Claire’s frustration was that the school could not recognise the link between her son feeling the need to mask at school, and the consequences of this at home, reflecting a lack of knowledge from staff working with her son:

"it's been a combination of a lack of training and awareness. And I don't say that lightly, because I'm not a teacher. So, you know, I know teachers work really hard and study and train really hard to do what they do. But they're trained to teach neurotypical children. … I, I think it's just, it's just a lack of, of, of em, resources, a lack of training and awareness. And I think you're quite lucky if you've got someone who's maybe got some specialist knowledge just on the off chance. Then you might have someone who can advocate for your child" (Claire, parent)

Claire conveyed that following a day of masking at school, her child often has huge meltdowns on returning home. Claire raised these issues many times to the Head Teacher, but she did not receive the response she felt was required. Claire's views are not unique, they align strongly with the recent Audit Scotland, (2025) and Scottish Assembly of Parents and Carers (2025b) findings. One of the key themes identified by Mullally et al, (2024) in their study with autistic children aged between 8 and 14 years was children masking to avoid harm. Masking in this study was noted to be associated with feeling unsafe and trying to fit in. The children in this study distinguished between their behaviour at home and in other settings such as a school, with some children confirming that they don't require to mask at home, because they feel safe in being themselves there (Mullally et al, 2024). This scenario of children behaving differently at home due to feeling more comfortable or safe was echoed by a couple of parents in this study, specific to their children with additional support needs. Frustration was observed during my interviews with these parents in their inability to convince professionals that behaviour at home is different because their children feel

safe in their home environment, able to express their authentic selves, whereas in school settings they require to mask.

Claire, in particular reflected on how exhausting and potentially detrimental this was for her child to require to 'mask' every day, and the stressful impacts of this for the entire family. Hull et al, (2021) identified mental health risk factors associated with adults masking (referred to in their study as camouflaging). Their findings suggest that, for better health outcomes, individuals benefit from feeling safe being themselves, rather than enduring the stress of masking. Although Hull et al's, (2021) study related to adults, given the experiences conveyed by parents like Claire about these impacts, the study findings are worth noting.

A key issue identified in my study relating to masking was the issue of professionals requiring 'observing' a problem before they act on it, yet none of the professionals in my study conducted home visits, where the 'problem' was observed by family members. There is a power imbalance here for both the parent and the professional. If the professional is not permitted to visit a family at home, and the parent cannot receive help without corroboration from the professional of the area of need, there is a problem. This seems another important area in need of further exploration.

Claire was worried that eventually her son would not be able to mask and the consequences of this in terms of his ability to cope, and therefore remain in school:

"My main concern always has been and still is - … that it'll get to a point where he can't cope any more, and he'll start to struggle to go to school" (Claire, parent)

Cumulative concerns for Claire did have a wider impact on her family in terms of health and wellbeing, as a result Claire told me she has chosen to remove her child from this school. In recent years the Scottish Government has been required to respond to increasing media reports about rising school absence and challenging behaviour (see Scottish Government, 2023d, Scottish Government, 2023e, Scottish Government, 2024e). My study found concurrence between both participant groups on concerns about the developmental needs of children, long waiting lists, children transitioning to school with unmet needs, and a lack of sufficient resources to meet these needs. Claire's experiences are not unique in this study. Her experience aligns with current government evidence as illustrated below:

"Most parents and carers that discussed their experience of their child attending early years provision articulated their experiences of this having been positive, owing to the close relationships they had with early years providers. Anxiety and struggle became more prominent in parents', carers and children's reported experiences as children and young people ascended in their education. A primary reason articulated for this was around barriers to accessing specialist provision" (Scottish Government, 2023c:74)

Parents of disabled children, or those with additional support needs in this study suggested that a lack of knowledge and training was a reason for some of the failures

they experience. A report published by the Scottish Government, (2023c) on '*Research into Provision for Pupils with Complex Additional Support needs in Scotland'* suggests that professionals are aware of national policy and guidance around supporting children with additional support needs. However, this did not align with the experience of some parents in my study, and was likewise not the case in research conducted by Riddell and Carmichael, (2019). The focus of the latter study pertains to children with additional support needs and their rights surrounding education. The study involved analysis of policy, administrative data, and interviews with policy workers, such as those working in Education Scotland.

Riddell and Carmichael, (2019) analysed the reality of children's rights being upheld in Scottish education and suggested that even when educators do have knowledge of policy, there is a sense from them that a CSP cannot make a difference when the resources are not there to implement the required interventions. As a result, CSP's are less likely to be issued. Current evidence also suggests that those from lower-income households are less likely to receive a CSP due to limited understanding and ability to assert their rights (Bradshaw and Hall, 2013, Riddell and Weedon, 2017, Riddell and Carmichael, 2019, Audit Scotland, 2025). This was not the case in my study with the one parent facing these challenges with primary education coming from a high-income household.

So far, this Chapter has placed a strong focus on Claire's experiences because of her very clear views and experiences surrounding her frustrations, challenges and impacts in interacting with Primary Education professionals. However, Claire's experiences were not unique. Taylor (parent) is another parent who also described difficulties in

interacting with professionals about her children's health, wellbeing and development. For Taylor, her difficulties were not solely focused on Primary Education, she has experienced challenges across ELC, Health and Social Work sectors too. She said the impact to her mental health was significant. Taylor told me that she had to give up her job because of the huge work surrounding caring for her children, and the impact of this on her health and wellbeing. Taylor's analysis of the challenges she faced is that this stems from professionals who do not understand or know how to respond to parents like her who are raising concerns about the complexity of their children's needs. This is made worse, according to Taylor, when the professionals dismiss the contributions made by the parent in how they support the child.

Susan's (parent) experiences were also presented in the previous Chapter. She said her child was not eligible to access Social Work Services because of a lack of diagnosis for her child, similar to Claire's experience with the school:

> *"We don't have a social worker because he doesn't have a diagnosis"* (Susan, parent)

As noted in Chapter Three (section 3.3) a lack of diagnosis is not a sufficient reason to deny service provision or support to a child or their family. This is indirectly presented in the Children and Young People (Scotland) Act (2014a) which focuses on children's wellbeing at the centre of assessments and in planning to meet needs. Furthermore, the Social Work (Scotland) Act (1968) emphasises 'need' as the basis for supporting families, rather than labels. Susan's overall experiences in interacting with professionals across and within sectors was inconsistent, in that some were

positive, and others were negative. For example, on the one hand, the Local Authority Social Work Department would not provide a service for her child because of a lack of diagnosis, but the ELC department in the same Local Authority funded 1:1 support for him. This scenario reflects that despite living in one Local Authority, differing strategies for the management of scarce resources means that the eligibility criteria bar can be positioned differently depending on the department working with the parent. Further inconsistencies in service provision exist from Health Services too. Susan conveyed that a doctor told her, without warning, that her child would never attend a mainstream school because of his complex needs. However, when they attend NHS appointments, despite Susan relaying the specific requirements of her child in terms of meeting his needs, she reported that the NHS are rarely able to accommodate them:

> *"I find the NHS, like, appalling at times, because we've had a number of appointments recently, and I take him in, he's gonna struggle, is there a spare pair of hands? Is there a plan B? Is there only one way of doing this? And then I can try at home to get tests in because he will not cope. And it's, 'oh, we didn't realise he had additional support needs. Oh, we don't really have another way of doing it. Oh, we don't really have any more people to help out' … it's almost like I've brought an alien in, and they don't know how to cope, which seems ridiculous for the NHS"* (Susan, parent)

Susan's description of feeling like she has brought an alien into a setting clearly reflects a disconnection, an othering, and a sense that no-one knows how to respond. She expressed profound frustration at this, particularly because she has made many suggestions to professionals on what would help her son. Susan told me that her

frustration and exhaustion particularly with the NHS is in the context of her son interacting with NHS services since birth because of his needs. Susan and other parent experiences in this Chapter do not make sense when legislation like the Equality Act (UK Parliament, 2010) exists. The Equality Act (2010) makes clear that reasonable adjustments must be made to reduce barriers to those who have protected characteristics such as disability. Susan and other parents expressed a strong sense of inequity in their interactions with public services such as the NHS, Education and Social Work. They perceived that these systems often fail, or are unable to incorporate the contributions of parents, resulting in support that does not adequately address their child's needs.

There are also specific policies for learning disabled people requiring support from the public sector, (Scottish Government 2013, Scottish Government 2019d, NHS, 2022) such as accessing the first or last NHS appointment of the day, or a double appointment etc. Figure 7A is a copy of information from an NHS website, indicating what a learning disabled person can expect in accessing an appointment or services from the NHS. However, making reasonable adjustments as per the Equality Act (UK Parliament, 2010) is not the experience of some of the parents of disabled children in this study across different sectors. For Susan, an adjustment like the last appointment of the day would make a significant difference. Susan appeared to have a sound understanding of the policy and legal frameworks supposedly created to support and protect children like her son. However, despite having this knowledge, she has been unable to change the persistent challenges she faces with her son accessing public services like the NHS.

Making reasonable adjustments for you

The NHS has to make it as easy for disabled people to use health services as it is for people who are not disabled. This is called making reasonable adjustments.

Reasonable adjustments tell people who will look after you in hospital the support you need. We are all different, so it is important you talk about this.

Some examples of reasonable adjustments are having:

- a carer stay in hospital overnight with you
- information in easy read or plain English
- a longer appointment
- time to meet your learning disability nurse before you go into hospital
- more time and support to make sure you understand what you need to at the hospital

You or your carer can include in your hospital passport any help you need with eating or drinking, or how to tell if you are in pain.

Figure 7A Direct quote from NHS, (2022:1) on making reasonable adjustments for disabled people accessing the NHS

Susan's knowledge of current policy frameworks was highlighted in the quote below:

> *"They always say early intervention, but you can't get help, and you can't intervene early, and they're just, they're just … getting it right for every child, and Scotland's best country to grow up, and children, this, that and the other, all the government come out with, and they're not meeting the needs of children"* (Susan, parent)

The impact of Susan's inability to compel professionals to respond in a helpful way has led to her own ill health, resulting in sick leave from work. Susan is one of a few

parents who told me that they had paid privately for assessments and/or additional support for their child, either to understand their needs better, or to help meet their needs. Paying privately appeared to be an action taken by parents from desperation to help their child:

> *"[*regarding use of a private Occupational Therapist*] it's kind of mostly to help with his mobility really because they say his difficulty is motor planning, he's got hyper mobility, as I say, still can't run, jump, climb, do stairs on his own. We thought this kind of trampoline therapy would kind of help to build them up"* (Susan, parent)

> *"While we were still on the waiting list we saw a private OT, because I was really concerned about his sensory needs, and how we could better meet them at home and at school, and I saw a private OT who gave us a report, which we then passed on to the school with suggestions about how they could better support his sensory needs."* (Claire, parent)

Not all parents can seek this route for private support due to financial barriers. Further barriers exist if a parent cannot get their child onto an assessment pathway. For example, Helen, a parent concerned for her child, who suspects her child is neurodiverse is not on any waiting list, or assessment pathway. Helen used the word dismiss/dismissive ten times in her interview. She used the word ignore twice and made two references to not being taken seriously by some professionals responding to her concerns about her child. Helen's experience although similar in some ways to Claire, Susan and Taylor, is different because she suggested that 'being foreign', and

speaking English as a second language is possibly a reason why she is not taken seriously by professionals. Ethnicity will be discussed further in Chapter Eight.

The Covid-19 pandemic was frequently referenced by participants in both groups as exacerbating challenges in services and consequently to families. The pandemic unveiled the realities of health inequalities for disabled people. For example, the findings from Hatton et al, (2024) found that not only did specialist and essential services stop or reduce for learning disabled people, when pandemic status was removed, and services were supposed to return to normal, many disabled people struggled to access the healthcare required. The findings from my research align with Hatton et al's, (2024) study, with both participants groups reflecting that services are not really back to normal. More recent evidence from Public Health Scotland, (2024) focusing on data gathered from parents/carers in June 2023 on post Covid-19 lockdowns, reported that disabled people and low-income households were amongst the groups most impacted. Furthermore, approximately 10 years ago, Bradshaw and Hall, (2013) reported the distinct disparities in outcomes between disabled and non-disabled children underpinned by household income. Thus, there is a concerning pattern emerging from the evidence including this study about the inequalities that disabled people in Scotland continue to face.

My study identified a spectrum of professional support and responses to parents of disabled children or those with additional support needs. Both Brenda and Marie reported different experiences from Susan, Taylor, Claire and Helen. Marie's (parent) experiences particularly stood out as being consistently positive. Marie's views and assessments were accepted without delay from the large team of professionals

working with her son. Accommodations and adjustments were made as requested by Marie:

> *"I've not really had to push for anything, since moving to his new school. They, they have an educational psychologist in the building all the time. …when I was raising concerns, they were taken seriously. …They just got speech in language, and whatever on board, I've not had any real challenges. I've not really come up against anything that I've felt they are not listening, and any concerns I've had I've been met with - well let's see what we can do. Who can we access to kind of get him support. And it's not really been an issue to be honest. …They did keep coming back and saying - well what's your – you know, you know him best, what's your opinion on that. And then that was kind of taken forward rather than them, just using somebody who's observed him for half an hour"* (Marie, parent)

Given the limited scope of this study, it is difficult to determine the reasons why Marie's experience is so different from the other parents. Being a kinship carer does compel professionals to fulfil specific obligations; however, Marie was of the view that this may not be the reason for her positive experiences. Instead, Marie attributes her positive experiences to her own knowledge and understanding of law and policy, and this is underpinned by her professional skills and experiences in working within the social care sector:

> *"I think because they know that I know the, the system and how things should work, I don't feel like I get brushed off with things. They do follow things through*

because obviously there's certain procedures that should be followed, and if you're not aware of them you might let things slide, but I don't know if it's because they think, if I already know, then there's no point in trying to pretend that it doesn't work like that" (Marie, parent)

Marie also works in her child's school, and this is likely to have some impacts too.

7.1.2 Professional views and experiences of interacting with parents/ carers

There were similarities in themes across the parent and professional data in the challenges in supporting disabled children, and those with additional support needs. This was centred around insufficient resources mainly. The professionals added additional context to the challenges families face when parents have (unmet) needs too:

"*Some parents can hardly - are illiterate. They can have problems with their literacy skills. And they're terrified, terrified to be found out. Or the, the same things gonna happen to their children. … I think that's a bigger problem than some people think*" (Alice, Primary Teacher)

"*Literacy levels, that's quite a big barrier, em, if you've got parents who are illiterate and eh and just managed to get through life*" (Amber, LA ELC)

Illiteracy was mentioned by a few different professionals, as was mental ill health and the impacts of addiction on families. Professionals in my study recognised that parents try to conceal their needs as they are terrified of being found out. Stigma was identified

as the main reason for this, and this aligns with the current evidence (McLean, 2023). Some professionals indicated that they try to signpost families to other services, and in some family centres and schools, support is available for parents. However, there is a mixed uptake on this. Where information is known about a parent or child's needs, as noted in previous sections, under the Equality Act (UK Parliament, 2010) reasonable adjustments should be made, where requested or required, to reduce barriers, discrimination or disadvantage. However, the findings of this study indicate long waiting lists, eligibility criteria, 'wait and see', insufficient staffing and resources.

As highlighted in Chapter's Five and Six, some parents receive automatic support (i.e. as exampled by Marie and Mel), whereas for other parents there are requirements and conditions attached to accessing resources and support. One example of this is the requirement of parents to attend '*parenting classes'* before their child will be referred to Child and Adolescent Mental Health Services (CAMHS). Attending parenting classes in this study applied to scenarios where a child's behaviour was constructed as challenging and/or concerning (children aged 3-5 years). The purpose of these classes was described as:

> "… *kind of gives the family's ideas on how to manage behaviour with their children, …and as I say other agencies, for instance, like CAMHs and we've got services here linked to CAMHs, they will ask you to attend those classes before they will even look at your child just to say that you're using all strategies that are available"* (Rose, LA ELC)

Attending parenting classes in Rose's Local Authority is mandatory, regardless of the parents' current knowledge of their child's needs or family circumstances. Most professionals in this study were working in areas with high levels of deprivation and poverty, and with a lot of lone parents (mostly women). If a parent (women) cannot attend mandatory parenting classes, their and/or their child's needs are likely to remain unmet, this is clearly a concerning scenario, particularly in the context of additional support needs for that child. Furthermore, current research indicates that most parents have tried many strategies, have reached out for help and support informally before requesting formal support (Marshall et al, 2016, Neill et al, 2016) (see section 2.8.1).

Another example of parenting classes was highlighted in Primary Education:

> *"Community workers sometimes come in and do like positive parenting classes. The parents are really reluctant. They hate it, you know. They're just so defensive when you say that, or if it's single mums, who've had a really hard time, and we'll say what about Women's Aid?"* (Alice, Primary Teacher)

Here, attendance at the class was not mandatory. However, the dichotomy of the two options of support being offered reflects the possibility of a misunderstanding of the impact of poverty and domestic violence on the priorities and support that a family (women) may need. It is perhaps not a surprise that a mother would hate the idea of going to a parenting class and feel defensive about this in the context of facing some of the serious challenges outlined by professionals in this study. Mental ill health was also a theme identified from both participant groups; reported as a crisis impacting

both children and their parents. Waiting for help and support was deemed to escalate mental ill health for some parents in my study and this was also identified in my literature review (see Chapter Two).

There were alternative views from professionals about the value of parenting classes. For example, Sharon (Social Worker) suggested that parenting classes are no use for a parent if they are struggling with multiple factors that are impacting on their basic needs, such as food and fuel poverty, housing issues and domestic violence:

> "…*if someone's really struggling with mental health going …, trying to have discussions about em, routines, and you know, brain development, em, they are not going to be able to access that"* (Sharon, Social Worker)

Sharon also suggested that parents, as adults, regardless of their challenges, or the needs of their children, do not want professionals to treat them differently. Given the contrasting views between professionals in this study, my analysis concludes there is a lack of consistency, perhaps underpinned by a lack of understanding of the socio-economic factors exacerbating challenges and disadvantage for some parents. Some professionals appear to struggle to connect the dots to realise a full picture over time about the escalating impacts of unmet needs, in this post Covid-19 era:

> "… *there seems to be a real loss of structure and routine, and what we're seeing is we have children that are, you know, quite sporadic attendance at nursery…, and then they go to school, and we're having same issues at school"* (Sharon, Social Worker)

My analysis and reflections on these findings reveal that parental support is sometimes offered only under specific conditions, such as the requirement for a formal diagnosis, or attendance at parenting classes. This conditionality appears ethically problematic in any context but is especially concerning when viewed in the contexts that professionals in this study have described. These findings point to the need for more inclusive and responsive approaches to family support (Morris et al, 2008, Chanfreau et al, 2011, Scottish Government, 2023f). These findings also highlight that to effectively support parents in their parenting roles; it is essential that services are also able to address parents' needs too. As a consequence of the long waiting lists, and limited resources, some professionals acknowledged that parents of disabled children, or those with additional support needs are unlikely to feel valued in the current culture. For example:

> *"I think that's where parents will say that they don't feel valued, is when, when that in terms of for access for additional support, because the tape is so long and that, that can be a soul-destroying experience for parents … I have had experience personally and professionally with that, and that is a soul-destroying experience that makes people feel undervalued every step of the way, and it can have obviously an impact within an early year's environment, because you're maybe fighting the fire on it. But that is something that we're absolutely failing on and, and it feeds down"* (Lynn, LA ELC)

The reality is that these scenarios appear to be soul destroying for everyone involved, families, children and the professionals. This quote from Lynn, and the evidence from

the parents in this Chapter reflects a clear reality of the conflict between the rhetoric of policy commitments and lived experience for parents, children and professionals.

Some professionals also referred to 'working blindly' due to a lack of professional expertise or specialism for children with unassessed and unmet needs. I identified a clear pattern from both the parent and professional data, that despite law and policy as outlined in Chapter Three stating a diagnosis is not required in order to meet a child's needs, this is not the reality for some in both participant groups. Lynn (LA ELC) reflected that when a child doesn't have a diagnosis it is hard to get input from other professionals. So, there seems to be an almost infinite circle of requiring support, waiting for support and doing what you can until support arrives. Thus, resulting at times in a child not receiving the timely support they require:

> "… *you can't always get these things without a diagnosis - when you don't have the diagnosis, they're not always available"* (Lynn, LA ELC)

Statements about needing a diagnosis before being able to access support was a pattern amongst participants and contravenes current policy and legislation; Additional Support for Learning (Scottish Government 2017b), and the Equality Act, (UK Parliament, 2010). These policies state that a diagnosis is not required for intervention or adjustments, rather intervention should be based on need. Given this finding, this is an area for future research to explore. This study indicates that organisations across sectors are trying to respond to the huge waiting lists, lack of resources and the increasing demands for services by creating eligibility criteria and conditions to access services. An apparent irony arises as professionals navigate long waiting lists while

parents offer their expertise on their child's needs, yet some parents of disabled children, and those with additional support needs in this study reported feeling dismissed or ignored. This reflects a key theme of epistemic injustice, as defined by Fricker (2010) and discussed in Chapter Two (section 2.8.1).

Another example of this that I generated specifically from the professional data was increasing concerns from professionals about parents being worried that their children are neurodiverse. The framing of these observations suggests that professionals do not always share parents' concern. This finding is another example of the potential misalignment of perspectives and priorities between parents and professionals, where parents are perhaps anxious about the development of their children, and as a result become vigilant to their progress. As identified in Chapter Five, the online world provides instant information for those seeking it. Current evidence aligns with my research findings in that parents turn to social media for information and support specific to their parenting role (Haslam et al, 2017, Frey et al, 2022). The ease with which parents can obtain information about neurodevelopmental conditions online for example could contribute to a heightened awareness and vigilance concerning children's developmental progress.

McKechnie et al, (2023) observed that children in the 3-5 year age group are least likely to receive an Attention Deficit and Hyperactivity Disorder (ADHD) diagnosis (or receive medication for same). The study suggests a number of reasons for this including the huge waiting lists for assessment and diagnosis. McKechnie et al, (2023) highlights the likelihood of the underdiagnosis of ADHD in the 3-5 year age group as a result of a 'wait and see' approach due to their age (medication would not be

prescribed for this age group). This could potentially be translated as recognising the important role of parents in the early identification of concerns about their development to get on a waiting list early. As noted in Chapter Two from my literature review, there was a suggestion from Sim et al, (2019) that the credibility of parents as contributors to assessments about their child's needs requires to be raised.

Many participants also observed that more children (especially since Covid-19 pandemic lockdowns) within this age group are presenting with complex needs. The findings indicate that some children start school with unmet needs, and by P2 some of them are still awaiting assessment. As a result, although some children move into P2, essentially, they are repeating P1:

> *"… we've had so many primary one's who struggled last year. We've got two's who are gonna repeat primary one, basically again"* (Alice, Primary Teacher)

This is one strategy teachers can use to manage the challenges that children are experiencing as they enter P1 or P2. Both teachers recognised the frustration of parents about current processes (i.e. waiting lists and eligibility criteria). They were also frustrated. Louise, one of the Primary Teachers, used the word 'frustration' 19 times in her interview. Louise was frustrated about waiting lists in accessing support for families and schools, and some of the procedures by which she must work within. She also recognised the profound frustration experienced by parents at the delays and inadequate professional/ organisational responses:

"I said that to mum, I said, 'I totally understand what you are saying. I know how frustrated you are.' … Explained the situation, I said, 'but I can only report on what it is I am seeing here in front of me, and what I'm seeing here in front of me is this,' and it was a really settled child, etc., etc. But it's not – 'I don't believe you; I do believe you wholeheartedly.' But when your hands are tied it's really frustrating, because I can't make it up" (Louise, Primary Teacher)

This quote reflects the extent to which Louise feels powerless to act to help parents by portraying her hands being tied by local policy. Systemic processes as reflected in the latter scenario appear to compound the difficulties that the families they work with endure, creating a cycle of unmet needs, not only impacting the ability of children to progress successfully through their Primary Education, but also impacting on the overall wellbeing of the family unit. Early intervention through timely referrals to services is crucial to preventing the escalation of more problems (Scottish Government, 2008a, Marmot, 2010, Christie, 2011, Royal College of Paediatrics and Child Health, 2020, Finch et al, 2023). Such proactive measures appear to be most needed in the areas of high deprivation. These findings must be noted in the context of current evidence on increasing levels of absence and concerns about behaviour in schools (Education Scotland 2023, Scottish Government 2024c).

School starting age, child health, wellbeing and development were framed in the context of concerns for children as they transition to school by both participant groups. In Scotland, support from the Health Visitor ends when a child transitions to school. The Head Teacher becomes the named person; the main point of contact, co-ordinating care and support for the family, sharing information underpinned by the

national wellbeing assessment for children in Scotland (GIRFEC) (Scottish Govenrment, 2008b, Scottish Government, 2022c). School Nurses are also available to all primary school children in Scotland (Scottish Government, 2018e). Every interview with parent participants started with me asking parents to share all the professionals involved with them or their child. Most parents were able to record this on the Google Jamboard. Only one parent referred to interactions with a School Nurse. The findings from this study identified that there was a lack of clarity from participants about who can access a School Nurse, and the criteria for doing so. For example:

> *"I'm not actually even really sure what the School Nurse does"* (Rachel, parent)

This quote from Rachel was in the context of her child experiencing emotional/ mental health difficulties post pandemic resulting in anxiety and resistance to attending school. Rachel did not describe her child as having additional support needs, however, the Scottish Government, (2018e:4*) 'School Nursing Role Priority Areas and Pathways*' sets out *'mental health and wellbeing'* as a pathway to access their service, and thus her son could have accessed a School Nurse for support too.

Another priority pathway is for *'transitions*' (Scottish Government, 2018e:12). This includes children transitioning from ELC to primary school, and primary school to secondary school. Given that current evidence suggests that more than one third of children in mainstream primary schools have additional support needs (Scottish Government, 2023c, Audit Scotland, 2025), and that there are multiple post Covid-19 pandemic impacts (Couper-Kenney and Riddell, 2021, Public Health Scotland, 2022b,

Hatton et al, 2024, Public Health Scotland, 2024), there appears to be a gap for families in understanding and accessing the support available to their children when they transition to school. Perhaps a gap in knowledge for educators too? I did not construct any specific codes for 'School Nurses' in NVivo, and there was insufficient relevant data identified within the codes I created for 'Primary Education' and 'Health Services'. The lack of data reflects the lack of perspectives or experiences conveyed to me by participants during interviews.

Parent participants described to me a multitude of needs of their children during interviews from allergies, asthma, mental and emotional health, complex and physical health needs, learning difficulties and disabilities. Some children were also about to transition to primary school. Therefore, potentially many of these children would be eligible to access a School Nurse, and some of them would meet the criteria for additional support in relation to their needs. Only Marie (parent) referred to interactions with a School Nurse for her child. Freedom of Information requests revealed that two of the parent participants lived in LAs where no relevant policy or information on School Nurses is available (see section 4.12).

Many professionals in my study suggested that without early intervention or prevention, unmet needs in children can lead to escalating behaviours within the family unit. Sharon repeated this message several times throughout her interview:

> *"… children that have behavioural issues, and even at a very young stage, they, they are not getting the support that they need, and it's difficult because they're young, and, and a lot of these children suffered, you know, trauma, and there's*

difficulties there, and I totally get the, the difficulty around that" (Sharon, Social Worker)

"… And then what we're finding is, we see that other scale where the teenagers are, you know, been excluded from school, do you know, get involved in anti-social behaviour, and then they're doing the diagnosing. And you're going, you could have done this years ago, and actually, we could have put the support in place for this young person" (Sharon, Social Worker)

Shona (Third Sector) supports parents of disabled children, and conveys that families come to her service as there is nowhere else for them to get support, information and respite. She advised that one of the biggest frustrations for parents of disabled children, those on waiting lists or on an assessment pathway is that they identified a concern at a very early stage, and their concern was not enough for a timely response:

"…they're told that the child's too young, and they have to just wait another few years until – and they're like, but like the support, we need the support right now. And I think that's why we are so important because we're like, well, we don't need diagnosis, just come along and start to get that support" (Shona, Third Sector)

Concerns about waiting lists, and wait and see approaches were identified within my literature search as discussed in Chapter Two (sections 2.8.2.1 and 2.8.2.2). Shona also observed a serious lack of support for many of the families of disabled children that she interacts with. She notes the impacts of this can be detrimental to the entire

families health and wellbeing. Furthermore, aligned with the parent participants in this research, she notices there is a lack of knowledge and understanding from some professionals of a child's diagnosis or condition, especially those with neurodivergent conditions. She emphasises for example that every autistic child is unique and different, yet there is often a view that generalises autistic behaviours, and assumptions are made by professionals on that basis. Her suggestions for addressing this are simple:

> *"… just listen as the parents are the best people on how their child needs support"* (Shona, Third Sector)

Shona suggests that professionals should listen to parents however, this research has found that just listening, albeit a simple action, is not always an action that parents recognise in professional responses. This research reflects a complex picture for parents, children and professionals in meeting the needs of disabled children, and those with additional support needs. For some families with a lack of informal support networks, including the ability to seek advice or respite, means that there are significant impacts on their health and wellbeing. Many of the existing policies bear no reality to the experiences of both sets of participants, as relayed in this Chapter especially Getting it Right for Every Child, aligning with existing evidence (Scottish Government, 2008b, Scottish Government, 2009, Scottish Government, 2017b, Scottish Government, 2024g, Audit Scotland, 2025, Scottish Assembly of Parents and Carers, 2025b).

7.2 Conclusions

Over one third (36%) of parent participants had a disabled child, or a child with additional support needs or on an assessment pathway. This aligns with current evidence from Audit Scotland, (2025) who report that approximately 40% of children in Local Authority education are recognised as having additional support needs. The findings from my research presented in this Chapter provides a spotlight on the extent to which some services are unable to respond to the needs of disabled children, those with additional support needs and their families, as set out in current policy frameworks across Education, Health and Social Work sectors. Considering the Equalities Act (UK Parliament, 2010) and the other legislative frameworks and policies referenced in this Chapter, and Chapter Three , the findings suggest a breach of rights for some children and families, particularly in relation to failure to make reasonable adjustments for children and families where needed. The law is clear that indirect or unconscious discrimination is not acceptable. These findings also raise questions about monitoring, recording and accountability in recognising the scale of unmet need.

This research highlights those parents of disabled children, regardless of their socio-economic status, face difficulties in having their rights recognised, their assessments acknowledged, and their contributions acted upon. However, for those parents facing multiple obstacles, in low-income households, this creates an arduous experience for them. This is amplified further for disabled parents, or parents with additional support needs. Given that most women are the primary caregivers to their children, as was the case in this study, the impacts of parenting disabled children, or those with additional support needs without adequate support is significant in terms of their health and wellbeing. In this study one mum required to leave her job. Other mums have

required to take sick leave from their work, and work part time. Some of these mums described living a parallel life to everyone else in requiring access to specialist services and support. Some mums are isolated in their local communities, and do not have easy access to informal support. Some of these findings align with the Scottish Assembly for Parents and Carers, (2025b) report.

This study also reveals that professionals are working with insufficient resources and power to direct the changes required to support families in their local settings. Thus, they also lack power. It is important that policy makers and professionals understand the experiences outlined in this, and the previous Findings Chapters, to be able to offer sufficient support. Current evidence indicates a relationship between maternal mental health and child health, wellbeing and development (Marryat and Martin, 2010, World Health Organisation, 2018, Treanor and Troncoso, 2023). Parenting when faced with the barriers as outlined in this and previous studies (Bradshaw et al., 2008, Marmot, 2010, Marmot and Allen, 2020, Troller-Renfree, 2022) can impact the health of a parent and their child.

The commencement of a child's formal education is the beginning of a critical journey, not just about their learning and development, but ultimately this journey contributes to a child's sense of belonging, identity, and their ability to form and develop relationships and skills (Schaffer, 1996). The journey through education for any child is likely to be a combination of challenge, adventure and growth. Therefore, if a child's needs are not being met at the beginning of this journey, and they are requiring waiting a minimal of two or more years for effective intervention, there are clear implications of this for the child and the family.

The next Chapter explores the influence of social norms and societal expectations related to gender, ethnicity, income and social class on parent-professional interactions, as identified from this study.

Chapter Eight: *"That's just a societal thing, isn't it?"*

The role of social norms and societal expectations on gender, ethnicity, and social class during parent-professional interactions.

8.0 Introduction

Factors influencing parent-professional interactions was a key research question, asked to all participants. I constructed a theme of 'characteristics' and 'needs' pertaining to children and their parents during the process of thematic analysis. Gender, ethnicity and socio-economic status were primary characteristics I was keen to explore in this research project, and focusing on these has permitted me to gain new insights into how these characteristics impact on parent-professional interactions for this participant group. This Chapter addresses the question of whether there are any factors that participants believe influence interactions between parents and professionals. However, there are limitations to my findings as was noted in Chapter Four due to the challenges I faced in trying to recruit more parents from low-income households and different ethnic backgrounds.

During the analytical process I started to notice a pattern where some participants initially asserted that characteristics such as gender had no influence on parent-professional interactions, however, this was later contradicted in the interview. This will be illustrated in this Chapter. The title of this Chapter, a quote from a parent

reflecting that often the challenges and obstacles that parents, and in particular women face, are just accepted as the norm; as *"a societal thing"*, that's really difficult to challenge and change. The findings of this Chapter should prompt critical reflection on the structural and cultural norms within Scotland that sustain harm and inequality for certain groups, harms that some people, particularly women feel unable to challenge or change.

I have structured this Chapter to present the findings on participant experiences on the roles of gender, ethnicity, income and social class on parent-professional interactions. The Chapter will conclude with a discussion on how these individual characteristics intersect with one another.

8.1 Participant experiences on the role of gender and family arrangements

This section focuses on findings to a specific question I asked all participants about whether gender or family arrangement was a factor influencing parent-professional interactions.

8.1.1 Parents experiences on the role of gender and family arrangement

Most parent participants were:

- Female
- In heterosexual couples
- From high-income households

There were mixed responses from participants on whether they believed gender was a factor influencing interactions with professionals. Three participants indicated they didn't know; there was nothing obvious or apparent to them suggesting this was a factor. For five parents, they suggested that gender was not a factor, as they had not observed any differences in interactions between themselves and their partner. However, six participants suggested that gender probably was a factor influencing interactions with professionals. There were some tensions around some of these responses, because most parents also acknowledged that there is a societal burden on women to be the primary carer of their children. Findings identified that parents absorb the societal expectation that women will fulfil roles associated with raising children, this also includes speaking to professionals, making and attending appointments etc.

The main recurring example provided on this was accounts from both male and female parent participants conveying how when they are sitting as a couple with a professional discussing their child, their experience is that the professionals eye contact is with the female parent, and the questions and discussion is directed to the mum. The three dads all relayed that despite being at all appointments with their female partner regarding their child's health, wellbeing and development, in the most part, professionals did not directly interact with them:

> *"… like I alluded to with the Health Visitors it's almost you know, always going to be directed towards the mother unless it's something specific for the father, and I, I honestly, I'm not offended or upset by that, I don't think it's a bad thing. I think, as long as you, if you're given feedback, or if you're involved in it. …I*

think it's a natural human thing to see the mother as the primary care point, and maybe that's old fashioned in this day and age to say that. But I don't think it's a bad thing, but when both parents are there, I think it's important that you know a father's views are, are valued in the same way as a mothers essentially" (Martin, parent)

Martin (parent) expressed that he did not view professionals prioritising and focusing on women during interactions about children as negative. He acknowledged that this view may be outdated but had a belief that focusing on women as the mum, is the 'natural' thing to do. He commented that valuing fathers is also important, and all three dads agreed with this. Similarly, Oliver (parent) had not observed any negative impact in his role as a full-time carer for his children. Oliver noted that giving up his full-time job to care for his children, was a process that both he and his wife were still reflecting on and adjusting to. However, he had not encountered any negative experiences during any interactions with parents or professionals. However, he did align with Martin in accepting that professionals should focus on mums:

… so, you are more in the background and that's inevitable. So, you know that, that's definitely not an issue but that, that, that's how it has to be" (Oliver, parent)

"That's how it has to be" was a statement paraphrased and repeated many times by participants on this theme and other themes, not only in terms of professional responses, but also culturally. As the title of this Chapter suggests, the data pointed to an acceptance of gendered roles in Scotland despite recognition by nearly all participants that the status quo on these cultural norms is not helpful, and indeed can

be harmful. Jon (parent) considered that gender might be a factor influencing interactions with professionals. He noted that ELC professionals tend to communicate with his wife, even if he has initiated the interaction:

> *"So, like we are both on the family app and when, whenever we sort of communicate with, with the nursery, even if I've sent a message often the reply comes back to [his wife] [laughing]"* (Jon, parent)

Alike the other dads, Jon accepted this. All three dads relayed that they were also all involved individually in interactions with professionals (without their female partners), and relayed positive experiences. Overall, two out of the three dad participants said they consistently felt valued by professionals, and one dad conveyed mixed experiences. The dads also noted a cultural shift in recent years, particularly post Covid-19 lockdowns, with more dads being involved in pick-ups and drops offs at school and nursery. This was noted to be positive for children in recognising the role of men in family life, and in taking the burden off women:

> *"So, I think it is changing. Em but when I think back to my dad and yeah, there's no danger that he'll be ever near a nursery [laughing] no, no, no chance of that [laughing]. So, so I think it is changing slowly"* (Jon, parent)

Jon also noted that most professionals he interacts with are women, and about half of the parent participants also relayed this to be the case. Jon suggested the need for children to receive care and support from both men and women as part of their learning and development:

"…men can be in caring roles as well, and I think that's really important for [their] development" (Jon, parent)

In contrast, some of the female parent participants highlighted the negative outcomes and experiences when all the focus on parenthood and children is on them from professionals. This is in terms of the pressure and expectations that this places on them. There was a strong theme that Health Visitors focus their questions and attentions on the mother, even when fathers are present. However, there was one exception to this, and that was for Helen (parent). Helen conveyed her frustration that some professionals including a Health Visitor and GP speak to her male partner and not her during interactions when they are both present. She reflected that this was probably because he speaks English as his first language:

"I think it's a male doctor, he's more likely to talk to dad, because obviously he's local, he speaks English. … Actually, with the Health Visitor too. … if we are together, she will talk to dad" (Helen, parent)

As outlined already, Helen did not use the words racism, but suggested that her skin colour, speaking English as a second language (ESL) and being perceived as "foreign", likely resulted in her being treated differently by professionals. As a result of her negative experiences, Helen described preparing herself for interactions with professionals and pre-empting any potentially negative judgements or stereotypes by advising professionals of her educational background. The intention in doing this was to prove that she is intelligent and can speak English. Helen's experiences and views reflect that professionals assume a lack of intelligence, and her analysis of this is

because they equate speaking English as a second language, to being unable to understand information. This was clearly upsetting and frustrating for her, and a clear demonstration of the intersecting impacts of gender, race and ethnicity. Helen's experiences with the Health Visitor specifically demonstrates the contrast between white mothers and Helen, a non-white migrant to Scotland. Not only did the male parents recognise that Health Visitors focused all their attention onto the female parents, but most of the female parent participants did also. Helen's experience therefore stands out uniquely in this study as being different. Although, some of the professionals chose to speak to Helen's male, white partner during discussions, Helen relayed that the burden of childcare, and day to day communications about her child sits with her.

Most of the female parent participants referred to a societal acceptance that the burden is on women to be the default primary carers, and this is why they suspect that professionals' direct communication to them, even when their male partner is present:

> *"Yeah, I think I mean, I find that by default these places tend to look to mum"* (Mel, parent)

Rachel referred to her husband being ignored by Health Visitors when her child was first born:

> *"I've never seen it before, but we're sitting in the living room and all eyes were on me, and even though my husband was home, present and wanting to be involved. It was a really stark reminder that this was my responsibility. It, it*

seems to be that this is primarily the, the mother's experience - or responsibility should I say. I felt like he was ignored" (Rachel, parent)

Rachel and Grace also reflected on how women just absorb the expectations placed on them, and really just get on with it:

"I suppose, as women, it's not that I'm being critical, because I think that is the gendered norm that women take on all that load, and we do take it on, we, we absorb it, we take it on. But actually, we should also sometimes say, 'well, I can't'" (Rachel, parent)

"… but again, that's just, that again, that's just a societal thing, isn't it?" (Grace, parent)

This study portrayed the cultural expectations on women, and their powerlessness surrounding the pressures and cycles that maintain them in these roles. These experiences and views emphasise the underlying biases and systemic issues potentially influenced by factors like racial prejudice, stereotypes and discrimination leading to inequalities for non-white parents, and also women in general. Grace seemed quite clear in her view that gender is a factor in interactions with professionals, however, she did not frame this negatively, rather a reflection that this was just the culture. She suggested that professionals probably convey more information to her and spend more time talking to her than her male partner. Grace, admittedly stating a stereotype, also suggested that dads probably spend less time talking with ELC professionals and thus the reason they default to speak to mums. This stereotype

was repeated by some of the other mums, in relaying that dads do not get caught up in the minutia of detail of some of the issues relating to their children in the same way as mums:

> *"It's the unspoken, invisible things like remembering birthday parties, swimming costumes, all of that type of thing"* (Rachel, parent)

In continuing this acknowledgement, a couple of the female parents noted the negative consequences of these expectations, especially regarding maternity/ paternity leave and pressure to return to work. Grace and Rachel reflected that not all women can afford maternity leave, and when they can, they can have long term consequences to their career:

> "*I did take the full maternity and extra, but I know that there was a cost in my career with, with doing that, … that was my choice. But it, it absolutely is hard*" (Rachel, parent)

These findings reflect the complex and interconnected ways that discrimination and disadvantage intersect. Male and female participants clearly conveyed different experiences, and expectations, underpinned by an acceptance of the ideology that childcare is a women's responsibility. The only non-white female parent participant not only conveyed negative experiences in some interactions with professionals, but the outcomes, in terms of her attempts to advocate for her child.

Fiona and Marie, (both lone parents) relayed that they did not think that gender was a factor influencing interactions with professionals. Neither had a view that their lone parent status impacted on interactions either. However, Fiona was concerned about the lack of support she received from professionals during Covid-19 lockdowns considering she was on her own and she said she felt isolated. Fiona and Marie's views and experiences as lone parents was an unexpectedly positive finding. This is in the context of extant evidence that some lone parents experience significant challenges associated with stigma, negative stereotyping and in some cases discrimination (Neill et al, 2016, Carroll, 2017, One Parent Families Scotland, 2022 and 2025).

Brenda (parent) also conveyed positive experiences during interactions with professionals, noting that neither her gender nor her same-sex relationship affected these encounters. Of note, Brenda relayed that the Health Visitor would make eye contact and converse with both Brenda and her female partner. This finding really points to the gendered differences during these Health Visitor interactions, also emphasising Helen's different experience.

8.1.2 Professional experiences on the role of gender and family arrangements

Overall, discussions about a child's health, wellbeing, and development were primarily centred around the mothers from the professional data. If the majority of social interactions and responsibilities involving childcare predominantly involve women, it becomes evident why, culturally and societally, childcare is perceived as a women's responsibility. My research findings indicates that this then either prompts or pushes men into a more passive, backseat role, as was evidenced by the three male parents.

Alex (Third Sector) works with dads, and the latter is a reality for many of the men that he works with:

> *"And we've sort of found there's this disproportionate focus on mum, mum, should be the primary carer. So yeah, I guess if you're looking at an infant and, and young children there, there is this idea that mum should be the primary carer. I think, because this reinforces a stereotype about men not being involved or shouldn't be involved or couldn't be involved with kids. Men start believing like that as well. Well, the kids are gonna go to the mum. But, but what we find is dads get marginalised almost immediately"* (Alex, Third Sector)

Alex explains how excluding dads from interactions with professionals can have lasting effects. This quote from Alex reflects an apparent paradox; while fathers are increasingly visible in settings such as early learning and childcare and primary school, (as set out in Chapter Five), they can still be marginalised in meetings when their female partner is present and is the focus of interactions. This suggests that professionals may inadvertently prioritise mother's voices and experiences during interactions where fathers are present. Distinguishing between visibility and marginalisation highlights that being visible does not necessarily equate to being fully recognised or included in interactions.

Alex's views and experiences about male interactions with Health Visitors aligned with the parent participants of this study; conveying to me that often dads are excluded in conversations:

"I think that is, is a, a large factor in terms of how men and the gender, you know, cause if they're not, if they're not involved with the Health Visitor, if they're not engaging with teachers and other staff and other professionals, then if they don't think it's their role, then they're not gonna do it. … So, it kind of feeds off itself. … Health visits there are even dads who are … the carer for mum, the dads are still blanked. …. If they've had this message repeated that actually raising children's not about the dads, it's about the mums, you might feel a bit despondent" (Alex, Third Sector)

This was further supported by Ella (LA ELC) who disclosed from a personal (parent) viewpoint, her husband stopped attending parent consultations in their children's school because he was ignored:

"My husband … stopped going to parents' evenings because he says they don't talk to me; it's eye contact to you. They're asking you the questions, you're answering. … he stopped going. He disengaged because it was just like, well, she doesn't even look at me. She's not even talking to me" (Ella, LA ELC)

Alex is hoping that in this post Covid-19 lockdown era, men will become emboldened to speak up about their role and relevance to professionals:

"I'm hoping a lot of guys are sort of emboldened by it and say, 'hey, you know what I'm a dad …I'm not just the other parent or the free babysitter. I actually have relevance and importance in this whole process, and, and I want to be present" (Alex, Third Sector)

Alex emphasises that gender stereotypes need to be challenged; he told me that his organisation alongside other dads groups are focused on the role of dads and are working hard to challenge negative and inaccurate stereotypes. Challenging negative stereotypes was also echoed by Jamie, who works in a PVI ELC setting. Jamie reflected on the damaging view that caring is "*women's work*". He described that as being a "*horrible way of putting it*". He advised that his experience of being a male worker in ELC has been really positive amongst parents and children. However, he has faced challenges from his male peers for working in the caring industry.

Within the professional data, I identified some tensions and conflicts of professional views and experiences where despite some professionals initially conveying to me that gender stereotypes were unhelpful, they also described to me examples in their practices that appear to perpetuate those stereotypical, traditional gendered roles. For example, Amber (LA ELC) started her response to my question about gender with a statement about the importance of gender equality in early years. She then described a positive discrimination event that was targeted at male family members in an attempt to improve their settings engagement with male members of children's families. Amber went on to characterise men as being interested in physical, hands-on types of jobs:

> *"… we tried to get them in specifically where it was almost like positive discrimination, like a kind of like male only event where not just dads, but grandparents uncles, whoever it was that, that child wanted to invite, that was male. We had events and we looked up the men's skill sets. Okay, not all the men, I mean we had librarians as well.. So, they did like, have like, reading stories, but we'd look at the bloke's skill sets. And it sounds really awful when I*

say this, like, my observations in early years - the men want to feel useful. … They feel a bit out of it when it comes to the, the toilet training and stuff - I'm not saying, it's across the board just from the SIMD 1 and 2 areas. So, looked at their skills sets, have we got builders there? Have we got the grandparents who like gardening? We look at things like that and then we try and bring them into the environment under that pretence, and then build up those relationships there" (Amber, LA ELC)

This finding indicates good intentions of professionals trying to be creative in their attempts to increase and improve parental/family engagement, especially for men. Despite the success of an event like this, as concluded by Amber, there is the question of the effectiveness of reinforcing gendered stereotypes. I reflected on the example Amber provided on men perhaps not being keen on engaging in toilet training type activities. Toilet training was also a theme I identified as being constructed as a problem across most of the professional groups represented in this study. Therefore the findings on the challenges of parents managing toilet training, and the impact of gendered stereotyping highlight the need to explore more effective strategies to support parents, engage men in improving skills and understanding of child development, and further consider the barriers and factors impacting on parents preventing them to engage in toilet training or similar activities. Most professionals in this study work in areas with high levels of poverty and deprivation, it may well be that the burden on women, given the context described of the circumstances that women are living in, is too much, if they are trying to do these activities alone.

Lynn was one of the few professional participants who clearly agreed that gender is a factor during interactions. She told me that she observes mainly women involved in the caring and raising of children. Lynn's view was that as a result of being the main carers, women know their children best. She also stated that in her experience, women engage in more detailed discussions about their children than men, and that in some cases, the dads encourage this:

> *"I would tend to message the mum if, if there's something - I, I have dads who are very honest and open about their ability to communicate. What we are telling them, and the - some dads come out straight away and be like that - if there's anything really important, will you message mum? And I'll be like that sure; that's no problem. And I would tend to, I would tend to [laugh] reiterate what I had said on the next catch up with mum just - maybe even a casual way … and it can be a little trickier with dads, and they're always a bit more flustered in some dads. And I think they are intimidated with coming into what is perceived to be a really female oriented place"* (Lynn, LA ELC)

This study highlights key insights into the impact of gendered stereotyping, particularly to women, and perhaps of more concern is the belief that such stereotypes are an inevitable part of society. This perception seems to reinforce a cycle where women are consistently maintained in the role of primary caregiver and communicator, and dads are maintained in a negative stereotype regarding their parental role and contribution. In terms of long term cultural, and even behavioural change for men and women, a move away from reinforcing gendered stereotypes is required,

demonstrating the need for more training and support for parents and professionals to promote gender equity.

Professionals aligned with parents in confirming that family arrangements were not a factor influencing parent-professional interactions. Alice (Primary Teacher) relayed that she has a lot of interactions with lone female parents, she also disclosed that one of the main referring agencies for her school is Women's Aid due to the occurrence of domestic violence. There was an overall consensus from all professionals that the onus is on them to work harder to involve and include dads in more interactions, but also to recognise the potential discrimination and inequalities faced by women:

> *"I think we need to get better at really involving dads in their [children's] care or assessment, and I think sometimes we allow dad to take a step back, you know, in a way that if mum said – oh no I'm not going to be in em, we will be like that – what's that em …. I think we still place a lot of responsibilities on the mother, and, and we tend to seek the mother's views in terms of the child's development you know"* (Sharon, Social Worker)

Alice also highlighted concerns about intersections of gender for women relating to religion and ethnicity, conveying experiences relating to religious hate and racism.

8.1.3 Section summary

The findings in this section highlight the dichotomy between some mothers relaying that they personally had not felt their gender impacted negatively in their interactions, but acknowledged that societally and culturally there are expectations that places the

primary care giving responsibilities on them, thus making them largely accountable for the issues pertaining to their children. Some of the women also reflected that they had not thought about gender as a factor, and therefore, there is a possibility that the normalisation of traditional gender roles has become so ingrained that women do not recognise subtle forms of sexism. This might be illustrated by the couple of examples where the mothers themselves appeared to stereotype their male partners and thus creating a cycle of women being at the centre of interactions about their children. There was a sense of powerlessness from female participants in accepting that this is just the way that society is.

Taking account of the findings from this section, along with the findings from Chapters Five to Seven, a concern arising from my research is the inequalities and impacts of these mainly attributed to women, including domestic violence, racism, poverty, and the ability to access timely support.

8.2 Participant views and experiences on the role of ethno-cultural factors

All participants were invited to complete a questionnaire asking questions about their characteristics (see Appendix 4.1). Not all participants completed this questionnaire, however, during the interviews, information was shared that helped me to further understand personal characteristics, circumstances and backgrounds. Within the questionnaire I asked participants to describe their ethnic group. I did not provide options or suggestions as to what their ethnicity might be, instead I provided the opportunity for each person to describe themselves:

> "*Ethnicity is a concept that describes the real or imagined features of a group membership, typically in terms of one or other combination of language, collective memory, culture, ritual, dress and religion, amongst other features. … and the key distinction with other ways of conceiving groups is that it makes self-definition central"* (Meer, 2014:37)

Encouraging participants to describe their own ethnicity resulted in a variety of descriptions that reflect self-definition of cultures and race. This section provides an overview of the findings on the perceived impact of ethno-cultural factors including ethnicity, culture, race, language, migration, religion, and traditions on parent-professional interactions.

8.2.1 Parents views and experiences on the role of ethno-cultural factors

Data from the demographic information forms completed by participants, along with data gathered during interviews was used to populate the information in Figure 8A. I constructed this Figure using an online platform (Whimsical) to give an instant image of the different self-defined descriptions of ethnicity of men and women within the parent participant group. Figure 8A reflects that participants in this study described themselves as being mainly white from different parts of the United Kingdom (UK). Scotland's Census, (2022) reported that approximately 7% of people living in Scotland are from a Black, Asian or minority Ethnic (BAME) background. Of the two participants who did not describe themselves as white, one of them (Helen) disclosed that they believed their ethnicity was a factor associated with negative experiences during interactions with professionals. The other participant (Jon) did not have this view.

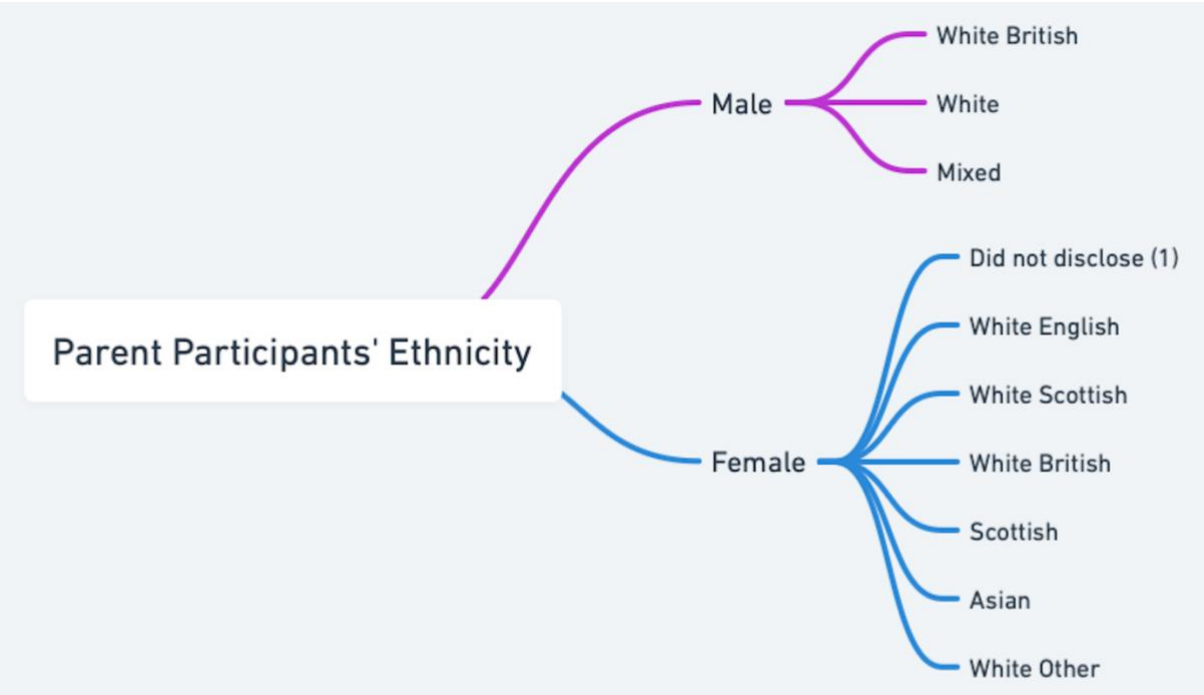


Figure 8A Parent participant self-defined ethnicity categories

I've provided examples in Chapters Five and Six of Helen's (parent) experiences where she said that being perceived as foreign and speaking English as a second language (ESL) were factors in how some professionals interact with her. An extract from the interview transcript is illustrated below:

Interviewer (me): "Do you think that any of those factors influence how professionals respond to you"?

Helen: "I think um [pointing to her face] being a foreigner"

Helen did not use the words racism in the interview, however the conversation surrounding this quote from Helen conveyed experiences where people make assumptions about her intelligence simply by her physical presentation and English

being her second language. Helen's son has not yet transitioned to school, but she is concerned about this process, and she is not in receipt of any professional support regarding this. These experiences and perspectives highlight the importance of professionals recognising and addressing the challenges that families face to ensure equitable access and support for all parents and carers regardless of their background. Helen's experiences and views diverged significantly from the other female parent participants in this project, many of which were described as being negative, and resulted in Helen feeling undervalued by professionals. An analysis of words used by Helen coded in NVivo to ethnicity, race and migrant has been illustrated in Figure 8B.

Figure 8B ***Words used by parent Helen to describe her views and experiences as a non-white migrant to Scotland***

My analysis of these words created using an online platform concludes the negativity surrounding some of Helen's interactions with professionals, impacting on her emotions and behaviour. These words also suggest a sense of prejudice towards Helen, reflecting how language, ethnicity, and race intersect to influence experiences of prejudice, leading to her feeling dismissed and treated differently by some professionals.

Rachel (parent) also described herself as a migrant, however she recognised that having English as a first language and coming from a similar culture, living in Scotland had not presented too many challenges for her. Rachel did not reference her skin colour in this context, but it may also be a factor, given Helen's contrasting experiences. Rachel did reflect that in becoming a parent and not growing up in Scotland there were some challenges to understanding how systems work in Scotland. She identified that for those parents who have ESL and come from different cultures they would see these systems as '*complicated'*.

Koehn, (2009) and Malzer's, (2013) studies both evidenced that negotiating candidacy and navigating Public Sector services for older ethnic minority groups was a significant challenge, with language barriers being one of the key obstacles. It is likely given some of the experiences faced by the participants of these studies, that any age group could face similar challenges. Therefore, Rachel's suggestion aligns with existing research. Rachel relayed feeling valued by the professionals that she interacted with, and Jon did not think that his ethnicity had any bearing on his interactions with professionals. This further points to the intersectional experiences of women,

suggesting that ethnicity, language and gender combined can uniquely influence parent-professional interactions.

Within my coding framework, other than Rachel and Helen, no other parent was coded under ethnicity, migration, ESL and religion. The absence of views and experiences from the majority, who were white citizens of the UK suggests that issues of ethnicity, ESL and race have a more profound impact on non-white individuals. This reflects the potential that the system privileges white parents who do not face the same challenges relating to discrimination and marginalisation.

8.2.2 Professional experiences on the role of ethno-cultural factors

Alike the parents, not all professionals completed the demographic information form. The data I gathered on professional self-defined ethnicity is illustrated in Figure 8C, and demonstrates that most professional participants used the word white to describe their ethnicity. Compared with the parent data, there was more discussion on themes relating to ethnicity, culture, race, migration, ESL and religion from the professional participants than parents. This was in reference to their experiences of working with children and families, rather than their own personal experiences. Over half of professionals told me about working directly with immigrants, including refugees and asylum seekers, as well as families from different cultural backgrounds who speak multiple languages and follow diverse belief systems. Much of the framing of the discussions focused on the barriers and challenges faced by migrant families, as well as those encountered by the professionals supporting them.

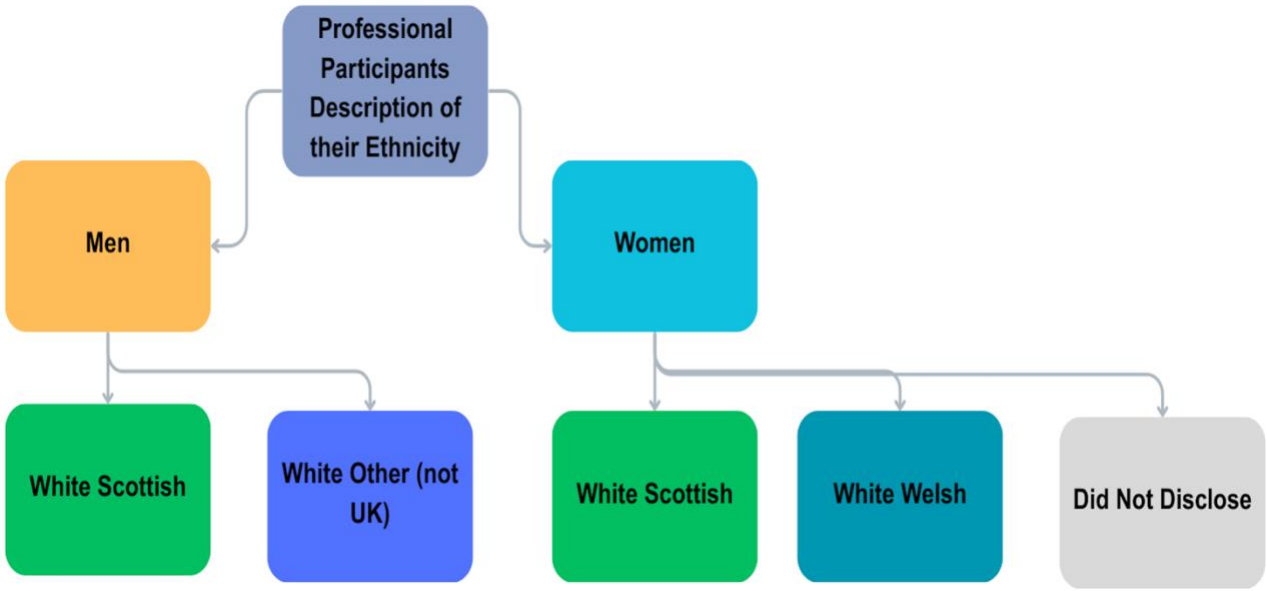


Figure 8C Professional participant self-defined ethnicity categories

Lynn (LA ELC) referred to lots of interactions with mums from across Europe, however she described her setting as having *"no diversity at all"*. This indicated to me that she meant the setting had no families from BAME communities. This was confirmed when she stated that those accessing the setting were *"all white".* Therefore, diversity appears to translate as involving the participation of people who are visibly non-white, despite families coming from countries in Europe who will have their own identities, languages, cultural backgrounds, history and ethnic groups. This indicates a lack of understanding about the meaning of diversity, and there are potential implications therefore in practice in recognising barriers for people, as well as the potential for bias, and prejudice. Diversity requires to be recognised beyond race and ethnicity, to be understood as differences in all humans.

Shona (Third Sector) stated that her setting had no '*displaced families'* and identified potential barriers to access as being language, confidence and culture. Ella (LA ELC) echoed similar experiences in relation to potential barriers for BAME parents engaging in her ELC setting. Language was a common thread in these discussions, recognised as a constraint for those with ESL. Amber reflected on her observations of working with BAME families stating they have:

> *"… no actual understanding of what's going on. So, you kind of got that, which we've got to battle with"* (Amber LA ELC)

Of note, parents with no 'understanding of what's going on' was framed as something that Amber requires to battle with, as opposed to the challenges the parents are facing. Alex referred to working with dads who don't understand the 'system', and he said this is a major problem for those dads engaging with children's panels and Social Work Child Protection Services:

> *"… dads who are immigrants and don't understand the system. Maybe their proficiency in English is not high enough to understand what's happening … they go through the panel hearing, and there's not much consideration as to how much is understood"* (Alex, Third Sector)

Rose (LA ELC) provided examples of the barriers that Ukrainian refugee families face in accessing and engaging with her services and interacting with professionals. This was underpinned by the language barriers, but also the lack of appropriate services being offered to families who were completely traumatised by their experiences. There

were a few references to cultural differences within communities too, but again the references to this were in relation to challenges to the professional. Alice (Primary Teacher) noted a number of tensions in the community that she works within with sectarianism and racism being an issue. She also noted that families with different values and belief systems such as the role of women can play out in schools making communications and interactions difficult with them.

Findings from the professional data unequivocally highlights the considerable challenges faced by BAME parents, families and children. These stem from numerous unaddressed barriers relating to language, culture and the ability to access and navigate services. This systemic misalignment of power appears to result in gaps for BAME families in being able to navigate the complexities of service provision and support in Scotland. This appears to be exacerbated by a lack of understanding, training, resources and support for professionals.

8.2.3 Section Summary

This study highlights the differentiating experiences of the only non-white migrant female parent participant within the study. Data analysis from Helen's interview indicates systemic biases intertwined with her racial and migrant status, leaving her feeling undervalued. Furthermore, she is concerned about the lack of support for her child. My analysis suggests that intersectional inequalities, such as those related to race, gender and socio-economic status exacerbate the challenges faced by Helen. With the addition of parenting a disabled child/ child with additional support needs, these overlapping disadvantages are likely to have huge impacts, potentially resulting

in unmet and/or exacerbated needs for the entire family. Thus, perpetuating the cycle of inequalities.

Most of the professionals corroborate Helen's account in relaying their experience of a lack of diversity within their settings, language barriers and ineffective support for migrant families, especially for those experiencing trauma. There are potentially far wider consequences of the experiences of intersectional discrimination and inequalities for parents in that it extends to their children, raising concerns about their unmet needs. These findings emphasise the need for training of staff, policies and practices that are anti-racist, anti-discriminatory and non-judgemental in their support for families from any ethnic background.

8.3 Participant views and experiences of income and social class

Household income was discussed in Chapter Six, and therefore analysis from that Chapter will not be repeated here. Instead, this section will focus on views and experiences of participants in considering whether income or social class are factors that impact on parent-professional interactions. My findings align with the research available that highlights the contrasting outcomes for those from low-income households compared with those from high-income households (Marmot, 2020, Richardson et al, 2020, Marmot et al, 2021).

8.3.1 Parents views and experiences of income and social class

Parents from high-income households in my study recognised their privilege in relation to their income, and lack of socio-economic challenges they were facing in contrast to

those living in poverty. Marmot, (2015) in his book '*Status Syndrome'* was clear that a person's social status is a predictor of their health and wellbeing outcomes. Furthermore, having the autonomy and financial ability to purchase services and support privately is likely to be linked to better outcomes than those who are on long waiting lists. Most parents in this study came from high-income households and none of them indicated that their socio-economic status was a factor in the outcomes of interactions with professionals. However, two parents did convey the wider impacts of living on a low and lower income in terms of the restrictions and barriers they face. For example, Taylor (parent) relayed that she was forced to give up work to look after her children, leaving her with a loss of income and *"instability*". Fiona (parent) also conveyed her financial challenges as a lone parent engaging in full time education.

Grace using her professional knowledge and experience suggested that the varying professional responses that parents receive is probably a *"class dynamic"*. She wasn't alone in this view. Grace is one of the parents who relayed mixed experiences in feeling valued by professionals. She suggested that professionals probably look at her, and her house and make a judgement based on her social class:

> *"… if they [professionals] turned up to a flat, and I was sitting in pyjamas, they would - I would be treated differently, whereas, like the Health Visitor that came in last week, I was like, 'oh, I'm working'. I'm setting up my laptop at my dining room table in my nice house, and I'm nicely dressed so obviously I'm going to be treated differently"* (Grace, parent)

Many of the parents reflected on the likelihood that they were being judged by professionals behind closed doors and this probably informed some of their assessments. Perceptions included that these judgements are somewhat informed by parent's employment status, how they present, where they live, and how they speak. There was a consensus that judgements, stereotypes and perceptions from professionals could have an impact on how they respond. For example, Fiona suggested where you come from, and particularly your accent can identify your class. She also suggested that accent might be perceived as being linked to your level of education, and thus professionals respond accordingly:

> *"If, if the professionals don't view the parents as well enough educated, or that, that the things are the parent's fault because of poor circumstances or lack of education, or something like that, that they might not respect their views properly"* (Fiona, parent)

During the data analysis process, I identified that codes pertaining to social class, overlapped with codes on stereotyping, expectations and judgements. Some of the parents in my study had a sense of being judged and feeling pressurised to conform to stereotypes, and act in a particular manner, and often this meant suppressing stress, anxiety and sometimes feeling upset. As noted in previous Chapters, some parents reported needing to take sick leave or leave their jobs as a result of this stress, or a lack of support.

8.3.2 Professionals views and experiences of income and social class

Discussion on themes around poverty, income and class were more prevalent with professional participants. Data analysis revealed that most professionals in my study are really clear that those families they work with, living in low-income households are facing significant challenges and barriers in meeting their own needs. However, there was also a sense of judgement towards some of the families that didn't appear to take account of the link between the behaviour and presentation of children and their parents and their socio-economic, and environmental circumstances. Examples of this was highlighted in the previous Findings Chapters.

Professional participant responses relayed contrasting views about parents that might underpin elusive expectations on parents. This was in relation to a perception that affluent parents have too high expectations on services, professionals and their children. There was also a view that these parents are sometimes unrealistic and uninformed. Parents living in poverty were perceived to not understand child development, and were less likely to cope or engage with professionals. This arguably points to a bias or prejudice towards parents regardless of their income status or social class position. However, there seemed to be a greater focus on, or recognition of mental ill health on parents living in deprived areas than those who were not. Louise recognised that stereotyping, judgements and stigma impact on some families in her community:

> *"I think you know, as a society … people look down a lot on people they perceive as being the bottom of society. You know the, the, the families that are really struggling to make ends meet, maybe because there is a drug or alcohol issue*

in the family as well, and I think those families can face a lot of stigma" (Louise, Primary Teacher)

Most professionals acknowledged stigma significantly hinders families from accessing help and support, and this aligns with current evidence (McLean, 2023). Throughout this thesis, my analysis has consistently constructed themes of power and resources from the data as being barriers for parents eliciting/accepting the support they need. It is often the case that families in low-income households possess the least power and ability to access resources needed to address their challenges (Marmot and Wilkinson, 2005, Wilkinson and Pickett, 2010, Marmot et al, 2020, Mallorie, 2024). Using a public health perspective, particularly when examining the social determinants of health and wellbeing, it is evident that multiple factors can impact on parents and parenting (Marmot and Wilkinson, 2005, Marmot 2020). Addressing some of these issues involves comprehensive non-judgemental support to parents within their local communities or homes. Clearly there are wider systemic issues to address in relation to inadequate housing, domestic violence, poverty, low-income, and addiction in terms of how the state prioritises support for families.

There was also a sense of powerlessness from some of the professionals in recognising the scale of systemic inequalities in Scotland:

"*I think that we are, we are factory farming our babies into, you know, just oblivion. I think that they need time and fresh air, and children should all have the, the right to have the same thing. I don't think it's fair that some children have a garden, and some children don't, … But nobody's tackling it, and …*

some of these wee ones it can be very hard to have a little one coming in who has holes in their shoes or you know they don't have X, Y and Z and then you have these other little ones who come in and they are pristine and you can tell they are just so well taken care of and you go- oh gosh look at this wee soul like … So, then I spend a fortune on a snack budget that's meant for like resources, because I want them to make sure that they've got something in their tummy, … It's really difficult when you're in, especially an area of deprivation… I, I - the, the stuff that I see on a daily basis is terrifying …. It can be really, really, really, genuinely, really upsetting to see some of the stuff that you have to see" (Lynn, LA ELC)

Lynn's views and experiences were echoed by other professionals reflecting that they are limited not only by their own professional skills and expertise but also access to resources to meet the needs of families.

Class differences were also noted by professionals, using phrases like 'working class' to refer to some of the parents they work with. There was a clear view from many professionals that children living in deprived areas do not have the same start in life or opportunities as parents living in middle and upper class households:

"I think that's really difficult, because we're having a total kinda, I suppose, divide in society where we've got the have and have not" (Sharon, Social Worker)

Sharon refers here to material and financial resources that parents either have or don't. Those families on the lowest incomes were also identified as those facing the most trauma perpetuated by poverty, unmet needs, discrimination and violence. There were several suggestions from some professionals about the need for education and counselling for parents to help them process and heal from their life circumstances, including trauma, as well as to support their parenting role. However, there is a recognition that as long as poverty, poor housing and domestic violence exists for families, counselling and education are unlikely to be a priority for them.

8.3.3 Section summary

Themes of income, class and poverty have been presented across all the Findings Chapters, reflecting the role that socio-economic status plays in the lives of parents in their parenting roles, as well in interacting with professionals. My research reveals that, while professionals are aware of the impacts of poverty on families, there seems to be some disconnect between these impacts and the actions of parents. This was exampled in previous Findings Chapters where expectations are placed on parents to attend mandatory parenting classes for example, in the context of significant challenges as described by the professionals in this study. Chapter Five also revealed that half of the parents in this study do not have informal support locally, and the professionals observe this in their practice too. This suggests divisions in local communities where some families have informal and paid support, and others do not. The lack of support coupled with long waiting lists, eligibility criteria and the barriers in navigating systems, are likely to continue to exacerbate challenges faced by particular groups of families in Scotland. My research demonstrates that engagement with

professionals requires parents to acquire specific skills and tools such as understanding and navigating referral processes and eligibility criteria, as detailed in Chapters Five and Six, however, not all parents will have these.

8.4 Conclusions

Although I adopted an intersectional lens to bring together my concluding analysis of the findings from this Chapter, the data did not consistently reveal fully intersectional patterns of inequality. This research identified instances where inequalities appear to operate intersectionally alongside findings that reflect more cross-sectional variations. Therefore, this Chapter offers insights into how both intersecting and single axis inequalities can impact on parent-professional interactions and experiences. Adopting this type of lens using parent and professional lived experiences focuses on multiple identities that women hold, and the intersecting impacts of inequalities (Crenshaw, 1989). This Chapter offers new insights into views and experiences of parent and professional participants about the multifaceted issues at play concerning characteristics such as gender, ethnicity, income and class. This Chapter, coupled with the findings in the previous Chapters highlight both the role and burden on women in parenting and childcare, perpetuated by gendered stereotypes and expectations, intersecting with ethnicity, religion, disability, income and social class.

My findings highlight the clear inequalities faced by the only Asian female in the study, women generally and disabled children and their parents. These inequalities are further exacerbated by parents' difficulties in advocating for their own or their children's rights under existing laws and policies. This is particularly challenging for parents of disabled children, regardless of their socio-economic background. Not only did this

study highlight the burden of childcare and parenting on women, but it also reflects that despite absorbing the burden of childcare, Helen, also faced unique challenges compared with the other female parents in this study in accessing support for her child, resulting in her feeling undervalued.

The professionals throughout all Chapters have provided their observations and experiences of the barriers that women face as parents. Of concern, despite professionals spelling out examples of inequalities faced by women in their communities, there seems to be some gaps in knowledge and practice in responding to these. Furthermore, the impacts of inequality for parents can also result in unmet needs, or the continuing unmet needs of their children.

Optimising a child's development including examples like toilet training, and a child's speech development, nutritional intake and their behaviour seem to be the responsibility of women to solve. Despite professionals recognising the barriers that some parents may face, including being a lone parent, living on a low-income, poverty and facing challenges such as unsuitable housing, conflict in their communities and sometimes experiencing violence at home, their appears to be limited support available to address these challenges.

Expectations placed on women underpinned by assumed gendered social roles, coupled with prejudice and stereotyping on the basis of a parent's employment status, accent or where they live can result in challenges for women in being able to balance these pressures in life, without adequate support. The evidence from my study reflects that these burdens on women have resulted in impacts and challenges in accessing

education, full-time jobs and the career pathways they were seeking. The impacts from the disadvantage, and inequalities faced by some women as described in my study is on their health and wellbeing.

My findings point to the requirement to specifically address what more professionals can do to involve and support male parents and carers in their parenting and childcare roles. With a growing number of organisations in Scotland dedicated to supporting fathers, one potential approach is to collaborate directly with them and dads within settings, seeking to understand their interests and needs directly. This study identified that professionals are aware of the different social and cultural positions of families they work with, however, it's not clear about how they address them. This seems to be compounded by their limited knowledge, access to available resources and organisational processes. Training of professionals in understanding the impacts of prejudice and support for mums and dads on child development and parent engagement appear to be a consensus amongst participants in this study. However, in the context of the findings in Chapters Five and Six regarding fading and fragmented villages, waiting lists, reduced resources and budgets, the scale of challenge in tackling intersectional inequalities, and supporting families remains huge.

Chapter Nine: Comparing policy with reality

9.0 Introduction

The overall aim of this research was to gain an understanding of the role and value of parents/carers during their interactions with professionals on the health, wellbeing and developmental progress of their child aged between 3-5 years. The research questions (see Chapter One) were centred around understanding the context of parent-professional interactions, the role parents play during these interactions, and the perceived value of parental contributions during interactions about their child's health and wellbeing. To fully explore concepts of role and value, my research also sought to understand if there are particular factors that influence parent-professional interactions and the outcomes of these.

This research was set in the context of multiple policies from the Scottish Government, particularly from the Early Years Framework (Scottish Government, 2008a), National Parenting Strategy (Scottish Government, 2012), the Supporting Children's Learning Statutory Guidance (Scottish Government, 2017b), and the funded ELC expansion (Scottish Government, 2020c) in their commitment to supporting and valuing parents in their role as parents, primary caregivers, educators, advocates and partners in optimising the health, wellbeing and development of their children (see Chapter Three).

Chapters Five to Eight revealed that despite the strong Scottish policy context, the realities for some parents and professionals diverge from the policy rhetoric. For professionals, there are significant barriers associated with insufficient resources, training, support and organisational procedures. For parents, despite the rhetoric on supporting and valuing parents in their role and journey, the reality of this depicts an inconsistent picture with some families being impacted more so than others. A variety of factors were suggested as influencing parent-professional interactions in this study with both positive and negative outcomes. Some factors were perceived by participants to relate to demographic characteristics, other factors are underpinned by professional judgements (adjudication), eligibility and resource availability.

Existing evidence, as identified in my literature review in Chapter Two reflects that often parents do not feel like partners when they interact with professionals about their children, they do not always feel valued, and this is sometimes underpinned by the inadequate demonstration of interpersonal skills such as listening, empathy, and respect during collaborative discussions. Ultimately, parents do not feel like partners in decision making processes. The literature review identified gaps and limitations in the current evidence base particularly the lack of focus on parent-professional interactions when children are aged 3-5 years old. Given the strong Scottish policy commitment, there was insufficient up to date evidence on the experience and impact of policy implementation post Covid-19 lockdowns. This research project sought to address these gaps.

In this Chapter I will provide a brief overview of my key findings. I will then present my interpretations and implications of these findings in the context of existing research, concluding with the strengths and limitations of this study.

9.1 Discussion of my key findings

My data identified that the use of interpersonal skills during interactions with parents such as respect, listening and acknowledgement of parental expertise is critical to the parent-professional relationship. This finding was not unique, as identified in my literature review (Cowpe et al, 2014, McNeilly et al, 2017, Locke et al, 2020). My study uncovered significant nuance in how parents recognised feeling valued by professionals. For example, although being heard/listened to is highly valued, of critical importance is that parental contributions are acknowledged and acted upon by professionals. This is not to say that professionals and services must respond in the affirmative to every request from parents. However, recognising and acknowledging a parent's knowledge, expertise and contribution as part of a process of deciding on a response is sought by parents in this study.

Delaying responses, by suggesting parents 'wait and see' was identified in my literature review as a problematic professional response to parent concerns (Marshall et al, 2016, Bent et al, 2020, Locke et al, 2020). These strategies were confirmed as a professional response in my study. This means that professional responses are not always automatic or as expected for parents. Likewise, expectations and responses of parents to professional concerns are not always as expected. Therefore, misalignment of expectations and priorities, coupled with positionality can lead to tensions between parents and professionals, and in some situations conflict. For

example, perspectives regarding interventions ‘in the best interest’ of a child or family differed between parents and professionals. These differentiations appeared to be underpinned by differences in culture, socio-economic status, gender, ethnicity, race, age, and personal experiences and perhaps a lack of understanding of these characteristics. Examples of this include mandatory attendance in parenting classes as a condition to accessing more support for their children. This was often in the context of crisis for families where a child’s behaviour was deemed unmanageable. Mandatory attendance at parenting classes has already been recognised as problematic rather than helpful for families (Norman et al, 2016).

If a person’s social, cultural, gender, or class position differs from another, it may be difficult to understand the other person’s experiences and challenges. These differences, characteristics and beliefs may explain why professionals expecting a parent to attend a parenting class in the context of poverty, illiteracy, addictions, mental ill health or domestic violence is a reasonable expectation. Requiring mandatory parenting classes as a condition for accessing more help could be considered as morally questionable, particularly given the latter contexts. Further exploration is required in examining the outcomes of asking parents to attend parenting classes before accessing child mental health support. One strand of evidence on the examination of the parenting programme ‘Positive Parenting Programme’ (PPP) reported little impact in improving a child’s mental health (Marryat et al, 2017). These researchers identified no changes in annual assessments of a child’s mental health at pre-school stage in Glasgow following parental attendance on a PPP.

Participants in this study conveyed that the delay in accessing support either via 'wait and see' or professionals declining to refer to another agency on behalf of parents can lead to increased unmet needs impacting on physical or mental health to the parent and their child. This is a concern given the current evidence on the mental health status of families, in this post Covid-19 pandemic era (Public Health Scotland, 2024). In asking for help, parents are advocating for their children. Street, (2022) highlights in her study that in meeting a child's needs and upholding their rights, an understanding of the mutuality between parents and their children is required. Despite the wide ranging policies outlined in Chapter Three, particularly the Children and Young Person's Act (Scottish Government, 2014a) and Getting it Right for Every Child, (Scottish Government, 2008b, and 2022c), often services are delivered in silos, sidelining the whole family approach that is often discussed (Scottish Government, 2023f). The evidence from my study suggests significant work is required to shift the fragmented and siloed support across the sectors represented in this study, to a whole family approach.

Adverse experiences impacting parents are likely to impact on the child and wider family's health and wellbeing (Parkes and Wight, 2011). Access to informal support can buffer against the impact of these adverse experiences (Mikucka and Rizzi, 2016, Reupert et al, 2022, Lightbody, 2024, Public Health Scotland, 2024, Rose et al, 2024). Informal support can enhance the mental health and quality of life of parents (Mikucka and Rizzi, 2016). This support is critical because it is normally informal, non-judgemental and supportive. Given half of the participants in my study had no informal support, and of these, some were managing complex situations at home in meeting their children's needs, there are implications on the impact of the lack of support to a

parent's health and wellbeing. This is likely to be exacerbated for those already experiencing disadvantage associated with poverty (UNICEF, 2007, Marmot, 2015, Marmot et al, 2020, Scottish Government, 2024d). The combined evidence from Parenting Across Scotland's (2024) and Public Health Scotland (2024) highlights not only the increasing incidence of stress and mental ill health of parents, but the lack of support available for both them and their children. My study also identified that perceived negative interactions with professionals about their child's needs can impact on a parents emotional and mental health and wellbeing. Consequently, leaving some parents feeling undervalued. The findings of this research also aligns with Public Health Scotland (2024) where parents are reporting concerns about impacts of Covid19 lockdown on their school age children regarding their unmet needs.

In contrast, there were some examples of positive professional responses that are deeply valued by parents and carers. Positive experiences and interactions are often aligned with parents being empowered, heard and leading as decision makers, alongside responsive professionals to parental concerns. Parents also valued professionals who they perceived to genuinely care for their child, and this was recognised in actions like advocating for them too. These factors leading to positive parent-professional interactions was also found to be the case in existing literature (Norman et al, 2016, McNeilly et al, 2017, Almendingen et al, 2022). Overall, there was significant inconsistency in experiences reported by parents, this also aligned with current evidence (Norman et al, 2016, McNeilly et al, 2017, Almendingen et al, 2022). The spectrum of professional responses in this study highlights the complexity of factors influencing parental experiences in seeking support, or responding to

professionals. These findings should prompt critical reflection on why parents encounter this variability in response.

Notably, this inconsistency does not appear to correlate directly with a parents' socio-economic position, as most participants were from high-income households. Applying Dixon-Woods et al, (2006b) Candidacy Framework, these findings suggest that professional adjudication plays a role in influencing professional responses. As a result of the challenges, and sometimes perceived complex processes for parents to assert candidacy and access support, the findings of my study suggest that parents require specific tools to navigate access to or respond to professional's services. Furthermore, as demonstrated in Chapters Five and Six by professionals like Amber (LA ELC) and Alice (Primary Teacher), they observe that some parents do not recognise that their children have support needs or unmet needs. Some parents can struggle to understand how to meet their children's needs too. These finding are not unique, as identified by Locke et al. (2020), indeed many parents will not have a comprehensive understanding of biology, or child development. Locke et al's, (2020) study highlighted that parents did not have awareness of the early signs of autism. Marshall et al, (2016) also identified similar findings in reduced parental understanding of child development. Therefore, there are implications if parents require specific knowledge to access tools to understand and navigate systems, when there is limited support for them to do so, especially within their local communities.

From the outset, I had not specified disability as a particular focus of my research. However, the findings were significant regarding the alienation experienced by some parents of disabled children, those with additional support needs or on assessment

pathways. The findings suggest that despite the Equality Act (UK Parliament, 2010), professionals and services are failing to make reasonable adjustments for some children and their parents. Regardless of socio-economic status, some parents in this study could not compel professionals to act in line with the law, whether this was supporting children's learning (Scottish Government, 2017b), the Parental Involvement legislation (Scottish Government, 2006) or in accessing services within the NHS (Equality Act, UK Parliament 2010).

Perceived alienation of disabled families is recognised in the literature (Case, 2000, Lundeby and Tøssebro, 2008, Galpin et al, 2018), where parents feel dismissed or treated differently. My study provides new knowledge specifically considering this age group of 3-5 year olds living in Scotland. This is important in the context of the concerns being raised in education regarding attainment, attendance and behaviour (Education Scotland, 2023, Scottish Government, 2023d, Scottish Government, 2023e, Scottish Government, 2024e, Klein et al, 2024, Audit Scotland, 2025). It is very likely that the extent of unmet needs for children aged 3-5 years, exacerbated in this post Covid-19 era (Public Health Scotland, 2024), is impacting on their journey through formal education. There was a sense from some participants in this study that professionals do not always know how to respond to families presenting needs.

This study also found that there are factors that parents and professionals believe to influence or impact on interactions. These will be discussed in more detail in the sections below. However, power, gender, ethnicity, (social) position/class and income are key to understanding these factors. A stark lack of resources is also a barrier for both parents and professionals in meeting children's needs, and thus more investment

is required to change some of the experiences and outcomes for families in this study. However, given the findings of this study, it is arguable that even with adequate resources, and a genuine ability to work in a preventative manner, professionals also require recognising the value of parents, not only in what they can contribute, but how professionals can support and empower parents to ask for help or contribute effectively to discussions, decisions and parenting their children.

9.2 Interpretations and implications

This section presents my interpretations of my findings. I have presented this section in three themes to align with my research questions. The role of parents, and professional responses to parents during interactions will be discussed in the first section entitled Parents as authentic partners? The second section presents my interpretations of findings on parent-professional interactions regarding Law, policy and reality for parents of disabled children or those with additional support needs. The final section will convey my interpretations of The influence of parent or child characteristics on parent-professional interactions. Implications of my findings will also be discussed in the context of current policy and evidence.

9.2.1 Parents as authentic partners?

As expected, parenting children aged between 3-5 years means that there is a high likelihood of parent-professional interactions. This was underpinned by most parents in this study taking up the universal provision of public services offered during this time from Early Learning and Childcare (ELC) and Health. These interactions may hold particular significance for several reasons; primarily because a (supportive) village is

not guaranteed for all families. Parents need someone, and somewhere to share concerns, seek reassurance and ask for advice, especially first-time parents. Most parents in this study do this via ELC settings, however, when children transition to school, some parents feel a sudden loss in support.

All participants agreed with the old proverb that it takes a village to raise a child. Reupert et al, (2022) are a group of researchers based in Australia, USA and Norway who collaborated following an international conference focused on villages raising children. Their article sought to define families and villages and consider the role that villages can play in supporting families facing challenges (Reupert et al, 2022). Their article takes account of the work of Bronfenbrenner's (1979) ecological systems theory when considering who the village can be for families, and thus aligns with my findings that reflect the variety of people and organisations that can play a role in supporting families. However, half of my participants had no informal support in their local communities, and therefore they were reliant on paid professionals. In today's post Covid-19 lockdown era, with fragmented communities and long waiting lists for professional support, my study found that a key line of support comes from social media platforms.

Social Capital Theory, a concept introduced by Pierre Bourdieu in the 1980's, refers to the gains likely to be achieved when individuals come together in communities by developing strong relationships, trust and collaboration (Bourdieu, 2011). The theory suggests that better (healthier) outcomes can be achieved when people (parents) can access support (informal and formal), information and trusting relationships. However, this study has identified barriers to effective partnership working between parents and

professionals in local communities. Reupert et al. (2022:3) points out that the "*family does not exist in a vacuum*", neither do individual parents or their children, yet, despite the voluminous policy as illustrated in Chapter Three, professional service provision is often compartmentalised, and despite policy conveying the need for multidisciplinary working, this does not always occur. My study indicated a reality of professionals working in silos, despite examples of the whole family having needs. Parent needs appear to be unrecognised or unsupported at times, and therefore can remain unmet.

The theme of ineffective partnership and collaborative working between parents and professionals was strong in the literature review, indicating substantial problems, given that the literature review spans over 20 years of evidence (Akister and Johnson, 2004, Fereday et al, 2010, McNeilly et al, 2017, Powell et al, 2018, Sim et al, 2019, Komvoki, 2020, Locke et al, 2020, Almendingen et al, 2022). My research has provided some insight into why partnership working between parents and professionals is challenging and this mainly relates to resource pressures. Also, before partnership status can be achieved, trusting, non-judgemental relationships require to be established. Where partnership is viewed as authentic, parents also need to know how to access help and be supported and empowered to contribute to discussions and decision making. However, this study identified that this is sometimes complicated by eligibility criterion, conditions attached to accessing support and parents require not only to understand these conditions, but to have the tools to navigate them (i.e. wait and see, eligibility criteria, mandatory attendance at 'parenting classes' etc).

My findings demonstrate how using Dixon-Woods et al's, (2006b) Candidacy Framework can help to understand the role of both parents and professionals as they

interact with one another about child health and wellbeing. These interactions often surround the need for (more) support for the child or parent. Dixon-Woods et al's, (2006b) Candidacy Framework was introduced in Chapter Two (see section 2.8.3). Figure 2D presents the seven stages of candidacy as presented by Sinnott et al, (2024:684). Application of or consideration of these seven stages is useful to understand the barriers and enablers during interactions which can ultimately determine the outcomes of access to support for both parents and their children. Using the Candidacy Framework as a lens to consider my findings, I identified that the issue of recognising needs and ability to access support (the first two stages of the Candidacy Framework) was prominent in both participant data, especially the professional data.

Amber (LA ELC) for example suggested that parents do not ask for help because often they do not recognise there is a problem. Some parents reported that without the help of ELC professionals in advocacy, and chasing up referrals, they felt it was unlikely that progress would have been made in the same way without their intervention. These findings therefore highlight the need for direct support to parents, not only in the identification of potential needs, but also in accessing the necessary support. My study also identified blockages in accessing support (relating to stage three of the Candidacy Framework) in terms of waiting lists, eligibility criteria and whether or not a professional or parent will make a referral.

Stage Four of the Candidacy Framework underpins the interaction between parents and professionals as parents request support. This stage reflects a central theme and finding to my study, and connects to the concept of epistemic injustice (Fricker, 2010)

and thus power. Themes surrounding parental value, the acceptance of their expertise/knowledge, and demographic characteristics such as gender, ethnicity, language, income/occupation and social class are all factors which were perceived as having an influence on the outcomes of parent-professional interactions (i.e. asking for/accepting support). These factors intersect with professional adjudication in how a professional determines the outcome of the interaction. Some of these factors have already been evidenced within the current literature too (Glogowska and Campbell, 2000, Marshall et al, 2016, Bent et al, 2020, Locke et al, 2020, Hansen et al, 2021).

The application of the Candidacy Framework proved instrumental in advancing this study's analytical insights. Its seven stages provided a structured lens for examining the sometimes complex negotiation processes between parents and professionals. This theoretical lens enabled an examination of how these negotiations influence parents' ability to receive or respond to offers of support for their children, considering parents' circumstances and characteristics, and highlighted the underlying power dynamics influencing these interactions. It also illuminated how parents' knowledge of their rights together with interpersonal skills, relationships and judgements adopted by professionals during interactions can affect outcomes.

Furthermore, the framework contextualised the analysis within organisational procedures, and the broader context of law and policy. This demonstrated how these structures can both enable and constrain access to support, sometimes leaving both the parent and professional feeling powerless. This thesis does not provide a full overview and critique of the Candidacy Framework; it was introduced as an analytical tool for interpreting findings. I recognise that it is unlikely that the seven stages of

candidacy occur in a linear manner, rather it appears to be a complex, cyclical process. Therefore, there is scope for future research to apply the framework more comprehensively to examine the micro and macro level factors influencing parent-professional interactions and outcomes.

The concept of power was introduced and discussed in Chapter Two (section 2.8.1) and is a key theme that I have identified threading through the findings of my research. Practice surrounding empowerment was not identified in my data, and this is a key finding given the policy rhetoric, particularly the National Parenting Strategy (Scottish Government, 2012), who stated:

> "*Key to empowering parents to be the best that they can be is creating the opportunities for them to build the knowledge and skills they need to care for their child. Something that's best done using approaches that provide practical and informed 'take home' strategies for dealing with all sorts of difficulties, while at the same time strengthening parents' own sense of self-efficacy*" (Scottish Government, 2012:25)

'Take home' strategies are arguably challenging where there is a misalignment in views, priorities and understanding on the factors impacting on both parents and professionals. Reupert et al, (2022) suggest that utilising the 'village raising the child' philosophy requires the transfer of power to parents and families. This appears difficult to achieve (Todd and Higgins, 1998, Clear, 1999, Case, 2000, Attree, 2005, Edmunds, 2005, Lundeby & Tøssebro, 2008, Sims-Schouten, 2016, Connor and Cavendish, 2018, Cohen and Mosek, 2019, Bent et al, 2020, Reeder and Morris, 2021, Saar-

Heiman, 2023). Attempts to ‘give’ parents power (to be positioned as the expert), as was the experiment of De Geeter et al's, (2002) study (see section 2.8.5) was unrealistic. De Geeter’s (2002) study positioned parents as experts during a period of time as they interacted with professionals about their children. However, this did not change their feeling or experiences, or reflect a reality that they were perceived as experts or possessed any more power.

Power is not a commodity to be handed over (Thompson, 2007, Fricker, 2010), it necessitates restructuring processes in a manner that allows parents to understand, engage and deliberate as active and equal participants to processes. Where professionals have training, support, mentors, and opportunities to reflect and grow, parents do not always have similar support networks or opportunities, as identified in my study. Genuine empowerment is underpinned by consistency (Glogowska and Campbell, 2000, Norman et al, 2016), transparency (Komvoki, 2020), trust (Fereday et al, 2010, McNeilly et al, 2017, Doi et al, 2021, Almendingen et al, 2022), and building parent’s capacity to engage (De Geeter et al, 2002), whilst dismantling the hierarchical structures that perpetuate power and dependency (Thompson, 2007). Empowerment of parents requires structural transformation of how some services are delivered in local communities in Scotland.

This research suggests that power differentials between parents and professionals can have a detrimental outcome for children in the sense that parents do not have the same power that professionals possess. For example, parents cannot compel (head) teachers to create a child support plan (CSP), or health professionals to make reasonable adaptations such as extended or specific times for health appointments,

or for professionals to make a referral for a specialist assessment. They cannot compel them because they do not have that power. Complaint is the only tool within their reach, and this will be inaccessible to many for the same reasons that accessing support is. The parent participants who had engaged in complaints in my study said that this did not make a difference to the outcomes they were seeking to achieve, contributing further to an argument that parental views and knowledge is not valued enough.

Evidence of epistemic injustice was presented by both participant groups in this study, and some of this was underpinned by perceptions surrounding the validity of the parent's observations or contributions. This led to a variety of responses from professionals including positive action, 'wait and see' and dismissal. The context of these findings requires further consideration. For example, Primary Teachers and ELC professionals in this study confirmed that home visits are not part of their practice in working with children and families. Some of these professionals also reported that they can only act/respond to concerns that they observe. These professionals, of their own accord, admit that they can only observe and assess children within their settings. This seems to create a gap in both policy and practice in this specific area, particularly if (some) parent's knowledge is not deemed valuable or credible enough for a professional to act on alone. Epistemic injustice is a feature within current evidence underpinned by the dismissal of parent's knowledge (Case, 2000, Lundeby and Tøssebro, 2008, Norman et al, 2016, Lam et al, 2017, McNeilly et al, 2017, Sim et al., 2019, Komvoki, 2020). These studies indicate that often, parents are not:

- Positioned as the expert on their child

- Their knowledge and expertise is not valued
- Their contributions are dismissed

The latter evidence reflects that not only are the contributions of some parents not valued, their entire role during interactions and collaborative working is undervalued. This aligns with some of the experiences I identified in this study, and contrasts with evidence that suggests that not only should parents be valued, and be viewed as experts on their own children, their credibility should be elevated in recognition of their potential as a key contributor to early intervention and prevention (Glogowska and Campbell, 2000, Rannard et al, 2005, Reijneveld et al, 2012, Marshall et al, 2016, Sim et al, 2019).

The theoretical concept of epistemic injustice added value to this study by providing a lens to understand how both parents and professionals credibility, knowledge and experiences were valued within interactions. Adopting this lens helped to emphasise the subtle ways in which parents' knowledge were sometimes questioned, minimised, dismissed or reframed by professionals. This thesis did not apply this concept in its full philosophical scope, rather, I focused on its application at the interpersonal level between parents and professionals. This creates an opportunity for future research to use epistemic injustice more comprehensively to examine patterns of whose knowledge is recognised, valued or dismissed during parent-professional interactions, and the reasons for this.

Applying the concept of power to my study requires nuance, because although professionals arguably have more power than parents, professional power is also

limited in some areas of their work. For example, professionals require to respond to their organisational policies and procedures (i.e. eligibility criteria, waiting lists, referrals, demands on other services). My study identified the frustrations of professionals in the limitations of how they can help children and families. Consequently, the responsibility to address this situation lies with policy makers, organisational leaders and key decision makers. Addressing these issues requires to take account of how justice can be achieved for parents (and children) when professional views and rationing resources are often prioritised over children's needs, voices and rights. This is of particular relevance and importance in Scotland given that the UNCRC was embedded into Scots law on 16th July 2024 (Scottish Government, 2024a). If parents cannot advocate and assert candidacy for their 3-5 year old children, who can or who will? Prior to the UNCRC being incorporated into law and following this, evidence continues to reflect that despite law and policy (i.e. Parental Involvement Act), parents do not consistently experience support, empowerment and partnership as the rhetoric suggests (Scottish Government, 2023b, Scottish Government, 2023i, Together, 2024, Connect, 2025, Scottish Assembly of Parents and Carers, 2025a & 2025b).

Activism is a recognised response from some parents seeking justice for their children (Fretwell and Barker, 2024), using collective action to empower one another. Activism often occurs because of a perceived failure of power holders and institutions to act on lived experience or evidence. Parent led, grassroots campaigns are described by Fretwell and Barker, (2024) as both acts of benevolence and parental responsibility. However, as with navigating access to support, campaigning will not be an avenue for all parents, particularly in the context of the challenges of parenthood, exacerbated by

the impacts of Covid-19 (Public Health Scotland, 2024), the cost-of-living crisis (Donkin and Marmot, 2024) poverty (The Poverty Alliance, 2022), and subsequent health inequalities (Catalano et al, 2024). These impacts also disproportionately impact women more because of their role as primary caregiver. This study also identified that there is the potential for wider health and wellbeing impacts to the whole family because of delayed or joined up responses.

This study highlights that for those parents who felt unvalued in their role as parents interacting with professionals, there was a negative impact to their health and wellbeing. Furthermore, 'wait and see' approaches and delayed responses from professionals do not align with public health theory (Donaldson, 2017, Marmot, 2020). My findings suggest that failure to intervene early at age 3-5 years is increasing the likelihood of challenges for children as they transition through school, thus potentially impacting on attainment, attendance and behaviour. This is further amplified by the evidence that some assessments are delayed because of age. This means some children require to progress through their primary school years with unmet needs. The impacts and implications for this are widely recognised particularly for disabled children, or children with additional support needs (Galpin et al, 2018, Couper-Kenney and Riddell, 2021, Scottish Government, 2023c, Scottish Government, 2024g, Audit Scotland, 2025, Scottish Assembly of Parents and Carers, 2025b).

Other issues include the failure of schools in creating a CSP, and the lack of resources to support children in mainstream school settings (Audit Scotland, 2025, Scottish Assembly of Parents and Carers, 2025b). Despite existing policy guidelines (i.e. Scottish Government, 2018e), there is an apparent lack of clarity on the role of School

Nurses in supporting children according to my study findings. Given the scale of waiting lists, and growing incidence of mental ill health and unmet needs, this requires urgent attention. The urgency is framed in the context of the identification of many barriers facing families living in poverty, highlighting an inequity and injustice concern that these failures not only perpetuate challenges, they are also likely to contribute to the health inequalities divide that already exists in Scotland (Cebula et al, 2021, Miall et al, 2022, Finch et al, 2023).

All children have rights in Scotland underpinned by several policies, as do their parents as outlined in Chapter Three. These rights include access to education and health. Each child should have fair access to these services and support; however, the evidence suggests that this is not the case for all children. Findings in my study identified tensions in the provision of preventative services, on the one hand, the Health Visiting Pathway (Scottish Government, 2015b) is a public health, preventative measure, supporting the health and development of children under 5 years old and their parents. There is also the childhood vaccination programme (NHS Inform, 2024), and funded ELC provision from ages 3-5 years old. However, accessing timely support or professional responses via gatekeepers, eligibility criterion and waiting lists is a problem, particularly as children transition to primary school.

My research indicates that the rhetoric surrounding the value of parents must translate to concrete action. Saying you value parents, and inviting their views and contributions in a meeting is not always enough, as was evidenced in my study. Addressing the rhetoric requires addressing the existing power imbalances with a focus on structural and epistemic injustice. Parents often bear significant emotional and financial burdens

that are not acknowledged or supported, and these parents are normally women. There must be recognition that the impact of parenting can be huge on a parents emotional and mental health, and this can be exacerbated for those parents facing disadvantage or challenge. The reality appears to be that parents, mainly women, are in fact fulfilling multiple roles as a result of inequalities, systemic failures and service deficits. The burden forced upon them to do this is clearly taking its toll on some of them. The old proverb that it takes a village to raise a child bears no reality for some families in my study. My research has identified that often, parents are actually paramount, indispensable and instrumental to optimising their children's health and wellbeing. It is also clear that despite most parents' efforts, not all parents can do this without help and support, and thus the inequalities emerge. The gendered element to this must be considered because the majority of childcare work is completed by women in both a paid and unpaid basis (Miller, 2024).

Connecting the dots, I suggest that systemic failures, insufficient resources and tensions between parents and professionals will increase the likelihood of fragile relationships, growing inequalities in health and education and a lack of trust in governance. Unmet needs for a child in one area of their life is likely to have impacts across all areas: home, school and in their local communities (Bronfenbrenner, 1979). Action and accountability appear to be very important to both participant groups. However, it was evident that there is lack of confidence from some parents in this study in the effectiveness of public services in holding professionals and organisations to account.

9.2.2 Law, policy and reality; disability

My findings shone a light on the stark different experiences of disabled families from non-disabled families. In the previous section I discussed concerns about the consequences of perceived system failures including insufficient resources and tensions between some parents and professionals. For parents of disabled children in this study, or those with additional support needs, these systemic failures have a bigger impact. Unmet needs and or delayed interventions can lead to devastating consequences at home impacting on the entire families physical and mental health and overall quality of life, as was evidenced in this study. This is recognised in the current evidence base too (Bradshaw and Hall, 2013, Kuriachan, 2018, Scottish Government, 2020a, Chen et al, 2023). Consequently this can result in children not attending ELC or school and parents taking time off work (Stalker et al, 2013, Scottish Government, 2019e, Audit Scotland, 2025, Scottish Assembly of Parents and Carers, 2025b).

My findings align with existing research on the challenges faced by disabled children, those with additional support needs and their families in accessing reasonable adjustments or support (Porter et al, 2013, Scottish Government, 2017b, Moloney et al, 2023, Audit Scotland, 2025). However, my findings outline the stark realities for the participants of my study of the challenges facing parents as they interact with professionals to meet the needs of their disabled children aged between 3-5 years in the context of Scottish (and UK) law and policy. Taking account of Bronfenbrenner (1979) systems theory, these findings should raise concerns about the ripple effect and impacts of these challenges, including unmet needs for children and their families. Therefore, in those scenarios where a professional cannot ‘see’ the problem that a

parent is discussing, it is very likely that there is a lack of understanding of the impacts of the overlapping layers across the systems that children and families interact with. This lack of understanding coupled with a misalignment of perspectives and priorities, can result in insufficient support or professional responses where needed for some families.

The examples from this study included attending ELC, transitions to school, attending school, attending health appointments and seeking social work support. Of significant concern and possibly irrational is that in a landscape of rationed resources and service provision, long waiting lists, under trained staff, the experts are often the parent standing in front of the professionals, but their knowledge is not always or consistently valued enough for the professional to accept and act. This epistemic injustice can lead to failures and gaps in providing services and support to families, and worsen their needs and outcomes. Hudson et al's. (2016) study explored and evaluated the experiences of British South Asian parents living in the UK, interacting with professionals about their children's asthma, using Dixon-Woods et al, (2006b) Candidacy Framework. This study identified that not all parents understood the biology of asthma, they were unaware of symptoms, triggers and where to go for help. However, in many scenarios the parent had a sense that something was wrong with their child. In other scenarios where parents did understand the signs and symptoms of asthma, there were challenges in accessing support, advice, and critically, in professionals responding to parent concerns. Similar to my findings, and those within my literature review some parents:

"… expressed feelings of being 'fobbed off' within the healthcare system" (Hudson et al, 2016:9)

Asthma management, much like many of the issues raised by parents in my study presents with critical impacts to a child. These impacts occur across the systems that children connect with; therefore, unmanaged asthma not only impacts health, but also a child's ability to access school, physical activity or socialisation with their friends. Therefore, there is an imperative to maximise optimal support and outcomes for children, through partnership working with parents. Epistemic injustice and a lack of support can result in parents feeling like they are living in a parallel world, that their child is an alien, that no-one knows how to respond to. For those parents, getting it right for their child as per policy, feels like a myth.

9.2.3 The influence of parent or child characteristics on interactions

The data from participants in my study suggests that family arrangement was not a factor in either positive or negative interactions with professionals. Lone parents and a same sex couple did not attribute these characteristics to any negative experiences during interactions with professionals. This was a surprising, but positive finding, given evidence on experiences of stigma and sometimes discrimination and a lack of support to these groups as identified in my literature review (Neil et al, 2016), and Scottish literature (Taulbut et al, 2016, Harkins, 2017, Taylor, 2021, One Parent Families Scotland, 2022 and 2025). However, my findings on the role and impact of gender have significant implications. These findings broadly align with current evidence on sexism, gender bias, and negative stereotyping towards women (Azone and Wilińska, 2017, Tinner et al, 2023, Tinner and Alonsa Curbelo, 2024, Yaqoob, 2024). My study

provides specific insights into the impact of gender, the role and value of parents during interactions with professionals during their child's key stages of development in Scotland. My findings should provoke concern about the burden and expectation of childcare not only remaining on women, but a reality that women feel powerless to change these burdens, particularly in an era with more law and policy aiming to protect women's rights (UK Parliament, 2010, Scottish Government, 2023j).

Further exploration is required to understand why the burden of childcare continues to fall on women. This is particularly relevant in the context of current evidence, including the findings of this study, showing that in this post Covid-19 era more men are engaging in childcare, working from home and carrying out other unpaid tasks traditionally associated with women (Burgess et al, 2022, Sexton and Moran, 2024). Although there were positive findings attributed to the shifting attitudes and practices towards the role of men, overall, everyone agreed and most accepted that the burden remains on women. This is despite the desire of men to be involved in interactions with professionals, and professionals stating that they are attempting to involve men in interactions about their children.

My study identified that the types of attitudes and stereotypes observed in my data are likely to maintain women as the main carers and thus impacting on their wider life prospects such as education, employment, income, health and wellbeing (UK Parliament, 2015, O'Hagan, 2016, Engender, 2017, Yaqoob, 2024, Azong and Wilińska, 2017, Power, 2020). Furthermore, this will maintain those barriers preventing dads from becoming more involved. Another key finding from my study associated with gender and aligned with evidence from my literature review is the

perceived judgements and expectations placed on women regarding their emotions, mental health and presentation (Attree, 2005, Edmunds, 2005, Rannard et al, 2005, Lundeby and Tøssebro, 2008, Neill et al., 2016, Sims-Schouten, 2016). My study identified trepidation not only about mothers displaying their emotions to professionals, but also concern and apprehension on how professionals respond. This consternation was heightened if parents were observed to display 'negative' emotions such as being angry or frustrated. Emotions are crucial to collaborative relationships between informal and formal carers, as noted by Miller, (2024), who emphasises the need for reflexivity, emotional intelligence, transparent boundary setting and expectation management.

Giving the growing incidence of mental ill health concerns of parents (Parenting Across Scotland, 2024, Public Health Scotland, 2024, Sexton and Moran, 2024), coupled with a reality for some that there is a lack of informal support in their 'villages', there appears to be few people or spaces available for parents to express their stress, frustration, and anger. My study also aligned with the findings from Norman et al, (2016) which highlighted that dads do not feel judged by professionals. My study suggests that systemic prejudices that exclude men from their roles and responsibilities as fathers and caregiver's harms everyone, including their children. This was emphasised by Alex, (Third Sector) underpinned by his observations and experiences in working with dads. It was also highlighted by some of the women feeling the consequences of pressures from society to fulfil childcare roles. Although, none of the dads in my study described this as harmful.

Training is the obvious answer when you think of recommendations to my study findings, however, what is needed is bolder leadership on accountability and action against continuing sexism across society, especially at community and local levels. Positive discrimination approaches are required to encourage more men into sectors supporting families, and a change in ethos on stereotyping the roles, interests and strengths of people based on their sex.

The wide-ranging impacts of racism, discrimination and racial prejudice is well documented (Meer, 2016, Close the Gap, 2019, Meer et al, 2020, Cebula and Evans, 2021, Mental Welfare Commission for Scotland, 2021, Close the Gap, 2022, Coalition for Racial Equality and Rights (CRER), 2023). The impacts of the latter to a parent, protecting, defending and asserting candidacy for themselves or their children can be seriously detrimental (Trent et al, 2019, Simela et al, 2023). Not only are there social, emotional, and economic impacts for parents and families as identified in the evidence cited in this thesis, but also the likelihood of increased unmet needs. Given the findings on gender, the intersecting challenges faced by women are already a serious problem. For non-white women, from racial and ethnic backgrounds outwith Scotland, and the UK, the challenges and inequalities are likely to intensify, as was identified by the data gathered from Helen (parent) presented across the four Findings Chapters. Given the findings of this study, there is a risk of further undervaluing Back, Asian and Ethnic Minority (BAME) groups, particularly women, based on unfounded prejudices.

Income and social class were also deemed to be factors associated with positive or negative interactions between parents and professionals, with judgements, and stereotypes underpinning expectations and sometimes the outcomes of interactions.

The challenges faced by women as explored in this study reflected the impacts for those from working class or lower income backgrounds. For non-white women, these challenges are intensified, particularly in the scenario evidenced in this study where a parent attempted to assert candidacy for their child in accessing support surrounding developmental concerns. The intersecting impacts faced by this women, as evidenced in my study seems to make it harder for them to have their voices heard, to have their views acted upon, and thus achieve equitable outcomes for their children or themselves.

My findings suggest that despite policy rhetoric in tackling discrimination, prejudice and inequalities, there is some evidence that there continues to be a lack of understanding surrounding key concepts such as diversity and ethnicity and how to support diverse families. This must be addressed to reduce inequalities in Scotland. Cultural competency training requires to be a key and regular feature of professional and organisational training, with collaborative work with ethnic minority community groups to fully understand their lived experiences. Alike the findings relating to disability and gender, addressing the deficits within practice require tackling at government and policy level by dismantling the systemic practices that enable and sustain racism and discrimination. Perhaps if there were more accessible, inclusive local community-based (social) groups and networks for parents and families, there would be more opportunities to work with the wider community to develop social capital (Bourdieu, 2011). This type of capital could provide the necessary information that both supports families and tackles misinformation, prejudice and bias.

9.3 Strengths and limitations

I presented some of the limitations to this study in the Methodology Chapter (see section 4.13) and therefore, I will not repeat these limitations again. This final section will present the strengths of the study with my final reflections on the limitations in relation to the findings and discussion.

The strengths of this study include the unique insights and original knowledge contributed to the interdisciplinary fields of children, families, public health and policy. One of the positives of conducting this qualitative research project was the ability to collect and analyse data focused on diverse participant views and experiences, providing in-depth perspectives of their lived experiences. Some of my findings align with existing research reinforcing the relevance and credibility of this study. My findings are relevant, up to date, and focused on the role and value of parents; an area requiring more attention within the evidence base in Scotland.

I received positive feedback from all participants at the end of each interview. However, other than this feedback, it's difficult to know the direct or indirect impact my role as a researcher, and my own personal characteristics and experiences had on each individual participant. I fully embraced my role as a qualitative interviewer as discussed in the reflexivity section in Chapter Four. Therefore, it is realistic to consider that my contributions and influence played a role in the co-construction of knowledge.

My final reflections on the limitations of this study relate to requiring completing this PhD within a timeframe which meant that I had to make decisions that would permit data collection, analysis and write up within this timeframe. Perhaps with more time, I

could have created more opportunities to recruit more diversity within the participant sample. More time may have also allowed a different method of analysing data by recruiting parents and professionals who have interacted, and perhaps have a relationship with one another. This study was unable to analyse and compare perspectives and experiences across collaborative relationships because of my recruitment methods.

The aim of this project was to gain an understanding of the role and value of parents/carers as they interact with professionals. A key finding to this study has been the misalignment of views and perspectives between parents and professionals. Overall, both participant groups came from different backgrounds. The professionals were working mainly in deprived areas, and the parents from mostly high-income households. These differing and contrasting socio-economic contexts are likely to influence experiences, views and interactions with other people. While some of the parents in this study conveyed challenging experiences in interacting with professionals, with negative impacts to their health and wellbeing, the accounts of professionals working in deprived areas suggest that these issues are likely to be more pronounced and impactful for parents from lower income households.

Chapter Ten: Conclusions and recommendations

10.0 Introduction

The overall aim of my research was to explore the role and value of parents/carers in Scotland during their interactions with professionals on the health, wellbeing and developmental progress of their child aged between 3-5 years. My research questions (see Chapter One) were centred around examining the experiences and perspectives of both parents and professionals, and considering the factors that may influence these interactions and outcomes. This research also sought to identify barriers and solutions to supporting parents in their role as key contributors to discussions about their children, as set out in many Scottish policy frameworks discussed in Chapter Three. My Findings Chapters revealed that despite the strong policy commitment outlining the role and value of parents as their primary carers, educators and key collaborators with professionals, the realities for some parents and professionals diverge significantly from the policy rhetoric. This research has illuminated the barriers and impacts that parents of disabled children, those with additional support needs and on assessment pathways experience as they interact with professionals about their child's needs.

This Chapter concludes the findings of my research project providing an overview of the answers to my research questions and the key contributions my research has made to the evidence base at the intersection of children and families, public health

and policy. This Chapter and thesis finishes with recommendations for further research.

10.1 Conclusions

The following four sections provide clear conclusive answers to my research questions, identifying my contribution to knowledge from this study.

10.1.1 Research Question 1:

Q1a. How, when, and why do parents interact with professionals about their 3-5 year old child's health, wellbeing, and development in Scotland?

Q1b. What are parents' and professionals' views and experiences about the involvement of parents during interactions about a child's needs aged 3-5 years?

There were no significant surprises about the context of interactions between parents and professionals for this participant group. Given the focus of the child's age (3-5 years) in this study, most parents were interacting with ELC professionals frequently, Health Visitors and their local GP. This is in alignment with the universal provision of services available to parents in Scotland, such as funded ELC (Scottish Government, 2020b), the Health Visiting pathway (Scottish Government, 2015b), and the childhood vaccination service (NHS Inform, 2024). There were a few parents who were also interacting with allied health professionals, secondary and specialist care professionals. Interactions with professionals mainly occurred in professional settings except for Health Visitors. This was expected, however, an original and problematic

finding relates to the barriers facing both parents and professionals, when particular sectors or organisations require their staff to 'observe' a problem before they can act or respond to families by making a referral for more support, for example. This is problematic, as none of the professionals in this study conducted home visits, and many issues were only observable within the home environment.

Some parents said interactions with the Health Visitor felt tokenistic, however, this was deemed acceptable by most parents in the context of understanding child protection as a priority area for these professionals. Some parents in this study also noted that because of their understanding that Health Visitors have high demanding caseloads, alongside having strong relationships with ELC professionals, they would tend to seek out advice from the ELC professional instead of their Health Visitor. My research provides this new insight in the context of this post Covid-19 era and highlights the important role of ELC professionals in communities. It also highlights the outcomes of perceived pressures facing Health Visitors and subsequent consequences in parental decision making in seeking out support. However, two parents conveyed that they are not permitted into the ELC setting that their child accesses, this is contrary to many policies outlined in Chapter Three in relation to parental involvement, engagement and collaboration with professionals.

While parents in this study conveyed that in most scenarios they are invited to participate in interactions and discussions about their child, this involvement can be conditional. In some instances, not all relevant information is shared with parents, which can undermine genuine collaboration and potentially create tensions or barriers within parent-professional relationships. Views and experiences across both

participant groups were varied with examples of experiences aligning with the policy rhetoric, and others diverging completely from it in terms of parental role and involvement during interactions with professionals. Thus, this study concludes this original finding that there is a lack of consistency in the implementation of many of the national policies cited in Chapter Three for some participants of this study.

10.1.2 Research Question 2:

Q2a. How do parents and professionals each describe professional responses to parental contributions during interactions about children's health, wellbeing, and development aged 3-5 years?

Q2b. Do parents report feeling valued in their interactions with professionals?

Q2c. Do professionals value the contributions that parents make during interactions/discussions?

Q2d. Are there differences in experiences in how parental contributions are valued depending on gender or family arrangements?

The National Parenting Strategy states that:

> *"Valuing and supporting Scotland's parents is one of the single biggest ways of giving the nation's children the best start in life"* (Scottish Government, 2012:5)

In translating this quote from the Scottish Government parenting strategy, it could be argued that a lack of support or value of parents could result in a challenging start to life for children. This was indeed reported to be the case for some of the participants I interviewed. My findings on the role and value of parents living in Scotland offers

unique and original insights into a previously overlooked aspect of understanding the role and relationships between parents and professionals in Scotland. Overall, most participants said they felt that parents are generally valued by professionals. On the face of it, this is really positive. However, my analysis of the broader data identified tensions, contradictions, conflicts and inconsistencies with this overarching perspective. The nuance surrounding views, underpinned by experiences of both participant groups, suggests that much work requires to be done to close the gap between the policy rhetoric and the reality on the ground for both parents and professionals. Of particular note is the finding that approximately one third of professionals held a view that parents are consistently valued. My research has important implications in identifying that parents are not always, or consistently valued in their role when collaborating with professionals. As per the National Parenting Strategy, supporting parents equates to supporting children.

A key contribution to knowledge from my research is that there is evidence from my study to suggest that some professional responses are based on other factors too, including social class position, gender, race, ethnicity, and disability. My research also provides some new insights in that family arrangements, such as being a lone parent or in same sex relationship, were not identified as factors associated with negative interactions for participants in this study. The results of my study significantly advances understanding of the epistemic injustice for some parents where their views and contributions can be ignored, and thus prevents their ability to contribute as authentic partners in their children's care. Some parents in this study reported feeling powerless to influence professional responses in a way they believed were necessary,

highlighting a need to address the imbalance in decision making power within parent-professional interactions.

Furthermore, many professionals do not have the resources or power themselves to respond as they would like to. The long waiting lists and limited access to support exacerbates the challenges some families face, often leaving them without timely interventions. For families living in poverty, facing deprivation and disadvantage, the impacts are far worse. However, this study has shown that a more collaborative approach is possible, where parents can be authentic partners, and even leading decision making with professionals. My research found that effective translation of policy rhetoric into practice can result in a more positive environment for relationships to flourish, and is therefore a greater capacity and likelihood to meet families' needs. More work is required to support these types of collaborative approaches between parents and professionals more consistently.

Building on existing evidence, my research highlights the failures of some services to intervene early or prevent the deterioration of a family's wellbeing. My findings highlight the systemic inefficiencies that place more strain on families, pushing some to the point of crisis. This inequity particularly to women must be highlighted given that in the most part they are expected to, and do carry the burden of childcare responsibilities. Ultimately, outcomes for children, whether they are health, wellbeing developmental or educational are influenced by the help and support parents receive during their parenthood journey. The unequal access to this support equates to unequal outcomes for children. Undoubtedly more resources are required in sectors supporting children and families, however, the starting point requires to be recognising

the critical role and value of parents as the key group of people who are normally best placed most of the time to raise their children. In doing this, universal support at local level is required to be developed in Scotland to support parents across their parenting journey. Support is also required for professionals to understand the context and spectrum of parental needs too. Empowering, supporting and equipping all parents with the necessary tools to navigate parenthood and access support when necessary is critical to achieving optimal outcomes for children. This requires a holistic, whole family approach underpinned by collaboration across services, rather than siloed working.

10.1.3 Research Question 3:

Q3a. Are there barriers to parents feeling, or being, valued in their contributions?

Q3b. Informed by data gathered from this research, might there be opportunities to improve the contribution parents make to the health, wellbeing, and developmental needs of their children?

The challenges, obstacles and barriers in front of both parents and professionals in getting it right for children, as the national policy suggests (Scottish Government, 2008b), point to the systemic, structural problems that require to be addressed. Systemic barriers associated with poverty are known to the Scottish Government, however, the empirical evidence from this study should provoke an urgent review of current children and family's policy and practice. This is an area of my study that the Scottish Government require to respond to. Addressing these challenges are critical for parents of children in all age groups. However, it is arguably more critical for parents of children aged 3-5 years, because children in this developmental stage are

unlikely to be able to independently initiate interactions with adults (professionals) or actively manage and optimise their own health, wellbeing and development. This period also makes a key transition to formal education, further emphasising the importance of parental involvement.

According to policy, parents are in the optimal position to be, and in most cases are their children's advocates, rights defenders, primary caregivers, primary educators, and those legally responsible for their children's upbringing (their health, wellbeing and development). However, my study reveals that for parents knowing how, when and who to ask for support may not always be obvious. Some parents do not want to draw attention to themselves for fear of intrusion via social work or other services. Other parents do not have the tools to navigate the systems, processes and structures in place surrounding support in Scotland. For those who do know 'the lingo' and can navigate the systems, this doesn't mean they can influence professionals to respond in a way that either complies with the law, or meets their child's needs as they feel necessary. It's clear that socio-economic, environmental, systemic factors, significantly prevent parents and families from asking for, responding to, or engaging with professional support.

Moving towards becoming a country that consistently values parents/carers in their role as those legally responsible for raising their children, requires implementation of the recommendations I have made below. In addition to the significant reforms to public services both at national and local level, more local community-based and financial support are required for families, with a stronger focus on tackling inequalities. Professionals require the resources, training and space in order to reflect

and implement policy commitments, including adopting rights based and whole family approaches more consistently. A starting point for the government could be to review the National Parenting Strategy (Scottish Government, 2012) taking account of the post Covid-19 impacts (Scottish Government, 2021a), and new legislation including the UNCRC Incorporation (Scotland) Act (2024a), the Children and Young People (Scotland) Act (2014a), The Independent Care Review (2020), Carers (Scotland) Act (2016b), and the Additional Support for Learning Statutory Guidance (Scottish Government, 2017b). Further exploration of the delivery of reasonable adjustments as per the Equality Act (UK Parliament, 2010) is also urgently required.

A primary insight of my work is the evidence of the positive consequences that flow from supportive, non-judgemental, collaborative experiences between parents and professionals. My study has evidenced that this can happen for a few, so why not all? The power differentials between parents and professionals, organisations and the state, mean that the ability for driving forward reform and change sits with the power holders, who include local and national government officials and senior leaders within those sectors working with families.

10.1.4 Contribution to existing research

This study responds to the Scotland specific research gap in understanding cultural, and systemic impacts of policy creation and implementation. Despite the progressive framing, Scottish children and families policy fails to translate into equitable or consistent practice across different sectors for some of the participants of this study. This research strengthens the argument that intersectional forms of structural disadvantage, particularly in households experiencing poverty, disability (or additional

support needs), or ethnic minority status, create intersecting barriers that contribute to persistent inequalities in outcomes for children (and their parents).

This research provides new insights into how parental identity and socioeconomic circumstances can not only influence how that parent navigates, accesses or responds to offers of support, but also how parents are perceived and judged by professionals. This study adds more evidence, value and weight to the existing literature on barriers to parental involvement in assessment and decision making, as cited in Chapter Two (section 2.8.2.4). This is positioned within the current evidence, as cited in my literature review, where academic, parent and professional voices have called for stronger trusting and collaborative parent-professional relationships. Further to this, my research provides new and specific insights into the views and experiences of parents and professionals living and working in Scotland in understanding why barriers and tensions persist.

My research reveals the impact of structural and cultural factors including a lack of resources, training and support for staff, an over reliance on the medical model in assessment and support of disabled children and families, and those with additional support needs, and limited routes of accountability for parents. Despite several Scottish Government Covid-19 recovery policies (Scottish Government, 2021g, Scottish Government, 2023k, Scottish Government, 2024h), based on an understanding of Covid-19 impacts (i.e. Public Health Scotland, 2020a, Public Health Scotland, 2022a, Public Health Scotland, 2022b, Public Health Scotland, 2024), this research uniquely reveals that rather than operating from a position of empathy and support, the pandemic has increased barriers to resources for some participants in

this study, highlighted by long waiting lists, and complex gatekeeping and eligibility criterion. This research offers a timely contribution in understanding how Covid-19 impacts are intersecting with policy implementation and how this is experienced in real life for parents and professionals in Scotland.

My study strengthens current evidence that adopting a medical model not only maintains a focus on health and medical diagnoses, but it also positions the professionals as the expert (Case, 2000, Edmunds, 2005, Lundeby and Tøssebro, 2008, De Geeter et al, 2002, Fereday et al, 2010, Almendingen et al, 2022) and thus sidelines the contributions of parents. Positioning professionals as experts is not only problematic in itself, but when combined with existing power differentials, and poor interpersonal skills, it can exacerbate negative outcomes for both children and their families.

This study addresses a critical gap in the Scottish literature by examining how perceived negative parent-professional interactions impact family wellbeing and future engagement with professionals. These negative interactions are sometimes underpinned by a failure to recognise the role and value of contributions from parents in discussing their child's health, wellbeing and development. This study extends existing evidence by demonstrating that parents can be recognised not only as authentic partners but also as key decision makers and leaders within collaborative processes. By documenting these instances, this research should prompt critical reflection on why such approaches are not more consistently implemented.

These findings matter because they reveal the ongoing gaps between policy implementation, practice and lived experience. My findings are important because it demonstrates that despite volumes of policy frameworks, barriers persist for parents and professionals. By highlighting these conflicts and contradictions, this research provides crucial evidence to inform more effective, inclusive policies to improve outcomes for children and their families. In answering my research questions, the findings advance the interdisciplinary fields of children, families, public health and policy, by not only addressing the gaps and tensions set out in the Literature Review, but also exploring the mechanisms that sustain them.

10.2 Recommendations

The findings from this research project provides the foundation for action to be undertaken by national and local government, including policy and decision makers, along with sector leaders and professionals. Based on my findings, I am making four recommendations to policymakers, two for professionals and organisational leaders interacting with children in Scotland, and one for parents and carers.

Finally, I am also proposing a series of further research topics that my small qualitative study suggests warrant further exploration.

10.2.1 Policy makers

Given the inconsistent views and experiences of both participant groups in my study, coupled with the current evidence, a key and priority recommendation arising from this study is the requirement to review children and family's policy, starting with the

National Parenting Strategy (Scottish Government, 2012). Despite the Strategy's stated commitments, this study found limited and inconsistent evidence of experiences aligned with concepts of parental empowerment, and of the extent to which parents felt valued and supported. These findings suggest that the aims of the Strategy are not being fully realised in practice, and therefore warrant renewed policy attention. A number of new policies and laws have been introduced since the publication of the Strategy, including the UNCRC being incorporated into Scots law (Scottish Government, 2024a), and the Children and Young People Act (Scottish Government 2014a). The empirical findings from this research project should feed into a revised National Parenting Strategy focusing on epistemic justice, genuine partnerships, and empowering parents in their parenting role, across their parenting journey as primary carers, educators, advocates and key partners in collaborating with professionals.

Parent participants in this study told me that many organisations in Scotland only offer signposting services, and this is frustrating for parents. Organisations currently set up to support parents are often focused on one particular area of parenting such as education, bullying, lone parents etc. Furthermore, despite rhetoric on 'whole family support', there was limited evidence of this from my study. The findings from this study highlight an inconsistent village of support within communities, resulting in many relying on paid services that are often dependent on eligibility criteria, gatekeeping and waiting lists. Participants described a spectrum of needs, from parents seeking informal advice and reassurance to those requiring more sustained or specialist support, which is not consistently met by current provisions in their communities. One national, universal agency, providing support at a local level to parents and families is therefore recommended. Taking account of my findings regarding the challenges for

services to intervene early, and act to prevent ill health, a national parenting support agency delivered locally could play a key role in moving towards fulfilling current policy commitments to early intervention and prevention among children and families, as suggested by Christie, (2011). There is a gap here in Scotland for a service like this, and given the scale of impacts relating to poverty and unmet needs, a national support service could be a solution.

A further recommendation reflects the need for more robust accountability and monitoring mechanisms that place parents and children at the centre of reviewing, measuring and overseeing policy implementation, particularly in their local communities. The findings from both parents and professionals indicate that existing systems for challenge and redress carry limited weight. Parents described making complaints about practices that were inconsistent with law and policy, yet, they were unable to elicit the responses they deemed necessary to support their child. Similarly, professionals conveyed feeling constrained, having their 'hands tied' by organisational policies that they themselves sometimes recognised as problematic, such as mandatory parenting programmes that were perceived as unhelpful for some families, but still had to be implemented. With a number of substantial laws and policies created to protect and uphold rights, my recommendations are focused on strengthening accountability for duty bearers and those tasked with responsibilities within law.

Therefore, I am recommending, in line with law and policies such as the UNCRC Incorporation (Scottish Government, 2024a), Parental Involvement Act (Scottish Government, 2006) and Children and Young People Act (Scottish Government, 2014a) more robust accountability, and monitoring measures that involve parents and children

at the heart of reviewing, measuring and overseeing the implementation of law and policy. My findings point to structural limitations within current accountability arrangements and highlight the need for an independent complaints and whistleblowing service that can operate without undue influence and ensure that policy intentions are realised in practice.

My final recommendation for policy makers is the urgent need to reduce poverty in Scotland. This is already framed as a priority policy area (Scottish Government, 2024b), despite this, current interventions are not enough as evidenced in my study. The Scottish Child Payment introduced via the Child Poverty (Scotland) Act (2017a) was hugely praised as being a critical step forward in addressing the dire poverty impacts in Scotland, however, economists and researchers suggest that this payment is not enough to reduce poverty (Congreve et al, 2022). Other suggestions include a Universal Basic Income to ensure that families have enough money to pay for living costs (The Poverty Alliance 2024). However, there are criticisms and caution towards this approach due to the concerns about creating a culture of dependency, as well as the impact this could have on the economy (Congreve et al, 2022, Connolly et al, 2022). Other suggestions include targeted increases in child benefit payments for particular groups (i.e. disabled people, lone parents etc) (Congreve et al, 2022). Reducing poverty is likely to have a ripple effect in reducing some of the other issues identified in this study including the mental health crisis.

10.2.2 Professionals and organisational leaders

The recommendations made for policy makers above will impact on the activities of professional and leaders working in local communities. Many of these policy changes

will require implementation at local community level. More training and resources are frequently recommended in research projects, based on my evidence, it's hard not to advocate for more training. However, my recommendation for training is underpinned with the need for more collaborative training; parents and professionals working together. This is supported by my evidence on the misalignment of views and priorities grounded in the positionality of each individual, amongst many other factors. By working together, particularly at a local level, there may be greater opportunity for professionals to gain enhanced insights into the impact of a parent's social, financial, cultural, racial, personal position on their day-to-day life.

My research has evidenced the need for professionals to receive specific training on culture and diversity and guidance on how to effectively respond to parents who openly share their feelings whether that is anger, frustration or sadness. Given the evidence about a mental health crisis, fading and fragmented communities and many families with unmet needs, there requires to be avenues where parents can receive local responsive support.

Based on the strength of findings in my study, my final recommendation for professionals and organisational leaders is a review of referral pathways associated with gatekeeping and linked with a 'wait and see' approach to align with early intervention and prevention approaches. Organisations should reflect on the gap between policy rhetoric and reality for families working with professionals. They should consider which factors will support and promote professionals to consistently value parents regardless of local context or demographic characteristics. Professionals should be supported to reflect on their own practice in their interactions

with parents, particularly in considering their role in offering support that enables all parents, not just confident, experienced parents to exercise agency.

10.2.3 Parents and carers

Parenting should not be a solitary endeavour, and with proverbs like '*it takes a village to raise a child'* identifying sources of peer support is recommended. There are challenges in finding these sources of support with fragmented communities and fading service provision locally. Seeking out or creating support groups whether these are parent or professionally led, has been identified in this research as being beneficial to parents. This also includes online/virtual support. Where gaps exist, and where there is capacity, creating peer led support groups from the ground up, might be an option in the local community, perhaps seeking out support from the local Community Council, Parent Council, Community Board or a Voluntary Group. Finding like-minded people, making friends, and then using that network to build support, and perhaps move on to influencing and campaigning.

Coming together as a group of parents/ carers offers the opportunity for support, sharing expertise and building both individual and collective capacity, empowering and learning from one another. Working together as parents also offers the opportunity to challenge hierarchies, push for transparency, and parent involvement across all sectors where decisions are made impacting families. Get to know who the decision makers are, get political, learn about your rights, and complain. Change is often driven by activism and advocacy.

10.2.4 Future research

Combining the findings of my study along with the limitations, I am recommending a series of further research areas to explore under the following themes:

1. Parents as authentic partners; empowering parents
2. Addressing structural barriers to parental involvement
3. The role of gatekeepers

10.2.4.1 Parents as authentic partners; empowering parents

Given the positive experiences reported by some parents/carers in my study, particularly where they felt valued and empowered as joint decision makers, I recommend further investigation into the factors that contribute to such outcomes in parent-professional interactions and collaborations. Questions could also include exploring the factors that lead professionals to act in ways that contradict policy rhetoric. The Candidacy Framework (Dixon et al, 2006b) could be adopted to explore these research areas.

10.2.4.2 Addressing structural barriers to parental involvement

It seems important to further understand why some parents feel or are valued, and others not, and in particular to examine the factors and impacts of challenges faced by parents and families in being involved in discussions, assessments and decisions about their children. Further research could focus on parent experiences of advocating for reasonable adjustments for their 3-5 year old child as per the Equality Act, (UK Parliament 2010), or parent experiences of accessing ELC or primary school settings and the processes and outcomes of public sector complaints procedures.

Applying the concept of epistemic injustice (Fricker, 2010) as an analytic lens would offer a valuable tool for examining how certain parents' knowledge is recognised, undervalued or dismissed within these processes. Such an approach would also support future research to explore the impact on parental wellbeing and trust in services when concerns are dismissed during their child's early childhood, and to consider the longer term consequences of these experiences for relationships and engagement.

10.2.4.3 The role of gatekeepers

Given the policy commitment to early intervention and prevention, the scale and impact of waiting lists, and increasing number of parents conveying concerns, and more children on assessment pathways, as reported in my study, it is essential to further explore the role of public sector gatekeepers, 'wait and see' approaches, and how unmet needs or unfulfilled support requests are formally recorded and recognised. Research should investigate how to create conditions that empower all parents to ask for and respond to support and decision making, alongside developing improved recording systems to help decision makers understand and address the scale of unmet needs.

Reference List

Acheson, D. (1998) *Independent Inquiry into Inequalities in Health Report*. London: The Stationery Office. Available at: Https://Www.Gov.UK/Government/Publications/Independent-Inquiry-Into-Inequalities-In-Health-Report (Accessed: 23 February 2025).

Ackerly, B. A. And True, J. (2019) *Doing Feminist Research In Political And Social Science*, Basingstoke: Bloomsbury Publishing.

Almendingen, A., Clayton, O. And Matthews, J. (2022) 'Partnering With Parents In Early Childhood Services: Raising And Responding To Concerns', *Early Childhood Education Journal,* Vol.50 (4), pp.527-538. Available at Https://Doi.Org/10.1007/S10643-021-01173-6 (Accessed: 3 December 2024).

Akister, J. And Johnson, K. (2004) 'The Parenting Task: Parent's Concerns and Where They Would Seek Help', *Journal Of Family Social Work,* Vol. 8 (2), pp.53-64. Available at Https://Doi.Org/10.1300/J039v08n02_03.

Alsobayel, H. (2016) 'Use Of Social Media For Professional Development By Health Care Professionals: A Cross-Sectional Web-Based Survey', *JMIR Medical Education,* 2(2), E15. Available at: Https://Doi.Org/10.2196/Mededu.6232 (Accessed: 3 December 2024).

Anda, R. F., Porter, L. E. And Brown, D. W. (2020) 'Inside the Adverse Childhood Experience Score: Strengths, Limitations, And Misapplications', *American Journal Of Preventive Medicine*, Vol.59 (2), pp.293–295. Available at: Https://Doi.Org/10.1016/J.Amepre.2020.01.009.

Archibald, M. M. et al. (2019) 'Using Zoom Videoconferencing For Qualitative Data Collection: Perceptions And Experiences Of Researchers And Participants', *International Journal Of Qualitative Methods,* 18**,** 1609406919874596. Available at: Https://Doi.Org/10.1177/1609406919874596.

Arnott, L. And Wall, K. (2022) *The Theory And Practice Of Voice In Early Childhood: An International Exploration*. London: Routledge.

Arnstein, S. R. (1969) 'A Ladder Of Citizen Participation', *Journal Of The American Institute Of Planners,* Vol.35 (4), pp.216-224.

Asmussen, K. *Et Al.* (2020) *Adverse Childhood Experiences: What We Know, What We Don't Know, And What Should Happen Next.* London: Early Intervention

Foundation. Available at: Https://Www.Eif.Org.UK/Report/Adverse-Childhood-Experiences-What-We-Know-What-We-Dont-Know-And-What-Should-Happen-Next (Accessed: 4 December 2024).

Attree, P. (2005) 'Parenting Support In The Context Of Poverty: A Meta-Synthesis Of The Qualitative Evidence', *Health And Social Care In The Community,* Vol.13 (4), pp.330-337.

Aveyard, H. (2019) *Doing A Literature Review In Health And Social Care: A Practical Guide.* 4th Edn. London: Open University Press.

Aveyard, H., Sharp, P. And Woolliams, M. (2015) *A Beginner's Guide To Critical Thinking And Writing In Health And Social Care*. 2nd Edn. Maidenhead: Open University Press.

Audit Scotland. (2018) *Children and Young People's Mental Health*. Available at: Https://Audit.Scot/Publications/Children-And-Young-Peoples-Mental-Health (Accessed: 3 December 2024).

Audit Scotland. (2021) *Christie's Clarion Call Can't Wait Another Decade.* Available at: Https://Audit.Scot/Publications/Blog-Christie-10-Years-On (Accessed: 22 March 2022).

Audit Scotland. (2023) *NHS in Scotland 2023*. Audit Scotland. Available at: https://audit.scot/uploads/docs/report/2024/nr_240222_nhs_in_scotland_2023.pdf (Accessed: 9 January 2025).

Audit Scotland. (2024) *Tackling Digital Exclusion*. Audit Scotland. Available at: Https://Audit.Scot/Publications/Tackling-Digital-Exclusion (Accessed: 23 October 2024).

Audit Scotland, (2025) *Briefing: Additional support for learning*. Audit Scotland. Available from: https://audit.scot/uploads/2025-02/briefing_250227_additional_support_for_learning.pdf (Accessed: 28 February 2025)

Azong, J. A. And Wilińska, M. (2017) Into A Footnote: Unpaid Care Work And The Equality Budget In Scotland. *European Journal of Women's Studies,* Vol. 24(3), pp.218-232. Https://Doi.Org/10.1177/1350506816643731

Bacchi, C. (2009) *Analysing Policy: What's The Problem Represented To Be?* Australia: Pearson.

Baillie, L. (2015) Promoting and Evaluating Scientific Rigour in Qualitative Research. *Nursing Standard, Vol.* 29(46), pp.36. Https://Doi.Org/10.7748/Ns.29.46.36.E8830

Ball, C. (1994) *Start Right: The Importance of Early Learning.* London: Royal Society of Arts.

Bambra, C., Lynch, J. And Smith, K. E. (2021) *The Unequal Pandemic: COVID-19 And Health Inequalities.* Bristol: Policy Press.

Barbour, R. (2001) Checklists for Improving Rigor in Qualitative Research: A Case of The Tail Wagging the Dog?', *British Medical Journal*, Vol. 322(7294), pp.1115-1117. Https://Www.Jstor.Org/Stable/25226718 (Accessed: 3 December 2024).

Bartley, M., Blane, D. And Smith, G. D. (1998) Introduction: Beyond The Black Report. *Sociology Of Health & Illness,* Vol. 20 (5), pp.563-577. Https://Doi.Org/10.1111/1467-9566.00119

Bauer, G. R. (2014) Incorporating Intersectionality Theory Into Population Health Research Methodology: Challenges And The Potential To Advance Health Equity. *Social Science & Medicine,* Vol.110**,** pp.10-17. Https://Doi.Org/10.1016/J.Socscimed.2014.03.022

Beecroft C, Rees A, Booth A (2006) Finding The Evidence. In: Gerrish K, Lacey A, Eds. The Research Process In Nursing. Oxford: Blackwell Publishing. 5th Ed. Blackwell Publishing, Philadephia: pp.90–106.

Bent, C. A., Barbaro, J. And Dissanayake, C. (2020) Parents' Experiences Of The Service Pathway To An Autism Diagnosis For Their Child: What Predicts an Early Diagnosis in Australia? *Research In Developmental Disabilities,* 103, Article Number 103689. Https://Doi.Org/10.1016/J.Ridd.2020.103689

Biggam, J. (2017) *Succeeding With Your Master's Dissertation: A Step-By-Step Handbook.*4th Ed. London: Open University Press.

Birt, C., Cebula, C., Evans, J., Hay, D., McKenzie, A. (2024) *Poverty in Scotland 2024.* Joseph Rowntree Foundation. Available from: https://www.jrf.org.uk/sites/default/files/pdfs/poverty-in-scotland-2024-38df72108e910c426d60c043d29f0aa6.pdf (Accessed: 14 April 2025)

Bloomberg, L. D. And Volpe, M. (2019) *Completing Your Qualitative Dissertation: A Road Map from Beginning to End.* 4th Ed London: Sage.

Boell, S. K. & Cecez-Kecmanovic, D. (2014) A Hermeneutic Approach For Conducting Literature Reviews And Literature Searches. *Communications of the Association For Information Systems,* Vol. 34 (1)**,** pp.12.

Bourdieu, P. (2011) *The Forms of Capital.*, In, Granovetter, M., Swedberg, R. (Eds) The Sociology of Economic Life. USA: Routledge.

Bourke, B. (2014) Positionality: Reflecting On The Research Process. *The Qualitative Report,* Vol.19**,** pp.1-9.

Bowes, C. (2021) *Sharing the Ambition: Play and Parental Interest in Scottish Early Years Education.* BERA, London. Available at: Https://Www.Bera.Ac.UK/Publication/Sharing-The-Ambition-Play-And-Parental-Interest-In-Scottish-Early-Years-Education (Accessed: 5 December 2024).

Bowlby, J. (1969). *Attachment* Hogarth: London: Random House.

Bowling, A. (2014) *Research Methods In Health: Investigating Health And Health Services*, England: Mcgraw-Hill Education.

Bradshaw, J. (2007) UK Policy: A Success Story? *Pediatric Child Health.* Vol. 12 (8) pp.681-685.

Bradshaw, P., Martin, C. & Cunningham-Burley, S. (2008). *Growing Up In Scotland Study: Gus Exploring the Experience And Outcomes for Advantaged and Disadvantaged Families.* Edinburgh: Scottish Government.

Bradshaw, P., Hall, J., Hill, T., Mabelis, J. & Philo, D. (2012) *Growing Up In Scotland: Early Experiences Of Primary School*. Edinburgh: Scottish Government.

Bradshaw, P. & Hall, J. (2013). *The Impact Of Disability on the Lives of Young Children: Analysis Of Growing Up In Scotland Data*. Edinburgh: Scottish Government.

Braun, V. & Clarke, V. (2006) Using Thematic Analysis in Psychology. *Qualitative Research in Psychology, Vol.3, pp.77-101.*

Braun, V. & Clarke, V. (2013) *Successful Qualitative Research: A Practical Guide for Beginners,* London: Sage Publications.

Braun, V. & Clarke, V. (2022) *Thematic Analysis: A Practical Guide,* London: Sage Publications.

Bravington, A., King, N. (2019) Putting Graphic Elicitation Into Practice: Tools and Typologies for the Use Of Participant-Led Diagrams In Qualitative Research

Interviews. *Qualitative Research,* Vol.19**,** pp.506-523.

Bronfenbrenner, U. (1979) *The Ecology Of Human Development: Experiments By Nature And Design*, USA: Harvard University Press. pp.139-163.

Brown, S., Stephen, C., Low, L. (1998) A Research Analysis of Pre-School Provision in The Market Place. *Scottish Educational Review*. Vol.30 (1) pp.4-14.

Burgess. A., Goldman, R., Davies, J. (2022) *Closing the Gap: UK Working Fathers' And Mothers' Use of Time 2014 – 22* Fatherhood Institute. Available at: Https://Www.Fatherhoodinstitute.Org/_Files/Ugd/Efff1d_6668cb1cd85a450b82533b5606e9a92c.Pdf (Accessed: 20 November 2024).

Cairney, P. (2011) *The Scottish Political System Since Devolution: From New Politics to The New Scottish Government*. Exeter: Imprint Academic.

Cairney, P. (2019) *Understanding Public Policy: Theories And Issues*, London: Bloomsbury Publishing.

Campbell-Barr, V., Nygard, M. (2014) Losing Sight of The Child? Human Capital Theory and its Role for Early Childhood Education and Care Policies in Finland and England Since the Mid-1900s. *Contemporary Issues in Early Childhood.* Vol.15 (4) pp.346-359.

Care Inspectorate. (2023*) Early Learning And Childcare: Recovery Play Suvey Report.* Dundee: Care Inspectorate. Available at: Https://Www.Careinspectorate.Com/Images/Documents/7264/ELC%20Recovery%20play%20survey%20report%202023.Pdf (Accessed: 5 December 2024).

Carroll, N,J. (2017) *Lone Mothers" Experiences of Stigma: A Comparative Study*. Doctoral Thesis. University Of Huddersfield. Available at: Http://Eprints.Hud.Ac.UK/Id/Eprint/34358/1/FINAL%2520THESIS%2520-%2520Carroll.Pdf (Accessed: 3 November 2024).

Carter, S. M. & Little, M. (2007) Justifying Knowledge, Justifying Method, Taking Action: Epistemologies, Methodologies, and Methods In Qualitative Research. *Qualitative Health Research,* Vol.17**,** pp.1316-1328.

Case, S. (2000) Refocusing On The Parent: What are The Social Issues of Concern for Parents of Disabled Children? *Disability & Society,* Vol.15**,** pp.271-292.

Catalano, A., Congreve, E., Jack, D. & Smith, K. (2024) *Inequality Landscape: Health And Socioeconomic Divides In Scotland*. Scottish Health Equity

Research Unit. Available at:
Https://Fraserofallander.Org/Wp-Content/Uploads/2024/09/FINAL-For-Website.Pdf (Accessed: 5 December 2024).

Cebula, C. & Evans, J. (2021) *Ethnicity, Poverty and the Data in Scotland*. *Joseph Rowntree Foundation*. Available at:
https://www.jrf.org.UK/race-and-ethnicity/ethnicity-poverty-and-the-data-in-scotland (Accessed: 5 December 2024).

Cebula, C., Birt, C., Hay, D. Evans, J. 2021. *Poverty In Scotland* (2021) *The Independent Annual Report*. Joseph Rowntree Foundation. Available at*: Https://Www.Jrf.Org.UK/Report/Poverty-Scotland-2021* (Accessed: 7 December 2021).

Chanfreau, J., Barnes, M., Tomaszewski, W., Philo, D., Hall, J., Tipping, S. (2011) *Growing Up in Scotland: Change in early childhood and the impact of significant events*, Edinburgh: Scottish Government.

Chen, C., Bailey, C., Baikie, G., Dalziel, K. & Hua, X. (2023) Parents of Children With Disability: Mental Health Outcomes and Utilization of Mental Health Services. *Disability and Health Journal,* Vol.16 (4)**,** 101506.

Child Poverty Action Group (CPAG). (2021) *Child Poverty in Scotland: The Facts CPAG*. Available at: Https://Cpag.Org.UK/Scotland/Child-Poverty/Facts (Accessed: 9 December 2021).

Children's Neighbourhood Scotland. (2020) *Early Insights into the COVID-19 Response*. Available at: https://childrensneighbourhoods.scot/wp-content/uploads/2022/09/cbd3d-cns-ps-nsee-covid19-earlyinsights-300720.pdf (Accessed: 30 July 2022).

Childsmile. (2024). *About us. NHS Scotland*. Available at: Https://Www.Childsmile.Nhs.Scot (Accessed: 9 April 2024).

Christie, C. (2011) *Commission on the Future Delivery of Public Services. Scotland*: APS Group Scotland. Available at: https://www.gov.scot/publications/commission-future-delivery-public-services/ (Accessed: 5 December 2024).

Clark, J. & Richards, S. (2017) The Cherished Conceits of Research with Children: Does Seeking the Agentic Voice of the Child Through Participatory Methods Deliver what it Promises? *Researching Children and Youth: Methodological Issues, Strategies, And Innovations.* Emerald Publishing Limited, Vol.22 pp.127-147.

Clear, M. (1999) Caring Culture and the Politics of Parent/Professional Relations. *Australian Journal Of Social Issues*, Vol. 34, pp.119-136.

Close The Gap. (2019) *Still Not Visible: Research on Black and Minority Ethnic Women's Experiences of Employment in Scotland.* Close The Gap. Available at: Https://Www.Closethegap.Org.UK/Content/Resources/1557499847_Still-Not-Visible.Pdf (Accessed: 20 September 2024).

Close The Gap. (2022) *Gender Pay Gap Statistics: March 2022*. Close The Gap Available at: Https://Www.Closethegap.Org.UK/Content/Resources/Gender-Pay-Gap-Statistics-Paper-2022.Pdf (Accessed: 20 September 2024).

Coalition for Racial Equality and Rights. (2023) *Ethnicity and Employment in Scotland's Public Sector*. CRER Available at: Https://Static1.Squarespace.Com/Static/615c1bee105b4f55a98326d0/T/646e148912826a771547f272/1684935841144/Ethnicity+And+Employment+In+Scotland%27s+Public+Sector+V4.Pdf (Accessed: 20 November 2024).

Cohen, A. & Mosek, A. (2019) "Power Together": Professionals And Parents Of Children With Disabilities Creating Productive Partnerships. *Child & Family Social Work,* Vol.24**,** pp.565-573.

Cohen, J. A., Kassan, A., Wada, K. & Suehn, M. (2022) The Personal and The Political: How A Feminist Standpoint Theory Epistemology Guided an Interpretative Phenomenological Analysis. *Qualitative Research in Psychology*. Vol.19, pp.917-948.

Coles. E., Cheyne, H., Rankin, J., Daniel, B. (2016) Getting It Right for Every Child: A National Policy Framework to Promote Children's Well-Being in Scotland, United Kingdom. *The Milbank Quarterly, Vol.*94 (2) pp.334-365.

Congreve, E., Connolly, K., Harrison, J., Kumar, A., Mcgregor, P. G. & Mitchell, M. (2022) The Impact Of Using An Income Supplement To Meet Child Poverty Targets: Evidence From Scotland. *Journal Of Social Policy*, Vol.53 (4) pp.933-949.

Connect (2025). *Relationships, Rights and Communication Survey*. Connect. Available at: https://connect.scot/application/files/4917/3866/5892/Relationships._Rights_and_Communication_Survey_Report_FINAL_Feb_2025.pdf (Accessed: 18 February 2025).

Connelly, G., Lockhart, E., Wilson, P., Furnivall, J., Bryce, G., Barbour, R. and Phin, L., (2008) Teachers' responses to the emotional needs of children and young people. Results from the Scottish Needs Assessment Programme. *Emotional and Behavioral Difficulties*, Vol. *13* (1), pp.7-19.

Connolly, K., Eiser, D., Kumar, A., Mcgregor, P. G. & Roy, G. (2022) Universal Basic Income as an Instrument of Regional Development Policy: A Micro–Macroeconomic Analysis for Scotland. *Regional Studies,* Vol.56**,** pp.1043-1055.

Connor, D. J. & Cavendish, W. (2018) Sharing Power With Parents: Improving Educational Decision Making For Students with Learning Disabilities. *Learning Disability Quarterly,* Vol.41**,** pp.79-84.

Cooper, K. & Stewart, K. (2021) Does Household Income Affect Children's Outcomes? A Systematic Review Of The Evidence. *Child Indicators Research,* Vol.14**,** pp.981-1005.

Couper-Kenney, F. & Riddell, S. (2021) The Impact of Covid-19 on Children with Additional Support Needs and Disabilities in Scotland. *European Journal of Special Needs Education,* Vol.36**,** pp.20-34.

Couper, S., Mackie, P. (2016) '*Polishing the Diamonds'; Addressing Adverse Childhood Experiences in Scotland*. Glasgow: Scotphn Available at: https://www.scotphn.net/wp-content/uploads/2016/06/2016_05_26-ACE-Report-Final-AF.pdf (Accessed: 5 December 2024).

Cowley, S. (1995). In health visiting, a routine visit is one that has passed. *Journal of advanced nursing,* Vol.22**,** pp.276-284.

Cowley, S. (2013) *Why Health Visiting? A Review of The Literature About Key Health Visitor Interventions, Processes and Outcomes for Children and Families*. London: National Nursing Research Unit.

Cowley, C., Whittaker, K., Malone, M., Donetto, S., Grigulis, A., Maben, J. (2015) Why Health Visiting? Examining The Potential Public Health Benefits from Health Visiting Practice Within a Universal Service: A Narrative Review of Literature. *International Journal of Nursing Studies.* Vol.52 (1) pp.465-480.

Cowpe, E., Hanson, B. & Smith, C. H. (2014) What Do Parents Of Children With Dysphagia Think About Their MDT? A Qualitative Study. *BMJ Open,* Vol.4.

Crenshaw, K. (1989) Demarginalizing The Intersection Of Race And Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *Feminist Theory And Antiracist Politics. University of Chicago Legal Forum,* 1989**,** 31. Available from: Https://Chicagounbound.Uchicago.Edu/Uclf/Vol1989/Iss1/8 (Accessed: 13 June 2025)

Crichton, V., Carwood-Edwards, J., Ryan, J., Mctaggart, J., Collins, J., Macconnell, M. P., Wallace, L., Diamond, C., Grogan, D. & Carey, J.

(2020) *Realising The Ambition-Being Me: National Practice Guidance for Early Years in Scotland*. Livingston: Education Scotland.

Critical Appraisal Skills Programme (CASP) (2022) *CASP Checklists*. Available at: Https://Casp-UK.Net/Casp-Tools-Checklists/ (Accessed: 2 August 2023).

Curtice, J. (2021) The Scottish Independence Referendum of 2014. In: Smith, J. (Eds) *The Palgrave Handbook of European Referendums*. Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-030-55803-1_14.

Curtice, John. (2022) 'Brexit and Scotland: Unfinished business?'. In, Loussouarn, S. *Brexit and its Aftermath*. London: Bloomsbury Academic, pp-42-56.

Davis, J., Hill, L., Tisdall, E,.K.M., Cairns, L., McCausland, S. (2014) Social Justice, The Common Weal and Children and Young People in Scotland. *The Jimmy Reid Foundation*. Available at: Https://Www.Pure.Ed.Ac.UK/Ws/Files/18457053/Childhood1.Pdf (Accessed: 16 February 2022).

De Geeter, K. I., Poppes, P. & Vlaskamp, C. (2002) Parents as Experts: The Position of Parents of Children with Profound Multiple Disabilities. *Child: Care, Health And Development,* Vol.28**,** pp.443-453.

Dempsey, L., Dowling, M., Larkin, P. & Murphy, K. (2016) Sensitive Interviewing In Qualitative Research. *Research In Nursing & Health,* Vol.39**,** pp.480-490.

Denzin, N. K., Lincoln, Y. S. (2011) *The Sage Handbook of Qualitative Research*, London: Sage Publications.

Department For Digital, Culture, Media & Sport. (2018) *Data Protection Act*. Available at: Https://Www.Gov.UK/Government/Publications/Data-Protection-Act-2018-Overview (Accessed: 28 July 2022).

Desforges, C. & Abouchaar, A. (2003) *The Impact Of Parental Involvement, Parental Support And Family Education On Pupil Achievement And Adjustment: A Literature Review*, London: Department for Education and Skills.

DHSS. (1980) *Inequalities in Health: Report of a Research Working Party*. London.: DHSS.

Dixon-Woods, M., Shaw, R. L., Agarwal, S. & Smith, J. A. (2004) The Problem of Appraising Qualitative Research. *Quality and Safety In Health Care*. Vol.13 pp.223.

Dixon-Woods, M., Bonas, S., Booth, A., Jones, D. R., Miller, T., Sutton, A. J., Shaw, R. L., Smith, J. A. & Young, B. (2006a) How Can Systematic Reviews Incorporate Qualitatiative Research? A Critical Perspective. *Qualitatitive Researcg* Vol. 6 pp.27-44.

Dixon-Woods, M., Cavers, D., Agarwal, S., Annandale, E., Arthur, A., Harvey, J., Hsu, R., Katbamna, S., Olsen, R., Smith, L., Riley, R. & Sutton, A. J. (2006b) Conducting A Critical Interpretive Synthesis Of The Literature On Access To Healthcare By Vulnerable Groups. *BMC Medical Research Methodology,* Vol.6**,** pp.1-13.

Dodge, R., Daly, A.P., Huyton, J., Sanders, L.D. (2012) The Challenge of Defining Wellbeing. *International Journal of Wellbeing*, Vol.2 (3) pp.222-235.

Doi, L., Eunson, J., Ormston, R., Morrison, K., Astbury, R., Jepson, R. (2021) *Evaluation Of The Universal Health Visiting Pathway In Scotland Phase 1 Report - Primary Research With Health Visitors And Parents And Case Not Review.* Scottish Government . Available at: Https://Www.Gov.Scot/Publications/Evaluation-Universal-Health-Visiting-Pathway-Scotland-Phase-1-Main-Report-Primary-Research-Health-Visitors-Parents-Case-Note-Review/ (Accessed: 8 August 2024).

Donaldson, I.J. (2017) *Donaldson's Essential Public Health.* (4th Ed) London: CRC Press.

Donkin, A., Marmot, M. (2024) *Left Out in The Cold: The Hidden Health Costs of Cold Homes*. UCL Institute of Health Equity. Available at: Https://Www.Instituteofhealthequity.Org/Resources-Reports/Left-Out-In-The-Cold-The-Hidden-Impact-Of-Cold-Homes/Read-The-Executive-Summary.Pdf (Accessed: 19 November 2024).

Dörfler, V. & Stierand, M. (2021) Bracketing: A Phenomenological Theory Applied Through Transpersonal Reflexivity. *Journal Of Organizational Change Management,* Vol.34**,** pp.778-793.

Doyle, O., Harmon, C.P., Heckman, J.J. and Tremblay, R.E., (2009) Investing in early human development: timing and economic efficiency. *Economics & Human Biology*, Vol.7 (1), pp.1-6.

Dunlop, A. (2003) Bridging Children's Early Education Transitions Through Parental Agency And Inclusion. *Education In The North,* Vol.11**,** pp.55-65.
Dunlop, A. (2015) Aspirations and Actions: Early Childhood from Policy to Practice in Scotland. *International Journal of Early Years Education,* Vol.23 (3) pp.258-273.

Edmunds, L. D. (2005) Parents' Perceptions Of Health Professionals' Responses When Seeking Help For Their Overweight Children. *Family Practice,* Vol.22**,** pp.287-292.

Education Scotland. (2012) *Getting it Right for Every Child: Where are we Now? A Report on The Readiness of The Education System to Fully Implement Getting It Right for Every Child.* Education Scotland. Available at: Https://Dera.Ioe.Ac.UK/15901/7/Girfec%20final%2024-10-12_Tcm4-735258_Redacted.Pdf (Accessed: 16 February 2022).

Education Scotland. (2023) *Improving Attendance: Understanding the Issues*. Education Scotland. Available at: Https://Education.Gov.Scot/Media/3kdenpq4/Improving-Attendance-Understanding-The-Issues-101123-Pw.Pdf (Accessed: 18 November 2024).

Elliot, D. L., Reid, K. & Baumfield, V. (2017) Capturing Visual Metaphors and Tales: Innovative or Elusive? *International Journal Of Research & Method in Education,* Vol.40**,** pp.480-496.

Elmir, R., Schmied, V., Jackson, D. & Wilkes, L. (2011) Interviewing People about Potentially Sensitive Topics. *Nurse Researcher,* Vol.19 (1).

Engender, (2017) *Gender Matters Roadmap: Towards Women's Equality in Scotland.* Engender. Available at: Https://Gendermatters.Engender.Org.UK/Content/Resources/Gender-Matters-Roadmap---Towards-Womens-Equality-In-Scotland.Pdf (Accessed: 20 November 2024).

England, K. V. L. (1994) Getting Personal: Reflexivity, Positionality, and Feminist Research. *The Professional Geographer,* Vol.46**,** pp.80-89.

Enquire. (2023) *Planning for starting school*. Enquire. Available at: https://enquire.org.uk/3175/wp-content/uploads/2020/02/starting-school.pdf (Accessed: 10 January 2025).

Epstein, J. L. (2019) Theory To Practice: School And Family Partnerships Lead To School Improvement And Student Success. *School, Family And Community Interaction.* Routledge. pp.39-52.

Epstein, J. L. & Connors, L. J. (1992) School And Family Partnerships. *Practitioner,* Vol.18**,** N4.

Etherington, K.(2004) *Becoming A Reflexive Researcher: Using Our Selves In Research*, London: Jessica Kingsley Publishers.

Exworthy, M., Blane, D., Marmot, M. (2003) Tackling Health Inequalities in The United Kingdom: The Progress and Pitfalls of Policy. *Health Services Research.* Vol.38 (6) pp.1905-1921.

Felitti, V.J., Anda, R.F., Nordenberg, D, Edwards, E., Koss, M.P., Marks, J.S. (1998) 'Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults', *American Journal of Preventive Medicine* Vol.14 (4) pp.245–258.

Fereday, J., Oster, C. & Darbyshire, P. (2010) Partnership In Practice: What Parents of A Disabled Child want from a Generic Health Professional in Australia. *Health and Social Care in the Community,* Vol.18**,** pp.624-632.

Finch, D., Wilson, H. & Bibby, J. (2023) *Leave No One Behind*. London The Health Foundation . Available from: https://www.health.org.uk/reports-and-analysis/reports/leave-no-one-behind(Accessed: 13 June 2025)

Finfgeld-Connett, D. & Johnson, E. D. (2013) Literature Search Strategies for Conducting Knowledge-Building and Theory-Generating Qualitative Systematic Reviews. *Journal Of Advanced Nursing,* Vol.69**,** pp.194-204.

Fisher, R., Allen, L., Malhotra, A. M. & Alderwick, H. (2022) *Tackling The Inverse Care Law.* Health Foundation. Available from: https://www.health.org.uk/reports-and-analysis/reports/tackling-the-inverse-care-law (Accessed: 5 December 2024).

Forrest, C,B. (2003) Primary care gatekeeping and referrals: effective filter or failed experiment? *BMJ,* Vol. 326**,** pp.692-695.

Forte, A., Humphreys, M. & Park, T. (2012) Grassroots Professional Development: How Teachers Use Twitter. *In Proceedings of the International AAAI Conference On Web And Social Media, Vol.*6 (1) pp.106-113.

Foucault, M. Sheridan, A. (2019) *Discipline and Punish [internet Resource] : the Birth of the Prison*. London: Penguin Books.

Fraser of Allander Institute (2022) *Health Inequalities in Scotland: Trends in the socio-economic determinants of health in Scotland*. Glasgow: Fraser of Allander Institute. Available at: https://www.health.org.uk/sites/default/files/2022-11/Fraser-Allander-Institute-Final-report-socio-economic-determinants-health-scotland.pdf (Accessed: 13 April 2025).

Fretwell, N. & Barker, J. (2024) 'It's A Tiger Instinct – That's My Baby!': Affective Practices Of Care In Parents' Educational Activism. *British Journal Of Sociology Of*

Education, pp.1-15.

Frey, E., Bonfiglioli, C., Brunner, M. and Frawley, J. (2022) Parents' use of social media as a health information source for their children: a scoping review. *Academic pediatrics*, Vol.*22*(4), pp.526-539.

Fricker, M. (2010) *Epistemic Unjustice: Power & The Ethics of Knowing,* UK, Oxford University Press.

Galloway, S. (2020) *Challenges from the Frontline – Revisited: Supporting Families with Multiple Adversities in Scotland During a Time of Austerity*. Barnardos Scotland and NSPCC Scotland. Available from: https://learning.nspcc.org.uk/research-resources/2020/challenges-from-the-frontline (Accessed: 20 March 2022).

Galpin, J., Barratt, P., Ashcroft, E., Greathead, S., Kenny, L. Pellicano, E. (2018) 'The Dots Just Don't Join Up': Understanding The Support Needs of Families of Children on The Autism Spectrum. *Autism,* Vol.22, pp.571-584.

Gerrish, K. & Lacey, A. (2010) *The Research Process in Nursing*, USA: John Wiley & Sons.

Glascoe, F. P. (1999) Using Parents' Concerns to Detect and Address Developmental and Behavioral Problems. *Journal Of The Society Of Pediatric Nurses : Jspn,* Vol.4, pp.24-35.

Glascoe, F. P. (2003) Parents' Evaluation of Developmental Status: How Well Do Parents' Concerns Identify Children with Behavioral and Emotional Problems? *Clinical Pediatrics,* Vol.42, pp.133-138.

Glegg, S. M. N. (2018) Facilitating Interviews In Qualitative Research with Visual Tools: A Typology. *Qualitative Health Research,* Vol.29, pp.301-310.

Glogowska, M. & Campbell, R. (2000) Investigating Parental Views of Involvement in Pre-School Speech And Language Therapy. *Int J Lang Commun Disord,* Vol.35, pp.391-405.

Goodall, J. (2021) Parental Engagement And Deficit Discourses: Absolving The System And Solving Parents. *Educational Review,* Vol.73, pp.98-110.

Goodall.J., Vorhaus, J. (2011) *Review Of Best Practice In Parental Engagement.* London: Department Of Education.

Grant, M. J. & Booth, A. (2009) A Typology Of Reviews: An Analysis of 14 Review Types and Associated Methodologies. *Health Information & Libraries Journal,* Vol.26**,** pp.91-108.

Gray, L. M., Wong-Wylie, G., Rempel, G. R. & Cook, K. (2020) Expanding Qualitative Research Interviewing Strategies: Zoom Video Communications. *The Qualitative Report,* Vol.25**,** pp.1292-1301.

Green, J. & Thorogood, N. (2018) *Qualitative Methods for Health Research*, London: Sage Publications

Greener, I., (2011) *Designing Social Research: A Guide for The Bewildered*. London: Sage Publications.

Gregg, P., Washbrook, E. And Alspac Study Team. (2003) *The Effects of Early Maternal Employment on Child Development in the UK*. *University of Bristol CMPO Discussion Paper*, *3*.

Greer, S.L. (2016) Devolution and Health in the UK: Policy and its Lessons Since 1998. *British Medical Bulletin.* Vol.118 pp.17-25.

Growing Up in Scotland. (2025) *About Gus* Growing Up in Scotland. Available at: Https://Growingupinscotland.Org.UK/About-Gus/ (Accessed: 7 January 2025).

Guest, G., Bunce, A. & Johnson, L. (2006). How Many Interviews Are Enough? An Experiment With Data Saturation And Variability. *Field Methods,* Vol. 18**,** pp.59-82.

Hanlon, P., Murie, J., Gregan, J., McEwen, J., Moir, D. and Russell, E., (1998) A study to determine how needs assessment is being used to improve health. *Public Health*, Vol.*112* (5), pp.343-346.

Hansen, A. S., Telléus, G. K., Mohr-Jensen, C. & Lauritsen, M. B. (2021) Parent-Perceived Barriers To Accessing Services for their Child's Mental Health Problems. *Child and Adolescent Psychiatry And Mental Health,* Vol.15.

Harkins, J. (2017) *Evaluation of the Glasgow Lone Parent Project.* Dudleston Harkins Social Research Limited. Available at: Https://Www.Gcph.Co.UK/Assets/000/000/443/Lone_Parent_Project_Evaluation_-_Final_Report_Original.Pdf?1700036419 (Accessed: 20 November 2024).

Harris, A., Andrew-Power, K., Goodall, J. (2009) *Do Parents Know They Matter: Raising achievement through parental engagement.* London: Continuum.

Hart, C. (2018) *Doing A Literature Review: Releasing The Research Imagination*. London: Sage.

Hart, C. (2001) *Doing A Literature Search: A Comprehensive Guide for The Social Sciences*, London: Sage.

Haslam, D., M., Tee, A., Baker, S. (2017) The Use of Social Media as a Mechanism of Social Support in Parents. *Journal of Child Fam Stud*. Vol. 26, pp.2026-2037.

Hatton, C., Hastings, R. P., Caton, S., Bradshaw, J., Jahoda, A., Kelly, R., Maguire, R., Oloidi, E., Taggart, L., Todd, S., Coronavirus, T. & Team, P. W. L. D. S. (2024) Health And Healthcare of People with Learning Disabilities in The United Kingdom Through the Covid-19 Pandemic. *British Journal Of Learning Disabilities,* Vol.52**,** pp.260-271.

Hennink, M. & Kaiser, B. N. (2022). Sample Sizes For Saturation In Qualitative Research: A Systematic Review Of Empirical Tests. *Social Science & Medicine,* Vol. 292**,** 114523.

Hesse-Biber, S. N. (2013) *Feminist Research Practice: A Primer*, London: Sage Publications.

Hirsch, D. (2007) *Experiences of Poverty and Educational Disadvantage*. York: Joseph Rowntree Foundation.

Hitchcock, L. I. & Battista, A. (2013) Social Media for Professional Practice: Integrating Twitter with Social Work Pedagogy. *Journal Of Baccalaureate Social Work,* Vol.18**,** pp.33-45.

HM Treasury (2004) *Choice for Parents, The Best Start for Children: A Ten-Year Strategy for Childcare*. London: Department For Education and Skills.

Ho, H. S. W., Yi, H., Griffiths, S., Chan, D. F. Y. & Murray, S. (2014) 'Do It Yourself' In The Parent-Professional Partnership For The Assessment And Diagnosis Of Children With Autism Spectrum Conditions In Hong Kong: A Qualitative Study. *Autism,* Vol.18**,** pp.832-844.

Holmes, A. G. D. (2020) Researcher Positionality-A Consideration Of Its Influence And Place In Qualitative Research: A New Researcher Guide. *Shanlax International Journal Of Education,* Vol.8**,** pp.1-10.

Horgan, G. (2007) *The Impact of Poverty on Young Children's Experience of School*. JRF. Available at: https://new.basw.co.uk/sites/default/files/resources/basw_93245-5_0.pdf (Accessed: 23 March 2022).

Houghton, C., Casey, D., Shaw, D. & Murphy, K. (2013) Rigour In Qualitative Case-Study Research. *Nurse Researcher,* Vol.20.

House of Lords. (2016) *The Equality Act 2010: the impact on disabled people.* House of Lords Select Committee. Available at: https://publications.parliament.uk/pa/ld201516/ldselect/ldeqact/117/117.pdf (Accessed: 7 February 2025).

Hudson, N., Culley, L., Johnson, M., Mcfeeters, M., Robertson, N., Angell, E. & Lakhanpaul, M. (2016) Asthma Management In British South Asian Children: An Application Of The Candidacy Framework To A Qualitative Understanding Of Barriers To Effective And Accessible Asthma Care. *BMC Public Health,* Vol.16.

Hull, L., Levy, L., Lai, M. C., Petrides, K. V., Baron-Cohen, S., Allison, C., Smith, P., & Mandy, W. (2021) Is social camouflaging associated with anxiety and depression in autistic adults? *Molecular Autism*, Vol.*12* (1), pp.13-13.

Independent Care Review. (2020) *The Promise* Independent Care Review. Available at: Https://Www.Carereview.Scot/Wp-Content/Uploads/2020/02/The-Promise.Pdf (Accessed: 9 December 2021).

Jackson, K. & Bazeley, P. (2019) *Qualitative Data Analysis With Nvivo*, London: Sage.

Jeynes, W. (2012) A Meta-Analysis Of The Efficacy Of Different Types Of Parental Involvement Programs For Urban Students. *Urban Education,* Vol.47**,** pp.706-742.

Jindal-Snape, D., Bradshaw, P., Gilbert, A., Smith, n. & Knudsen, L. (2023) Primary–secondary school transition experiences and factors associated with differences in these experiences: Analysis of the longitudinal Growing Up in Scotland Dataset. *Review of Education,* Vol.11**,** e3444.

Johnson, J. L., Adkins, D. & Chauvin, S. (2020) A Review Of The Quality Indicators Of Rigor In Qualitative Research. *American Journal Of Pharmaceutical Education,* Vol.84**,** 7120.

Joseph Rowantree Foundation. (2023) *Poverty in Scotland*. Available at: Https://Www.Jrf.Org.UK/Poverty-In-Scotland-2023 (Accessed: 22 September 2024).

Kara, H. (2015) *Creative Research Methods In The Social Sciences: A Practical Guide*, England: Policy Press.

Kay, E., Tisdall, M., Hill, M. (2010) Policy Change Under Devolution: The Prism of Children's Policy. *Social Policy & Society*, Vol.10 (1) pp.29-40.

Keating, M. (2005) Policy Convergence and Divergence in Scotland Under Devolution. *Regional Studies*, Vol.39, pp.453-463.

King, D. B., O'Rourke, N. & Delongis, A. (2014) Social Media Recruitment and Online Data Collection: A Beginner's Guide and Best Practices for Accessing Low-Prevalence and Hard to Reach Populations. *Canadian Psychology,* Vol.55, pp.240.

King, N., Horrocks, C. & Brooks, J. (2018) *Interviews In Qualitative Research*, London: Sage.

Klein, M., Sosu, E., Dräger, J. & Perinetti Casoni, V. (2024) *Understanding School Attendance, Educational Attainment, And Labour Market Outcomes*. Nuffield Foundation. Available at: https://strathprints.strath.ac.UK/90427/1/Klein-etal-2024-Understanding-School-Attendance-Educational-Attainment-and-Labour-Market-Outcomes.pdf (Accessed: 5 December 2024).

Knudsen, L. And Bradshaw, P. (2017) *Growing Up in Scotland: Patterns of Maternal Employment and Barriers to Paid Work*. Edinburgh: Scottish Government.

Koehn, S. (2009) Negotiating Candidacy: Ethnic Minority Seniors' Access To Care. *Ageing Society,* Vol.29**,** pp.585-608.

Komvoki, N. (2020) *The Health Visiting Service Of Scotland In The Context Of The Getting It Right For Every Child (Girfec) Policy Approach: Finding The Balance Among Its Tensions.* Thesis. Available at: https://www.storre.stir.ac.UK/handle/1893/32390 (Accessed: 5 December 2024).

Kuriachan, D. (2018). *Quality Of Life Experiences Of Parents Of Children With Autism In Scotland.* Thesis. Available at: https://era.ed.ac.UK/handle/1842/31260 (Accessed: 5 December 2024).

Labonté, R., Mohindra, K. & Schrecker, T. (2011) The Growing Impact Of Globalization For Health And Public Health Practice. *Annual Review Of Public Health,* Vol.32**,** pp.263-283.

Ladonna, K. A., Artino Jr, A. R. & Balmer, D. F. (2021) Beyond The Guise of Saturation: Rigor and Qualitative Interview Data. *Journal of Graduate Medical Education*. Vol.13 (5) pp.607-611.

Lam, W., Dawson, A. & Fowler, C. (2017) Approaches To Better Engage Parent-Child In Health Home-Visiting Programmes: A Content Analysis. *Journal Of Child Health Care,* Vol.21**,** pp.94-102.

Langdridge, D. & Hagger-Johnson, G. (2009) *Introduction to Research Methods and Data Analysis in Psychology,2nd Ed. England: Pearson Education Limited.*

Laverack, G., (2019) *Public Health: power, empowerment and professional practice.* London: Red Globe Press.

Lazarus, R.S. (2006) *Stress and Emotion: A New Synthesis*. New York: Springer Publishing Company.

Lewandowsky, S., Ecker, U. K. H. & Cook, J. (2017) Beyond Misinformation: Understanding And Coping With The "Post-Truth" Era. *Journal Of Applied Research In Memory And Cognition,* Vol.6**,** pp.353-369.

Lightbody, R. (2024) Women's Role In Informal Support Systems: Supporting Families And Creating Communities In Parent And Baby Groups In Scotland. *Scottish Affairs,* Vol.33**,** pp.332-354.

Lister, R. (2010) *Understanding Theories And Concepts In Social Policy*. England: Policy Press.

Locke, J., Ibanez, L. V., Posner, E., Frederick, L., Carpentier, P. &
Stone, W. L. (2020) Parent Perceptions About Communicating With Providers Regarding Early Autism Concerns. *Pediatrics,* Vol.145.

Lundeby, H. & Tøssebro, J. (2008) Exploring The Experiences Of "Not Being Listened To" From The Perspective Of Parents With Disabled Children. *Scandinavian Journal Of Disability Research,* Vol.10**,** pp.258-274.

McCall-Smith, K. (2021) Entrenching Children's Participation Through UNCRC Incorporation In Scotland. *The International Journal Of Human Rights***,** pp.1-24.

McCartney, G., Collins, C., Mackenzie, M. (2013) What (Or Who) Causes Health Inequalities: Theories, Evidence, And Implications? *Health Policy*, Vol.113 pp.221-227.

McCormack, M., (2014) Children and Young People (Scotland) Act: reflections on the passage of the act. *Scottish Journal of Residential Child Care*, Vol.13 (1).

McKechnie, D. G. J., O'nions, E., Dunsmuir, S. & Petersen, I. (2023) Attention-Deficit Hyperactivity Disorder Diagnoses And Prescriptions In UK Primary Care, 2000–2018: Population-Based Cohort Study. *Bjpsych Open,* Vol.9**,** E121.

McLean, A. (2023) *An Inquiry into Poverty-Related Stigma in Scotland: Scottish Parliament Cross Party Group on Poverty.* Scottish Parliament. Available at:

Https://Www.Povertyalliance.Org/Wp-Content/Uploads/2023/02/Report-Of-The-Inquiry-Into-Stigma-Cpg-On-Poverty.Pdf (Accessed: 20 September 2024).

McLean, G., Guthrie, B., Mercer, S. W. & Watt, G. C. M. (2015) General Practice Funding Underpins The Persistence Of The Inverse Care Law: Cross-Sectional Study In Scotland. *British Journal Of General Practice,* Vol.65**,** E799.

McNeilly, P., Macdonald, G. & Kelly, B. (2017) The Participation of Parents of Disabled Children and Young People in Health and Social Care Decisions. *Child Care Health Dev,* Vol.43**,** pp.839-846.

McWayne, C, et al. (2013) Father Involvement During Early Childhood and Its Association with Children's Early Learning: A Meta-Analysis. *Early Education and Development.* Vol 24 (6) pp.898-922.

MacKenzie, M., Conway, E., Hastings, A., Munro, M. & O'Donnell, C. (2013) Is 'Candidacy' A Useful Concept For Understanding Journeys Through Public Services? A Critical Interpretive Literature Synthesis. *Social Policy & Administration,* Vol.47**,** pp.806-825.

MacKinnon, D. (2015) Devolution, State Restructuring And Policy Divergence In The UK. *The Geographical Journal,* Vol.181, pp.47-56.

Maher, C., Hadfield, M., Hutchings, M. & De Eyto, A. (2018) Ensuring Rigor In Qualitative Data Analysis: A Design Research Approach To Coding Combining Nvivo With Traditional Material Methods. *International Journal Of Qualitative Methods,* Vol.17**,** 1609406918786362.

Mallorie, S. (2024) *Illustrating the relationship between poverty and NHS Services.* The Joseph Rowantree Foundation. Available at: https://www.kingsfund.org.uk/insight-and-analysis/long-reads/relationship-poverty-nhs-services (Accessed: 15 February 2025).

Malzer, S. (2013) A Report On Barriers To Accessing Health And Social Care Services For Older People From Black And Minority Ethnic Backgrounds In South Glasgow By. October, 27. Glasgow: The Advocacy Project. Available at: https://lx.iriss.org.UK/bme.html (Accessed: 5 December 2024).

Markham, M. J., Gentile, D. & Graham, D. L. (2017) Social Media For Networking, Professional Development, And Patient Engagement. *American Society of Clinical Oncology Educational Book***,** pp.782-787.

Marmot, M. (2010) *Fair Society, Healthy Lives; Marmot Review*. Westminster: England.

Marmot, M. (2015) *Status Syndrome: How Your Social Standing Directly Affects Your Health,* London, Bloomsbury Publishing.

Marmot, M. & Wilkinson, R. (2005) *Social Determinants Of Health*, Oxford: University Press.

Marmot, M. & Allen, J. (2020) Covid-19: Exposing And Amplifying Inequalities. *J Epidemiol Community Health,* Vol.74**,** pp.681-682.

Marmot, M., Allen, J., Boyce, T., Goldbatt, P., Morrison, J., (2020) *Health Equity in England: The Marmot Review 10 Years On. Institute Of Health Equality*. Available at: Http://Www.Instituteofhealthequity.Org/Resources-Reports/Marmot-Review-10-Years-On/The-Marmot-Review-10-Years-On-Full-Report.Pdf (Accessed: 24 June 2024).

Marmot, M., Allen, J., Goldblatt, P., Herd, E. & Morrison, J. (2021) Build Back Fairer: *The Covid-19 Marmot Review The Pandemic, Socioeconomic And Health Inequalities In England*. Available at: https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review (Accessed: 5 December 2024).

Marryat, L. & Martin, C. (2010) *Growing Up In Scotland: Maternal Mental Health And Its Impact On Child Behaviour And Development*. Edinburgh: Scottish Government.

Marryat, L., Thompson, L. & Wilson, P. (2017) No Evidence Of Whole Population Mental Health Impact Of The Triple P Parenting Programme: Findings From A Routine Dataset. *BMC Pediatrics,* Vol.17**,** p.40.

Marshall, J., Coulter, M. L., Gorski, P. A. & Ewing, A. (2016) Parent Recognition And Responses To Developmental Concerns In Young Children. *Infants And Young Children,* Vol.29**,** pp.102-115.

Maslow, A., H. (1954) Motivation And Personality. New York: Harper & Row.

Maynard, B. R., Farina, A., Dell, N. And Kelly, M. (2019) 'Effects of Trauma-Informed Approaches in Schools: A Systematic Review', *Campbell Systematic Reviews,* Vol.15, pp.1–2.

Mays, N. & Pope, C. (2000) Assessing Quality in Qualitative Research. *BMJ,* Vol.320 (72226**)** pp.50-52.

Meer, N. (2014) *Key Concepts In Race And Ethnicity,* London, Sage.

Meer, N. (2016) *Scotland And Race Equality: Directions In Policy And Identity*. London: Runnymede Trust.

Meer, N., Akhtar, S. & Davidson, N. (2020) *Taking Stock: Race Equality In Scotland*. London: Runnymede.

Melhuish, E. (2016) Longitudinal Research and Early Years Policy Development in the UK. *International Journal of Child Care and Educational Policy* Vol.10 (3) pp.1-18

Melhuish, E., Sylva, K., Sammons, P., Siraj-Blatchford, I., Taggart, B. (2001) *Technical Paper 7 - Social/Behavioural and Cognitive Development At 3-4 years in Relation to Family Background.* London: University Of London.

Mental Welfare Commission for Scotland. (2021) *Racial Inequality and Mental Health in Scotland*. Mental Welfare Commission. Available at: Https://Www.Mwcscot.Org.UK/Sites/Default/Files/2021-09/Racial-Inequality-Scotland_Report_Sep2021.Pdf (Accessed: 20 November 2023).

Mercer, S. W. & Watt, G. C. (2007) The Inverse Care Law: Clinical Primary Care Encounters in Deprived And Affluent Areas of Scotland. *The Annals Of Family Medicine,* Vol.5**,** pp.503-510.

Miall, N., Fergie, G. & Pearce, A. (2022) *Health Inequalities In Scotland: Trends In Deaths, Health And Wellbeing, Health Behaviours, And Health Services Since 2000*. University of Glasgow: (Doi: 10.36399/gla.pubs.282637).

Miller.E. (2024) *Collaboration For Care: Led by the Universities Of Strathclyde and Dundee with Eurocarers*. Available at: Https://Pure.Strath.Ac.UK/Ws/Portalfiles/Portal/233396242/Collaboration_In_Care_Final_Report_September_2024.Pdf (Accessed: 20 November 2024).

Mikucka, M. & Rizzi, E. (2016) Does It Take A Village To Raise A Child? The Buffering Effect of Relationships with Relatives for Parental Life Satisfaction. *Demographic Research,* Vol.34**,** pp.943-994.

Moloney, M., Hennessy, T. & Doody, O. (2023) Parents' Perspectives on Reasonable Adjustments in Acute Healthcare for People with Intellectual Disability: A Qualitative Descriptive Study. *Journal Of Advanced Nursing,* Vol.79**,** pp.4268-4279.

Morris, K., Hughes, N., Clarke, H., Tew, J., Mason. P., Galvani, S., Lewis, .P and Loveless, L. (2008*) Think Family: A Literature Review of Whole Family Approaches,* London: Cabinet Office, Social Exclusion Taskforce.

Mowat, J. G. (2018) Closing The Attainment Gap – A Realistic Proposition Or An

Elusive Pipe-Dream? *Journal Of Education Policy,* Vol.33 (2), pp.299-321.
Mullally, S.L., Wood, A.E., Edwards, C.C., Connolly, S.E., Constable, H., Watson, S., Rodgers, J., Rose, K. and King, N., (2024) Autistic voice: Sharing autistic children's experiences and insights. *medRxiv*, pp.2024-07.

Murray, R. (2017) *Ebook: How To Write A Thesis*, London: Mcgraw-Hill Education.

Naidoo, J. & Wills, J. (2016) *Foundations For Health Promotion-E-Book*, Elsevier Health Sciences.

Neill, S. J., Jones, C. H. D., Lakhanpaul, M., Roland, D. T. & Thompson, M. J. (2016) Parents' Help-Seeking Behaviours During Acute Childhood Illness At Home: A Contribution To Explanatory Theory. *Journal Of Child Health Care,* Vol.20, pp.77-86.

Nelson, J. (2016). Using conceputal depth criteria: addressing the challenge of reaching saturation in qualitative research. *Qualitative Research,* Vol.17, p.554.

NHS. (2022) *Support If You Are Going into Hospital: Learning Disabilities.* NHS. Available at: Https://Www.Nhs.UK/Conditions/Learning-Disabilities/Going-Into-Hospital/ (Accessed: 31 July 2024).

NHS Education for Scotland. (2024) *NHS Scotland Workforce: Latest Statistic at 31st March 2024.* NHS Education Scotland. Available at: https://turasdata.nes.nhs.scot/media/r5dntvv2/workforcereport_june2024.pdf (Accessed: 9 January 2025).

NHS Greater Glasgow and Clyde. (2024) *Moving on to Primary School*. Greater Glasgow and Clyde. Available at: Https://Www.Nhsggc.Org.UK/Kids/Moving-On-To-Primary-School/ (Accessed 25 November 2024).

NHS Inform. (2024) *When to Immunise*. NHS Inform. Available at: Https://Www.Nhsinform.Scot/Healthy-Living/Immunisation/When-To-Immunise/ (Accessed: 24 November 2024).

Norman, C., Moffatt, S. & Rankin, J. (2016) Young Parents' Views And Experiences Of Interactions With Health Professionals. *Journal Of Family Planning And Reproductive Health Care,* Vol.42, pp.179-185.

Nyhan, B., Reifler, J., Richey, S. & Freed, G. L. (2014) Effective Messages In Vaccine Promotion: A Randomized Trial. *Pediatrics,* Vol.133, E835-E842.

O'Brien, B. C., Harris, I. B., Beckman, T. J., Reed, D. A. & Cook, D. A. (2014) Standards For Reporting Qualitative Research: A Synthesis Of Recommendations.

Academic Medicine, Vol.89**,** pp.1245-1251.

O'Hagan, A. (2016). Redefining Welfare In Scotland – With Or Without Women? *Critical Social Policy,* Vol.36**,** pp.649-671.

Oliffe, J. L., Kelly, M. T., Gonzalez Montaner, G. & Yu Ko, W. F. (2021) Zoom Interviews: Benefits And Concessions. *International Journal Of Qualitative Methods,* Vol.20**,** 16094069211053522.

Oliver, A. & Exworthy, M. (2003) *Health Inequalities: Evidence, Policy And Implementation. Proceedings From A Meeting Of The Health Equity Network*, England: Nuffield Provincial Hospitals Trust.

One Parent Families Scotland. (2022) *Living Without a Lifeline*. One Parent Families Scotland. Available at: https://opfs.org.UK/Policy-And-Campaigns/Policy-Research/Living-Without-A-Lifeline/ (Accessed: 20 November 2024).

One Parent Families Scotland. (2025) *Single Parent Families Impact Report: Issue 31: Spotlight Benefit Conditionality March 2025*. One Parent Families Scotland. Available at: https://opfs.org.uk/wp-content/uploads/2025/04/Impact_report_-_Issue_31_-_Benefit_Conditionality-1.pdf (Accessed: 10 June 2025)

Parenting Across Scotland. (2024) *Parenting Evidence Review Scotland.* Parenting Across Scotland. Edinburgh: Parenting Across Scotland. Available from: http://www.parentingacrossscotland.org/media/1675/pas-literature-review_digital.pdf (Accessed: 13 June 2025).

Parent Club. (2024) *Starting Primary School*. Scottish Government. Available at: Https://Www.Parentclub.Scot/Articles/Starting-Primary-School (Accessed: 25 November 2024).

Parkes, A., Wight, D. (2011) *Growing Up in Scotland: Parenting and Children's Health.* Edinburgh: Scottish Government.

Payne, G. (2013) *Social Divisions,* 3rd Edition. Hampshire, Palgrave Macmillan.

Payne, M. (2020) *Modern Social Work Theory*, UK: Bloomsbury Publishing.

Pearce, A., Mason, K., Fleming, K., Taylor-Robinson, D., Whitehead, M. (2020) *Reducing inequitities in health across the life-course*. Copenhagen: WHO Regional Office for Europse. Licence: CC BY-NC-SA 3.0 IGO.

Peters, K. & Halcomb, E. (2015) Interviews In Qualitative Research. *Nurse Researcher,* Vol.22**,** p. 6.

Perez, C. C. (2019) *Invisible Women: Data Bias In A World Designed For Men*, USA: Abrams.

Pillas, D., Marmot, M., Naicker, K., Goldblatt, P., Morrison, J., Pikhart, H. (2014) Social Inequalities In Early Childhood Health And Development: A European-Wide Systematic Review. *Pediatric Research,* Vol.76**,** pp.418-424.

Porter, J., Georgeson, J., Daniels, H., Martin, S. & Feiler, A. (2013) Reasonable Adjustments for Disabled Pupils: What Support Do Parents Want For Their Child? *European Journal Of Special Needs Education,* Vol.28**,** pp.1-18.

Potts, A., Kolli, H. & Fattal, L. (2022) Whose Voices Matter? Using Participatory, Feminist And Anthropological Approaches To Centre Power And Positionality In Research On Gender-Based Violence In Emergencies. *Global Public Health,* Vol.17**,** pp.2530-2546.

Powell, K., Le Roux, E., Banks, J. & Ridd, M. J. (2018) GP And Parent Dissonance About The Assessment And Treatment Of Childhood Eczema In Primary Care: A Qualitative Study. *BMJ Open,* Vol.8.

Power, K. (2020) The COVID-19 Pandemic Has Increased The Care Burden Of Women and Families. *Sustainability: Science, Practice And Policy,* Vol.16**,** pp.67-73.

Public Health Scotland. (2020a) *Covid-19 Early Years Resilience and Impact Survey (CEYRIS): Findings Form Round 2 (November/ December 2020)* Public Health Scotland. Available at: Https://Www.Publichealthscotland.Scot/Media/2997/Ceyris-Findings-From-Round-2-Full-Report-March2021-English.Pdf (Accessed: 23 March 2022).

Public Health Scotland. (2020b) *The Impact of Covid-19 On Children and Young People in Scotland: 2- To 4-Year-Olds.* Edinburgh: Public Health Scotland.

Public Health Scotland. (2022a*) Ensuring Our Future: Addressing The Impact Of Covid-19 On Children Young People And Their Families.* Edinburgh: Public Health Scotland.

Public Health Scotland. (2022b). *Covid-19 Early Years Resilience and Impact Survey (CEYRIS) – Round 3. Report 1: Key Behaviour Sin Children*. Edinburgh: Public Health Scotland

Public Health Scotland. (2024) *Covid-19 Early Years Resilience and Impact Survey (CEYRIS) Report: Findings from Round Four*. Available at:

Https://Publichealthscotland.Scot/Publications/Covid-19-Early-Years-Resilience-And-Impact-Survey-Ceyris-Report/Covid-19-Early-Years-Resilience-And-Impact-Survey-Ceyris-Findings-From-Round-Four/ (Accessed: 29 June 2024).

Rannard, A., Lyons, C. & Glenn, S. (2005) Parent Concerns And Professional Responses: The Case Of Specific Language Impairment. *British Journal Of General Practice,* Vol.55**,** pp.710-714.

Reeder, J. & Morris, J. (2021) Becoming An Empowered Parent. How Do Parents Successfully Take Up Their Role As A Collaborative Partner In Their Child's Specialist Care? *Journal Of Child Health Care,* Vol.25**,** pp.110-125.

Reich, J. A. (2021) Power, Positionality, And The Ethic of Care in Qualitative Research. *Qualitative Sociology,* Vol.44**,** pp.575-581.

Reijneveld, S. A., De Meer, G., Wiefferink, C. H. & Crone, M. R. (2008) Parents' Concerns About Children Are Highly Prevalent But Often Not Confirmed By Child Doctors And Nurses. *BMC Public Health,* Vol.8**,** p.124.

Reijneveld, S. A., Crone, M. R. & De Meer, G. (2012) Early Detection Of Children At Risk For Antisocial Behaviour Using Data From Routine Preventive Child Healthcare. *BMC Pediatrics,* Vol.12.

Reupert, A., Straussner, S. L., Weimand, B. & Maybery, D. (2022) It Takes A Village To Raise A Child: Understanding And Expanding The Concept Of The "Village". *Frontiers In Public Health,* Vol.10**,** 756066.

Richards, L. (1999) Data Alive! The Thinking Behind Nvivo. *Qualitative Health Research,* Vol.9**,** pp.412-428.

Richardson, E., Fenton, L., Parkinson, J., Pulford, A., Taulbut, M., Mccartney, G. & Robinson, M. (2020) The Effect Of Income-Based Policies On Mortality Inequalities In Scotland: A Modelling Study. *The Lancet Public Health,* Vol.5**,** E150-E156.

Riddell, S. & Weedon, E. (2017) Social Justice And Provision For Children With Additional Support Needs In Scotland. *Education, Citizenship And Social Justice,* Vol.12**,** pp.36-48.

Riddell, S. & Carmichael, D. (2019) The Biggest Extension Of Rights In Europe? Needs, Rights And Children With Additional Support Needs In Scotland. *International Journal Of Inclusive Education,* Vol.23**,** pp.473-490.

Ritchie, J., Lewis, J., Nicholls, C. M. & Ormston, R. (2013) *Qualitative Research Practice: A Guide for Social Science Students and Researchers.* London: Sage Publications

Robson, C. (2011) *Real World Research.* West Sussex: John Wiley And Sons Ltd.
Rose, J. & Johnson, C. W. (2020) Contextualizing Reliability And Validity In Qualitative Research: Toward More Rigorous And Trustworthy Qualitative Social Science In Leisure Research. *Journal Of Leisure Research,* Vol.51**,** pp.432-451.

Rose, D. M., Loomis, A., Mogro-Wilson, C. & Longo, E. (2024) The Role of Informal Supports on Parent Stress And Family–Professional Partnerships of Latino Parents of Children with Disabilities. *Journal of Latinos And Education***,** pp.1-12.

Royal College of Paediatrics and Child Health Scotland (RCPCH). (2020) *State of Child Health 2020.* London: RCPCH.

Royal College of Paediatrics and Child Health Scotland (RCPCH). (2024) *Worried and waiting: A review of paediatric waiting times in Scotland*. RCPCH. Available at:
https://www.rcpch.ac.uk/sites/default/files/2024-03/Worried-and-waiting-review-waiting-times-Scotland-2024.pdf (Accessed: 10 January 2025).

Saar-Heiman, Y. (2023) Power With And Power Over: Social Workers' Reflections On Their Use Of Power When Talking With Parents About Child Welfare Concerns. *Children And Youth Services Review,* Vol.145**,** 106776.

Save The Children. (2021) *Dropped into a Cave: How Families with Young Children Experienced Lockdown*. Available at:
Https://Www.Savethechildren.Org.UK/Content/Dam/Gb/Reports/Dropped-Into-A-Cave-Compressed.Pdf (Accessed: 23 July 2022).

Schaffer, H.R. (1996) *Social development*. UK: Blackwell Publishing.

Scotland's Census. (2022) *Scotland's Census 2022 - Ethnic Group, National Identitiy, Language And Religeon.* Scotland's Census. Available at:
https://www.scotlandscensus.gov.UK/2022-results/scotland-s-census-2022-ethnic-group-national-identity-language-and-religion/ (Accessed: 6 August 2024).

Scott, E., Ford, J., Woodman, K., McAteer, J. (2014) Use of Public Health Science to Inform Scotland's National Parenting Strategy: An Outcomes Framework Approach. *The Lancet*, Vol.384. p.69.

Scottish Assembly of Parents and Carers (2025a) *Additional Support for Learning Findings Report*. Available at:

https://parentcarerassembly.scot/application/files/6417/4833/1226/Additional_Support_for_Learning_Survey_Report_Findings_-_May_2025.pdf (Accessed: 6 June 2025).

Scottish Assembly of Parents and Carers (2025b) *Parental Involvement Survey – Findings Report. Scottish Assembly of Parents and Carers*. Available at: https://parentcarerassembly.scot/application/files/2817/3805/9010/Parental_Involvement_Survey_Findings_Report.pdf (Accessed: 18 February 2025).

Scottish Executive. (1999) *Social Justice: A Scotland Where Everyone Matters: Annual Report 2000: Summary*. Edinburgh: Scottish Executive.

Scottish Government. (2000) *Standards in Scotland's Schools etc Act (2000)* Scottish Government. Available at: Https://Www.Legislation.Gov.UK/Asp/2000/6/Contents (Accessed 12 December 2021).

Scottish Government. (2003) *Commissioner for Children and Young People (Scotland) Act 2003.* Scottish Government. Available at: Https://Www.Legislation.Gov.Uk/Asp/2003/17/Section/1 (Accessed: 18 March 2022).

Scottish Government. (2004) *Education (Additional Support for Learning)(Scotland) Act 2004*. Scottish Government. Available at: https://www.legislation.gov.uk/asp/2004/4/contents (Accessed: 1 February 2025).

Scottish Government. (2006) *Scottish Schools (Parental Involvement) Act 2006* Edinburgh: Scottish Parliament.

Scottish Government. (2008a) *The Early Years Framework*. Edinburgh: Scottish Government.

Scottish Government. (2008b) *A Guide To Getting It Right For Every Child.* Edinburgh: Scottish Parliament.

Scottish Government. (2009) *Changing Professional Practice and Culture to Get It Right for Every Child: An Evaluation of The Development and Early Implementation Phases of Getting It Right for Every Child in Highland: 2006-2009.* Scottish Government. Available at: Https://Dera.Ioe.Ac.UK/410/1/0090352.Pdf (Accessed: 16 February 2022).

Scottish Government. (2010) *Growing Up in Scotland: Maternal Mental Health and Its Impact on Child Behaviour and Development*. Edinburgh: Scottish Government.

Scottish Government. (2011) *Children's Hearings (Scotland) Act*. Edinburgh: Scottish Parliament.

Scottish Government. (2012) *National Parenting Strategy: Making a Positive Difference to Children and Young People Through Parenting.* Scottish Government. Available at: Https://Www.Gov.Scot/Binaries/Content/Documents/Govscot/Publications/Strategy-Plan/2012/10/National-Parenting-Strategy-Making-Positive-Difference-Children-Young-People-Through/Documents/00403769-Pdf/00403769-Pdf/Govscot%3adocument/00403769.Pdf (Accessed: 10 December 2021).

Scottish Government. (2013) *They Keys to Life* Edinburgh: Scottish Government.

Scottish Government. (2014a) *Children And Young People Act*. Edinburgh: Scottish Parliament.

Scottish Government. (2014b). *Building The Ambition: National Practice Guidance on Early Learning and Childcare Children and Young People (Scotland) Act 2014* Scottish Parliament. Available at: https://blogs.glowscotland.org.uk/ab/public/saliarchive/uploads/sites/884/2015/01/Building-the-Ambition-document.pdf (Accessed:1 June 2025).

Scottish Government. (2014c) *The Public Bodies (Joint Working) (Scotland) Act 2014.* Edinburgh: Scottish Parliament.

Scottish Government. (2015a) *Analysis of Responses to The Consultation on The Consultation on Draft Statutory Guidance for Parts 4,5 &18 (Section 96) of the Children and Young People (Scotland) Act 2014*. Scottish Government. Available at: Https://Www.Gov.Scot/Publications/Analysis-Responses-Consultation-Draft-Statutory-Guidance-Parts-4-5-18-Section-96-Children-Young-People-Scotland-Act-2014/ (Accessed: 16 February 2022).

Scottish Government. (2015b) *Universal Health Visiting Pathway.* Edinburgh: Scottish Government.

Scottish Government. (2016a) *Implementing Early Learning and Childcare under the Children and Young People (Scotland) Act 2014: Progress update*. Scottish Government. Available at: https://www.gov.scot/binaries/content/documents/govscot/publications/progress-report/2016/10/implementing-early-learning-childcare-under-children-young-people-scotland-act/documents/00507218-pdf/00507218-pdf/govscot%3Adocument/00507218.pdf (Accessed: 8 February 2025).

Scottish Government. (2016b) *Carers (Scotland) Act*. Edinburgh: Scottish Parliament.

Scottish Government. (2017a) *Child Poverty (Scotland) Act 2017* Scottish Parliament. Available at: Https://Www.Legislation.Gov.UK/Asp/2017/6/Contents/Enacted (Accessed:12 December 2021).

Scottish Government. (2017b) *Supporting Children's Learning: Statutory Guidance on The Education (Additional Support for Learning) Scotland Act 2004 (As Amended): Code of Practice (Third Edition).* Scottish Government, Available at: Https://Www.Gov.Scot/Binaries/Content/Documents/Govscot/Publications/Advice-And-Guidance/2017/12/Supporting-Childrens-Learning-Statutory-Guidance-Education-Additional-Support-Learning-Scotland/Documents/00529411-Pdf/00529411-Pdf/Govscot%3adocument/00529411.Pdf (Accessed:18 November 2024).

Scottish Government. (2017c) *A Realist Evaluation of the Refocused School Nurse Programme within Early Adopter Sites in Scotland: Summary Report*. Scottish Government. Available at: https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2017/07/realist-evaluation-refocused-school-nurse-role-within-early-adopter-sites/documents/00522977-pdf/00522977-pdf/govscot%3Adocument/00522977.pdf (Accessed: 7 February 2025).

Scottish Government. (2017d) *Mental Health Strategy: 2017 – 2027*. Scottish Government. Available at: https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2017/03/mental-health-strategy-2017-2027/documents/00516047-pdf/00516047-pdf/govscot%3Adocument/00516047.pdf (Accessed: 24 February 2025).

Scottish Government. (2018a) *National Performance Framework* Scottish Government. Available at: Https://Nationalperformance.Gov.Scot (Accessed: 22 September 2024).

Scottish Government (2018b) *A Blueprint For 2020: The Expansion of Early Learning and Childcare in Scotland: 2017-18 Action Plan.* Scottish Government. Https://Www.Gov.Scot/Binaries/Content/Documents/Govscot/Publications/Strategy-Plan/2017/03/Blueprint-2020-Expansion-Early-Learning-Childcare-Scotland-2017-18-Action/Documents/00515637-Pdf/00515637-Pdf/Govscot%3Adocument/00515637.Pdf (Accessed: 6 December 2024).

Scottish Government. (2018c*) Social Security: Best Start Grant Scottish Government* Available at: Https://Www.Gov.Scot/Policies/Social-Security/Best-Start-Grant/ (Accessed: 9 December 2021).

Scottish Government. (2018d) *Public Health Priorities for Scotland*. Edinburgh: Scottish Government.

Scottish Government, (2018e) *School Nursing Role in Integrated Community Nursing Teams: School Nursing Priority Areas and Pathways*. Scottish Government. Available at: https://www.gov.scot/binaries/content/documents/govscot/publications/corporate-report/2018/09/school-nursing-role-integrated-community-nursing-teams-school-nursing-priority/documents/00540611-pdf/00540611-pdf/govscot%3Adocument/00540611.pdf (Accessed: 14 January 2025).

Scottish Government. (2019a) *The Public Health Scotland Order 2019*. Edinburgh: Scottish Parliament.

Scottish Government. (2019b) Scottish Study of Early Learning and Childcare: Phase 1 Report (Updated 2021). Scottish Government Https://Www.Gov.Scot/Publications/Scottish-Study-Early-Learning-Childcare-Phase-1-Report-Updated-2021/ (Accessed: 19 June 2022).

Scottish Government. (2019c) *Gender and Work in Scotland: Findings from Understanding Society: Equality and Welfare*. Scottish Government. Available at: Https://Www.Gov.Scot/Binaries/Content/Documents/Govscot/Publications/Research-And-Analysis/2019/12/Gender-Work-Scotland-Findings-Understanding-Society/Documents/Gender-Work-Scotland-Findings-Understanding-Society/Gender-Work-Scotland-Findings-Understanding-Society/Govscot%3adocument/Gender-Work-Scotland-Findings-Understanding-Society.Pdf (Accessed: 29 May 2023).

Scottish Government. (2019d) *The Keys to Life: Unlocking Futures for People with Learning Disabilities Implementation Framework and Priorities 2019 – 2021*. Scottish Government. Available at: Https://Www.Gov.Scot/Binaries/Content/Documents/Govscot/Publications/Strategy-Plan/2019/03/Keys-Life-Unlocking-Futures-Implementation-Framework-Priorities-2019-21/Documents/Keys-Life-Implementation-Framework-Priorities-2019-2021/Keys-Life-Implementation-Framework-Priorities-2019-2021/Govscot%3adocument/Keys-Life-Implementation-Framework-Priorities-2019-2021.Pdf (Accessed: 31 July 2024).

Scottish Government (2019e) *Included, engaged and involved: part 1: promoting and managing school attendance.* Scottish Government. Available at: https://www.gov.scot/publications/included-engaged-involved-part-1-positive-approach-promotion-management-attendance-scottish-schools/ (Accessed: 18 February 2025).

Scottish Government. (2020a) *Support for Learning: All Our Children and All Their Potential.* Edinburgh: Scottish Government.

Scottish Government. (2020b) *Childcare Expansion from August 2021*. Scottish Government. Available at: Https://Www.Gov.Scot/News/Childcare-Expansion-From-August-2021/ (Accessed: 22 March 2022).

Scottish Government. (2020c) *Funding Follows the Child and The National Standard for Early Learning and Childcare Providers: Interim Guidance on Requirements on Early Learning and Childcare Settings and Local Authorities from August 2020* Scottish Government. Available at: Https://Www.Gov.Scot/Binaries/Content/Documents/Govscot/Publications/Advice-And-Guidance/2020/07/Funding-Follows-The-Child-And-The-National-Standard-For-Early-Learning-And-Childcare-Providers-Interim-Guidance/Documents/Interim-Guidance/Interim-Guidance/Govscot%3adocument/Elc%2b-%2bcovid-19%2b-%2bfunding%2bfollows%2bthe%2bchild%2band%2bthe%2bnational%2bstandard%2b-%2binterim%2bguidance%2b-%2bupdate%2b-%2b21%2baugust.Pdf (Accessed: 23 March 2022).

Scottish Government. (2020d) *Coronavirus Act 2020* Scottish Government. Available at: Https://Www.Legislation.Gov.UK/UKpga/2020/7/Contents (Accessed: 23 March 2022).

Scottish Government. (2021a) *Recover, Restore, Renew: Chief Medical Officer for Scotland Annual Report 2020 – 2021* Scottish Government/ NHS Scotland. Available at: Https://Www.Gov.Scot/Publications/Cmo-Annual-Report-2020-21/Documents/ (Accessed: 12th December 2021).

Scottish Government.(2021b) *Covid-19: Children, Young People and Families: June 2021 Evidence Summary*. Scottish Government. Available at: Https://Www.Gov.Scot/Publications/Coronavirus-Covid-19-Children-Young-People-Families-Evidence-Summary-June-2021/Documents/ (Accessed: 22 March 2022).

Scottish Government. (2021c) *Covid Recovery Strategy: For A Fairer Future* Scottish Government. Available at: Https://Www.Gov.Scot/Publications/Covid-Recovery-Strategy-Fairer-Future/Documents/ (Accessed: 23 March 2022).

Scottish Government, (2021e) *Free School Meals*. Scottish Government. Available at: www.gov.scot/news/free-school-meals-1/ (Accessed: 7 January 2025).

Scottish Government. (2021f) *United Nations Convention on The Rights of The Child (Incorporation) (Scotland) Bill.* Edinburgh: Scottish Government.

Scottish Government (2021g) *Covid Recovery Strategy: For a fairer future*. Scottish Government. Available at: https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2021/10/covid-recovery-strategy-fairer-future/documents/covid-recovery-strategy-fairer-future/covid-recovery-strategy-fairer-future/govscot%3Adocument/covid-recovery-strategy-fairer-future.pdf (Accessed: 2 June 2025)

Scottish Government. (2022a) *Scottish Child Payment: How It Works*. Scottish Government. Available at: Https://Www.Mygov.Scot/Scottish-Child-Payment (Accessed: 19 September 2024).

Scottish Government. (2022b) *The Cost-Of-Living Crisis in Scotland: An Analytical Report*. Scottish Government. Available at: Https://Www.Gov.Scot/Publications/Cost-Living-Crisis-Scotland-Analytical-Report/Documents/ (Accessed: September 2024).

Scottish Government. (2022c) *Getting It Right For Every Child Statutory Guidance – Assessment Of Wellbeing 2022 –Part 18 (Section 96) Of the Children and Young People(Scotland) Act 2014*. Edinburgh: Scottish Government.

Scottish Government (2022d) *The Adult Social Care Workforce in Scotland*. Scottish Government. Available at: https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2022/06/national-care-service-adult-social-care-workforce-scotland/documents/adult-social-care-workforce-scotland/adult-social-care-workforce-scotland/govscot%3Adocument/adult-social-care-workforce-scotland.pdf (Accessed: 9 January 2025).

Scottish Government. (2022e) *Parent Involvement and Engagement Census Scotland 2021/22*. Scottish Government. Available at: https://www.gov.scot/publications/parental-involvement-and-engagement-census-scotland-2021-22/documents/ (Accessed: 2 February 2025).

Scottish Government. (2022f) *Best Start Strategic early learning and school age childcare plan for Scotland 2022-2026.* Scottish Government. Available at: https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2022/10/best-start-strategic-early-learning-school-age-childcare-plan-scotland-2022-26/documents/best-start-strategic-early-learning-school-age-childcare-plan-scotland-2022-26/best-start-strategic-early-learning-school-age-childcare-plan-scotland-2022-26/govscot%3Adocument/best-start-strategic-early-learning-school-age-childcare-plan-scotland-2022-26.pdf (Accessed: 12 February 2025).

Scottish Government. (2023a) *Voice of The Infant: Best Practice Guidelines and Infant Pledge.* Available at:

Https://Www.Gov.Scot/Binaries/Content/Documents/Govscot/Publications/Advice-And-Guidance/2023/03/Voice-Infant-Best-Practice-Guidelines-Infant-Pledge/Documents/Voice-Infant-Best-Practice-Guidelines-Infant-Pledge/Voice-Infant-Best-Practice-Guidelines-Infant-Pledge/Govscot%3adocument/Voice-Infant-Best-Practice-Guidelines-Infant-Pledge.Pdf (Accessed: 25 November 2024).

Scottish Government. (2023b) E*arly Learning and Childcare Funding: Primary 1 Deferral Pilot Evaluation*. Scottish Government. Available at: Https://Www.Gov.Scot/Publications/Pilot-Evaluation-Report-Access-Funded-Early-Learning-Childcare-Eligible-Children-Defer-Entry-Primary-1/ (Accessed: 20 September 2024).

Scottish Government. (2023c) *Research into Provision for Pupils with Complex Additional Support Needs in* Scotland Government. Available at: Https://Www.Gov.Scot/Binaries/Content/Documents/Govscot/Publications/Research-And-Analysis/2023/09/Research-Provision-Pupils-Complex-Additional-Support-Needs-Scotland/Documents/Research-Provision-Pupils-Complex-Additional-Support-Needs-Scotland/Research-Provision-Pupils-Complex-Additional-Support-Needs-Scotland/Govscot%3adocument/Research-Provision-Pupils-Complex-Additional-Support-Needs-Scotland.Pdf (Accessed: 19 November 2024).

Scottish Government. (2023d) *Behaviour in Scottish Schools: Research Report 2023.* Scottish Government. Available at: https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2023/11/behaviour-scottish-schools-research-report-2023/documents/behaviour-scottish-schools-2023/behaviour-scottish-schools-2023/govscot%3Adocument/behaviour-scottish-schools-2023.pdf (Accessed: 18th November 2024).

Scottish Government. (2023e) *Summary Statistics for Schools in Scotland 2023.* Scottish Government. Available at: Https://Www.Gov.Scot/Publications/Summary-Statistics-For-Schools-In-Scotland-2023/Pages/Attendance-And-Absence/ (Accessed: 18 November 2024).

Scottish Government. (2023f) *A Rapid Review of The Literature on Whole Family Approach.* Aps Group Scotland. Edinburgh: Scottish Government.

Scottish Government, (2023g) *National Guidance for Child Protection in Scotland 2021 – updated 2023*. Scottish Government. Available at: https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2023/08/national-guidance-child-protection-scotland-2021-updated-2023/documents/national-guidance-child-protection-scotland-2021-updated-2023-practice-insights/national-guidance-child-protection-scotland-2021-updated-2023-

practice-insights/govscot%3Adocument/national-guidance-child-protection-scotland-2021-updated-2023-practice-insights.pdf (Accessed: 27 January 2025).

Scottish Government.(2023h) *GIRFEC wellbeing resources (SHANARRI)*. Scottish Government. Available at: https://www.gov.scot/publications/shanarri/documents/ (Accessed: 1 February 2025).

Scottish Governmnet (2023i) *All Learners in Scotland Matter: The National Discussion on Education.* Scottish Government. Available at: https://www.gov.scot/binaries/content/documents/govscot/publications/independent-report/2023/05/learners-scotland-matter-national-discussion-education-final-report/documents/learners-scotland-matter-national-discussion-education-final-report/learners-scotland-matter-national-discussion-education-final-report/govscot%3Adocument/learners-scotland-matter-national-discussion-education-final-report.pdf (Accessed 18 February 2025).

Scottish Government. (2023j) *Equally Safe: Scotland's Strategy for Preventing and Eradicating Violence Against Women and Girls*. Scottish Government
Available at:
Https://Www.Gov.Scot/Binaries/Content/Documents/Govscot/Publications/Strategy-Plan/2023/12/Equally-Safe-Scotlands-Strategy-Preventing-Eradicating-Violence-Against-Women-Girls/Documents/Equally-Safe-Scotlands-Strategy-Preventing-Eradicating-Violence-Against-Women-Girlsscotlands-Strategy-Preventing-Eradicating-Violence-Against-Women-Girls/Equally-Safe-Scotlands-Strategy-Preventing-Eradicating-Violence-Against-Women-Girlsscotlands-Strategy-Preventing-Eradicating-Violence-Against-Women-Girls/Govscot%3adocument/Equally-Safe-Scotlands-Strategy-Preventing-Eradicating-Violence-Against-Women-Girlsscotlands-Strategy-Preventing-Eradicating-Violence-Against-Women-Girls.Pdf (Accessed: 20 November 2024).

Scottish Government (2023k) *Learning to inform Scotland's recovery from Covid-19: Covid-19 Learning and Evaluation Oversight Group*. Scottish Government. Available from:
https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2023/11/learning-inform-scotlands-recovery-covid-19/documents/learning-inform-scotlands-recovery-covid-19-covid-19-learning-evaluation-oversight-group/learning-inform-scotlands-recovery-covid-19-covid-19-learning-evaluation-oversight-group/govscot%3Adocument/learning-inform-scotlands-recovery-covid-19-covid-19-learning-evaluation-oversight-group.pdf (Accessed: 2 June 2025).

Scottish Government (2023l) Mental Health and Wellbeing Strategy. Available from:
https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2023/06/mental-health-wellbeing-strategy/documents/mental-health-wellbeing-

strategy/mental-health-wellbeing-strategy/govscot%3Adocument/mental-health-wellbeing-strategy.pdf (Accessed: 27th January 2025).

Scottish Government. (2024a) *United Nations Convention on The Rights of The Chid (Incorporation)(Scotland) Act 2024.* Scottish Parliament. Available at: Https://Www.Legislation.Gov.UK/Asp/2024/1/Contents (Accessed: September 19, 2024).

Scottish Government. (2024b) *Programme for Government 2024-2025: Serving Scotland*. Scottish Government. Available at: https://www.gov.scot/publications/programme-government-2024-25-serving-scotland/ (Accessed: 11 September 2024).

Scottish Government. (2024c) *Improving Relationships And Behaviour in Schools: Ensuring Safe and Consistent Environments for All: Joint Action Plan 2024-2027.* Edinburgh: Scottish Government.

Scottish Government. (2024d) *Child and Parental Wellbeing: Measuring Wellbeing Outcomes and Understanding Their Relationship with Poverty*. Scottish Government Available at: Https://Www.Gov.Scot/Binaries/Content/Documents/Govscot/Publications/Research-And-Analysis/2024/03/Child-Parental-Wellbeing-Measuring-Wellbeing-Outcomes-Understanding-Relation-Poverty/Documents/Child-Parental-Wellbeing-Measuring-Wellbeing-Outcomes-Understanding-Relation-Poverty/Child-Parental-Wellbeing-Measuring-Wellbeing-Outcomes-Understanding-Relation-Poverty/Govscot%3adocument/Child-Parental-Wellbeing-Measuring-Wellbeing-Outcomes-Understanding-Relation-Poverty.Pdf (Accessed: 19 November 2024).

Scottish Government. (2024e) *Relationships and Behaviour in Schools: National Action Plan 2024 To 2027.* Scottish Government. Available at: Https://Www.Gov.Scot/Publications/National-Action-Plan-Relationships-Behaviour-Schools-2024-2027/ (Accessed: 18 November 2024).

Scottish Government. (2024f) *Early Learning and Childcare Expansion to 1140 hours: Interim Evaluation Report*. Scottish Government. Available at: https://www.gov.scot/publications/early-learning-childcare-expansion-1140-hours-interim-evaluation-report/pages/3/ (Accessed: 9 January 2025).

Scottish Government. (2024g) *Additional Support for Learning Review: action plan – update*. Scottish Government. Available at: https://www.gov.scot/publications/additional-support-learning-review-action-plan-update/ (Accessed: 3 February 2025).

Scottish Government (2024h) *Covid Recovery Strategy: Activity overview and next steps report*. Scottish Government. Available at: https://www.gov.scot/binaries/content/documents/govscot/publications/progress-report/2024/07/covid-recovery-strategy-activity-overview-next-steps-report/documents/covid-recovery-strategy-activity-overview-next-steps-report/covid-recovery-strategy-activity-overview-next-steps-report/govscot%3Adocument/covid-recovery-strategy-activity-overview-next-steps-report.pdf (Accessed: 2 June 2025)

Scottish Office. (1998) *Working Together for A Healthier Scotland: A Consultation Document*. Department Of Health. Available at: Https://Assets.Publishing.Service.Gov.UK/Government/Uploads/System/Uploads/Attachment_Data/File/260831/Wthscot.Pdf (Accessed: 28 November 2021).

Scriven, A. (2017) Ewles & Simnett's *Promoting Health: A Practical Guide. 8th Ed. UK:* Elsevier Health Sciences.

Seale, C. & Silverman, D. (1997) Ensuring Rigour In Qualitative Research. *The European Journal Of Public Health,* Vol.7**,** pp.379-384.

Seccombe, K. (2000) Families in Poverty in the 1990s" Trends, Causes, Consequences and Lessons Learned. *Journal Of Marriage and Family*, Vol.62 (4) pp.1094-1113.

Secules, S., Mccall, C., Mejia, J. A., Beebe, C., Masters, A. S., L. Sánchez-Peña, M. & Svyantek, M. (2021) Positionality Practices And Dimensions Of Impact On Equity Research: A Collaborative Inquiry And Call To The Community. *Journal Of Engineering Education,* Vol.110**,** pp.19-43.

Sexton, C., Moran, J. (2024) *Dad's Survey 2024: Fatherhood in the Balance Report. Fatherhood Network Scotland*. Available at: Https://Assets.Nationbuilder.Com/Fathersnetwork/Pages/5676/Attachments/Original/1730998996/Fns_Dads_Survey_Report_2024_-_Fatherhood_In_The_Balance_%28v1%29.Pdf?1730998996 (Accessed: 20 November 2024).

Sharkey, P. (2017) *Essentials Of Community Care*, UK: Bloomsbury Publishing.

Sharma, A., Cockerill, H., Sanctuary, L. (2022) *Mary Sheridan's from Birth To Five Years: Children's Developmental Progress*. 5th Ed. London: Routledge.

Shonkoff, J.P., (2010) Building a new biodevelopmental framework to guide the future of early childhood policy. *Child development*, Vol.81 (1), pp.357-367.

Silverman, D. (2013) *Doing Qualitative Research: A Practical Handbook,* London,

Sage Publications.

Silverman, D. (2020) *Interpreting Qualitative Data,* London, Sage Publications.

Sim, F., Thompson, L., Marryat, L., Law, J. & Wilson, P. (2019) Preschool Developmental Concerns And Adjustment In The Early School Years: Evidence From A Scottish Birth Cohort. *Child: Care, Health And Development,* Vol.45**,** pp.719-736.

Simela, C., Akanbi-Akinlolu, T., Okundi, M., Abdalla, H., Mcadams, T., Harris, A., Augustine, A., Le, H., Abdinasir, K. & Ayorech, Z. (2023) Intergenerational Consequences Of Racism In The UK: A Qualitative Investigation Into Parents' Exposure To Racism And Offspring Mental Health And Wellbeing. *Child, Adolescent Mental Health* Vol.29 pp.181-191
DOI: https://doi.org/10.1111/camh.12695

Sims-Schouten, W. (2016) Positioning In Relationships Between Parents And Early Years Practitioners. *Early Child Development And Care,* Vol.186**,** pp.1392-1405.

Sinnott, C., Ansari, A., Price, E., Fisher, R., Beech, J., Alderwick, H. & Dixon-Woods, M. (2024) Understanding Access To General Practice Through The Lens Of Candidacy: A Critical Review Of The Literature. *British Journal Of General Practice,* Vol.74**,** E683-E694.

SNAP (1998) *Scottish Needs Assessment Programme: A National Approach; Needs Assessment in Primary Care: A Rough Guide* Glasgow: SNAP.

Sosu, E., Ellis, S. (2014) *Closing the Attainment Gap in Scottish Education.* Joseph Rowntree Foundation. Available at: Https://Www.Jrf.Org.UK/Report/Closing-Attainment-Gap-Scottish-Education (Accessed: 30 July 2022).

Sparkes, J., West, A. (2006) An Evaluation of The English Nursery Voucher Scheme 1996 – 1997. *Education Economics*, Vol.6 (2) pp.171-184.

SPICe. (2016) *Spice Briefing: Child and Adolescent Mental Health – Trends and Key Issues*. Edinburgh: SPICe.

Squires et al. (2023) Reflexive Bracketing. *Varieties Of Qualitative Research Methods: Selected Contextual Perspectives.* Switzerland: Springer.

Sridhar, D. (2022) *Preventable: How A Pandemic Changed The World & How To Stop The Next One,* Great Britain: Viking Press.

Stalker, K., Macdonald, C., King, C., Mcfaul, F., Young, C., Hawthorn,

M. & Patrizio, L. (2013) *" It Always Comes Down To Money": Recent Changes In Service Provision To Disabled Children, Young People And Their Families In Scotland.* University of Strathclyde. Available at: https://strathprints.strath.ac.UK/45037/1/It_always_comes_down_to_money.pdf (Accessed: 6 December 2024).

Stenfors, T., Kajamaa, A. & Bennett, D. (2020) How To… Assess The Quality Of Qualitative Research. *The Clinical Teacher,* Vol.17**,** pp.596-599.

Stradling, R., Macneil, M. M. & Berry, H. (2009) *Changing Professional Practice And Culture To Get It Right For Every Child: An Evaluation Of The Development And Early Implementation Phases Of Getting It Right For Every Child In Highland: 2006-2009*, Edinburgh: Scottish Government.

Street, M. (2022) Eliciting Young Children's 'Voice' In Low-Income Areas In England: Recognising Their Mutuality Of Being. *European Early Childhood Education Research Journal,* Vol.30**,** pp.96-107.

Supreme Court. (2021) *Judgment: Reference by the Attorney General and The Advocate General for Scotland - United Nations Convention on The Rights of The Child (Incorporation) (Scotland) Bill Reference by The Attorney General and The Advocate General for Scotland - European Charter of Local Self- Government (Incorporation) (Scotland) Bill.* Supreme Court. Available at: Https://Www.Supremecourt.UK/Cases/Docs/UKsc-2021-0079-Judgment.Pdf (Accessed: 23 March 2022).

Sword, W. (1999) Accounting for Presence of Self: Reflections on Doing Qualitative Research. *Qualitative Health Research*. Vol.9, pp.270-278.

Tanksley, T. & Estrada, C. (2022) Toward A Critical Race Rpp: How Race, Power And Positionality Inform Research Practice Partnerships. *International Journal Of Research & Method In Education,* Vol.45**,** pp.397-409.

Taulbut, M., David, M., Egan, J., Gibson, M., Scobie, G. & Campbell, S. (2016) *Loneparents In Scotland: Work, Income And Child Health; In-Work Progression; And The Geography Of Lone-Parenthood*. Edinburgh: NHS Scotland.

Taylor, Y. (2021) Covid-19 And Lesbian, Gay, Bisexual, Trans (LGBT+) Life In Scotland. SPICe. Available at: https://bprcdn.parliament.scot/published/2021/10/15/ff1f3d0e-f5db-4d5b-a3e1-ca8e9de6f7db/SB%2021-72.pdf Accessed: 6 December 2024).

Tett, L. Macleod, G. (2020) Enacting Home-School Partnerships: The Roles of Headteachers, Family-Learning Practitioners and Parents. *Cambridge Journal of Education*. Vol.50 (4) pp.451-468.

The Independent Care Review. (2020) *The Promise*. Scotland: Edinburgh: The Independent Care Review.
The Poverty Alliance. (2022) *"It's Hard Work Being Poor" Women's Experiences of The Cost-Of-Living Crisis in Scotland: Final Report – November 2022*. Poverty Alliance Available at: https://www.povertyalliance.org/its-hard-work-being-poor-womens-experiences-of-the-cost-of-living-crisis-in-scotland/ (Accessed: 19 November 2024).

The Poverty Alliance. (2024) *Drawing A Line Under Poverty With The Minimum Income Guarantee. Glasgow*: Glasgow: The Poverty Alliance.

The Royal Society Edinburgh and Audit Scotland. (2024) *Public Service Reform in Scotland" How Do We Turn Rhetoric into Reality: 2024.* Available at: Https://Audit.Scot/Uploads/2024-11/As_241126_As_Rse_Roundtable_Public_Sector_Reform.Pdf (Accessed: 2 December 2024).

Thompson, N. (2007) *Power and empowerment.* Dorset: Russell House Publishing Ltd.

Thompson, N. (2011) *Promoting Equality; Working With Diversity And Difference,* Hampshire, UK, Palgrave Macmillan.

Tinner, L., Gillespie, K., Curbelo, A.A. (2023) *Women's Experiences of Discrimination and The Impact on Health.* Scottish Government. Available at: Https://Www.Gov.Scot/Binaries/Content/Documents/Govscot/Publications/Research-And-Analysis/2023/06/Womens-Experiences-Discrimination-Impact-Health/Documents/Womens-Experiences-Discrimination-Impact-Health/Womens-Experiences-Discrimination-Impact-Health/Govscot%3adocument/Womens-Experiences-Discrimination-Impact-Health.Pdf (Accessed: 20 November 2024).

Tinner, L. & Alonso Curbelo, A. (2024). Intersectional Discrimination And Mental Health Inequalities: A Qualitative Study Of Young Women's Experiences In Scotland. *International Journal For Equity In Health,* Vol.23**,** p.45.

Tisdall, E. K, M., Plumtree, A. (1997) The Children Act 1989 And the Children (Scotland) Act 1995: A Comparative Look. *Adoption & Fostering*, Vol.21 (3) pp.14-22.

Tisdall, K., Plows, V. (2007) C*hildren in Need: Examining Its Use in Practice and Reflecting on Its Currency for Proposed Policy Changes*. Edinburgh: Scottish Executive.

Todd, E. S. & Higgins, S. (1998) Powerlessness In Professional And Parent Partnerships. *British Journal Of Sociology Of Education,* Vol.19**,** pp.227-236.
Together, (2024) *State of Children's Rights in Scotland*. Together. Available at: https://www.togetherscotland.org.uk/media/3800/socrr2024_final.pdf (Accessed: 9 February 2025).

Townsend, P., Corrigan, P., Kowarzik, U. (1987) *Poverty and the London Labour Market: The Third London Survey, Interim Report*: London: The Low Pay Unit.

Treanor, M., (2019) *Aces – Repackaging Old Problems in Shiny New (Emperor's Clothes*. Available at: Https://Blogs.Ed.Ac.UK/Crfrresilience/2019/08/01/Repackaging-Old-Problems/ (Accessed: 27 February 2020).

Treanor, M., C. (2020) Child Poverty: Aspiring to Survive. Bristol: Policy Press.

Treanor, M., Troncoso, P. (2023) The Indivisibility of Parental and Child Mental Health and Why Poverty Matters. *Journal of Adolescent Health*. Vol.73 (3) pp.470-477.

Trent, M., Dooley, D. G., Dougé, J., Health, S. O. A., Pediatrics, C. O. C., Adolescence, C. O., Cavanaugh, R. M., Jr, Lacroix, A. E., Fanburg, J., Rahmandar, M. H., Hornberger, L. L., Schneider, M. B., Yen, S., Chilton, L. A., Green, A. E., Dilley, K. J., Gutierrez, J. R., Duffee, J. H., Keane, V. A., Krugman, S. D., Mckelvey, C. D., Linton, J. M., Nelson, J. L., Mattson, G., Breuner, C. C., Alderman, E. M., Grubb, L. K., Lee, J., Powers, M. E., Rahmandar, M. H., Upadhya, K. K. & Wallace, S. B. (2019) The Impact Of Racism On Child And Adolescent Health. *Pediatrics,* Vol.144.

Troller-Renfree, S. V., Costanzo, M.A., Duncan, G.L., Magnuson, K., Gennetian, L.A., Yoshikawa, H., Halpern-Meekin, S., Fox, N.A., Noble, K.G. (2022) The Impact Of A Poverty Reduction Intervention Oninfant Brain Activity. *Pnas,* Vol.119**,** pp 1-8.

Tudor-Hart, J. T. (1971) The Inverse Care Law. *The Lancet,* Vol.297**,** pp.405-412.

Tufford, L., Newman, P. (2010) Bracketing in Qualitative Research. *Qualitative* Social Work, Vol.11 (1) pp.80-96.

UK Parliament. (1968) *Social Work Scotland Act*. London: UK Parliament.

UK Parliament. (1980) *Education (Scotland) Act.* London: Westminster.

UK Parliament. (1989) *Children's Act 1989* London: Westminster.

UK Parliament. (1995) *Children Scotland Act 1995*. London: Westminster.

UK Parliament. (1998a) *Scotland Act* London: Westminster.

UK Parliament. (1998b) *Meeting the Childcare Challenge: A Childcare Strategy for Scotland.* London: Westminster.

UK Parliament. (2010). *Equality Act*. London: Westminster

UK Parliament. (2015) *The Role And Contribution Of Women In The Scottish Economy*. London: UK Government.

UK Parliament. (2024) *Universal Credit and Students: Guidance on claiming Universal Credit if you're a student.* UK Parliament. Available at: https://www.gov.uk/guidance/universal-credit-and-students (Accessed: 13 January 2025).

Unger, W. J. (2013) Rebranding the Scottish Executive: A Discourse-Historical Analysis. *Journal Of Language and Politics*, Vol.12 (1) pp.59-79.

UNICEF Innocenti Research Centre. (2007) *Child Poverty in Perspective: An Overview of Child Well-Being in Rich Countries*. Innocenti Report Card 7. Italy: UNICEF Available At: Https://Doi.Org/10.18356/Ab51899f-En (Accessed 4 December 2024).

UNICEF. (2020) *Innocenti Report Card 16; Worlds of Influence: Understanding What Shapes Child Well-Being in Rich Countries*. Italy: UNICEF Office Of Research.

UNICEF. (2024) *How we Protect Children's Rights with the UN Convention on the Rights of the Child*. UNICEF. Available at: https://www.unicef.org.uk/what-we-do/un-convention-child-rights/ (Accessed 7th January 2024).

United Nations. (UN) (1989) *Convention on the Rights of The Child: Treaty Series 1577*. UN. Available at: Https://Treaties.Un.Org/Pages/Viewdetails.Aspx?Src=Ind&Mtdsg_No=Iv-11&Chapter=4&Clang=_En (Accessed: 23r March 2022).

University of Strathclyde. (2022) *Code of Practice on Investigations Involving Human Beings. 8th Ed. Strathclyde University*: Glasgow. Available at: https://www.strath.ac.UK/media/ps/rkes/Code_of_Practice_eighth_Feb17.pdf (Accessed: 6 December 2024).

Upstart Scotland. (2019) *1140hrs: Big Bang or Damp Squib?* Upstart Scotland Available at: Https://Upstart.Scot/1140-Hours-Big-Bang-Or-Damp-Squib/ (Accessed: 23 March 2022).

Van Der Boor, C. F. & White, R. (2020) Barriers To Accessing And Negotiating Mental Health Services In Asylum Seeking And Refugee Populations: The Application Of The Candidacy Framework. *Journal Of Immigrant And Minority Health,* Vol.22**,** pp.156-174.

Vasileiou, K., Barnett, J., Thorpe, S. & Young, T. (2018). Characterising And Justifying Sample Size Sufficiency In Interview-Based Studies: Systematic Analysis Of Qualitative Health Research Over A 15-Year Period. *Bmc Medical Research Methodology,* Vol. 18**,** pp.148.

Von Stumm, S., Cave, S. N. & Wakeling, P. (2022) Persistent Association Between Family Socioeconomic Status And Primary School Performance In Britain Over 95 Years. *NPJ Science Of Learning,* Vol.7**,** p.4.

Wallace, J. (2018) Scotland: Wellbeing as Performance Management. In *Wellbeing and Devolution.* Wellbeing in Politics and Policy Palgrave. Available at: Https://Link.Springer.Com/Chapter/10.1007/978-3-030-02230-3_3#Citeas (Accessed: 16 February 2022).

Walsh, G. (2019) *Adverse Childhood Experiences: A Social Justice Perspective, Centre for Research on Families and Relationships: Making Scotland an Ace Informed Nation.* Available: https://blogs.ed.ac.UK/CRFRresilience/2019/05/15/aces-a-social-justice-perspective/ (Accessed: 22 March 2022).

Walsh, G. (2020) The Arrival of The Aces Movement in Scotland: Policy Entrepreneurship and Critical Activist Responses. *Scottish Affairs*, Vol.29 pp.456-474.

Walsh, D., Mccartney, G., Collins, C., Taulbut, M. & Batty, G. D. (2017) History, Politics And Vulnerability: Explaining Excess Mortality In Scotland And Glasgow. *Public Health,* Vol.151**,** pp.1-12.

Walsh, D., McCartney, G., Smith, M. And Armour, G. (2019) 'Relationship Between Childhood Socioeconomic Position and Adverse Childhood Experiences (Aces): A Systematic Review', *Journal of Epidemiology and Community Health*, Vol.73 (12), pp.1087–1093.

White, S., Edwards, R., Gillies, V. And Wastell, D. (2019) 'All the Aces: A Chaotic Concept for Family Policy and Decision-Making?' *Social Policy and Society*, Vol.18 (3), pp.457–466.

Wigginton, B. & Lafrance, M. N. (2019) Learning Critical Feminist Research: A Brief Introduction To Feminist Epistemologies And Methodologies. *Feminism & Psychology***,** 0959353519866058.

Wilkinson, R., Pickett, K. (2010). *The Spirit Level: Why Equality Is Better for Everyone* London: Penguin Books.

Working Families. (2022) *Working Families Index 2022: Families and Flexible Working Post Covid-19*. Working Families. Available at: Https://Workingfamilies.Org.UK/Wp-Content/Uploads/2022/05/Working-Families-Index-2022-Highlights-Report.Pdf (Accessed: 20 September 2024).

World Health Organization. (1978) *Declaration Of Alma-Ata. World Health Organization*. Regional Office For Europe, Denmark: WHO.

World Health Organisation. (2018*) Nurturing Care For Early Childhood Development: A Framework For Helping Children Survive And Thrive To Transform Health And Human Potential.* WHO. Available at: https://iris.who.int/server/api/core/bitstreams/781de51d-4cef-482e-bb3b-c2b3becf3c9f/content (Accessed: 6 December 2024).

World Health Organisation. (2020) *Who Director-General's Opening Remarks at The Media Briefing on Covid-19 – 11 March 2020. WHO*. Available at: https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-press-conference-full-and-final-11mar2020.pdf (Accessed: 26 November 2024).

World Medical Association. (2013) *World Medical Association Declaration Of Helsinki: Ethical Principles For Medical Research Involving Human Subjects*. Available at: https://www.wma.net/policies-post/wma-declaration-of-helsinki/ (Accessed: 6 December 2024).

Worth, A., Hogg, R. (2013) A Qualitative Evaluation of The Effectiveness of Health Visiting Practice. *British Journal of Community Nursing*. Vol.5 (5) pp.221-228.

Yaqoob, T. (2024) Scottish Public Life: The Absence Of Marginalised Women And Intersectional Analysis. *Scottish Affairs,* Vol.33**,** pp 4-12.

Yardley. L. (2000) Dilemmas In Qualitative Health Research. *Psychology And Health* Vol.15 pp.215-228.

Zamawe, F. C. (2015) The Implication Of Using Nvivo Software In Qualitative Data Analysis: Evidence-Based Reflections. *Malawi Medical Journal,* Vol.27**,** pp.13-15.

Appendices

Appendix 2.1

Literature Search Strategy and Results

DATE	DATA BASE	SEARCH STRATEGY/ SEARCH STRINGS	HITS	SCREEN
10/01/2022	**Scopus**	parent* OR famil* OR carer OR (guardian) AND (role) OR particip* OR (experience*) OR engag*) AND (child* OR "early years" OR babies OR baby OR toddler OR infant* OR pre-school OR nurser* OR reception, Limited to English language AND Scotland, limit to Journal, AND assessment OR decision, AND health or well*, limit to 2017 - 2022	747	0
10/01/2022	**Scopus**	((TITLE-ABS-KEY (parent*) OR TITLE-ABS-KEY (famil*) OR TITLE-ABS-KEY (carer) OR TITLE-ABS-KEY (guardian) AND TITLE-ABS-KEY (value) OR TITLE-ABS-KEY (contribution) OR TITLE-ABS-KEY (voice) OR TITLE-ABS-KEY (involve*) AND TITLE-ABS-KEY (child*) OR TITLE-ABS-KEY ("early years") OR TITLE-ABS-KEY (babies) OR TITLE-ABS-KEY (baby) OR TITLE-ABS-KEY (toddler) OR TITLE-ABS-KEY (infant*) OR TITLE-ABS-KEY (pre-school) OR TITLE-ABS-KEY (nurser*) OR TITLE-ABS-KEY (reception) OR TITLE-ABS-KEY (kinder*) AND TITLE-ABS-KEY (health) OR TITLE-ABS-KEY (well*being*) OR TITLE-ABS-KEY (development*)) AND PUBYEAR > 1998)	53,468	0
10/01/2022		AND Scotland	1004	2
10/01/2022	**Google Scholar**	parent involvement child early years infant baby pre-school nursery health wellbeing assessment decision making	20,400	50

12/01/2022	**Scopus**	(TITLE-ABS-KEY (parent*) OR TITLE-ABS-KEY (carer) AND TITLE-ABS-KEY (role) AND TITLE-ABS-KEY (value) AND TITLE-ABS-KEY (contribution*) OR TITLE-ABS-KEY (involve*) OR TITLE-ABS-KEY (experience) OR TITLE-ABS-KEY (view*) AND TITLE-ABS-KEY (child*) OR TITLE-ABS-KEY (infat) OR TITLE-ABS-KEY ("early years") OR TITLE-ABS-KEY (pre*school*) OR TITLE-ABS-KEY (reception) OR TITLE-ABS-KEY (nurser*) OR TITLE-ABS-KEY ("early learning") AND TITLE-ABS-KEY (assessment) OR TITLE-ABS-KEY (development) OR TITLE-ABS-KEY (decision*))	804	0
		limit to 1999- 2022	702	
		limit to English	650	
		Scotland	18	2
16/01/2022	**Web of Science**	parent* (All Fields) or family* (All Fields) or guardian (All Fields) and involve* (All Fields)or particip* (All Fields) or contribution* (All Fields) or voice (All Fields) or engag* (All Fields) and child* (All Fields) or infant (All Fields) or toddler (All Fields) or "early years"(All Fields) or baby (All Fields) or reception (All Fields) and "health visitor" (All Fields) or professional (All Fields) or "pre school" (All Fields) or nurser* (All Fields)	4493496	Search ended

20/01/2022	**Scopus**	(TITLE-ABS-KEY (parent*) OR TITLE-ABS-KEY (famil*) OR TITLE-ABS-KEY (carer) OR TITLE-ABS-KEY (guardian) AND TITLE-ABS-KEY (voice) OR TITLE-ABS-KEY (engag*) OR TITLE-ABS-KEY (involv*) AND TITLE-ABS-KEY (decision*) OR TITLE-ABS-KEY (assess*) AND TITLE-ABS-KEY (child*) OR TITLE-ABS-KEY ("early years") OR TITLE-ABS-KEY (babies) OR TITLE-ABS-KEY (baby) OR TITLE-ABS-KEY (toddler) OR TITLE-ABS-KEY (infant) OR TITLE-ABS-KEY ("pre school") OR TITLE-ABS-KEY (nurser*) OR TITLE-ABS-KEY (reception) AND TITLE-ABS-KEY (health) OR TITLE-ABS-KEY (well*) AND TITLE-ABS-KEY (scotland) OR TITLE-ABS-KEY (scottish) OR TITLE-ABS-KEY (britain) OR TITLE-ABS-KEY (british) OR TITLE-ABS-KEY (england) OR TITLE-ABS-KEY (english) OR TITLE-ABS-KEY (wales) OR TITLE-ABS-KEY (welsh) OR TITLE-ABS-KEY ("Northern Ire*") OR TITLE-ABS-KEY ("United Kingdom") OR TITLE-ABS-KEY (uk))	1857	152

20/01/2022	**Scopus**	(TITLE-ABS-KEY (parent*) OR TITLE-ABS-KEY (famil*) OR TITLE-ABS-KEY (carer) OR TITLE-ABS-KEY (guardian) AND TITLE-ABS-KEY (voice) OR TITLE-ABS-KEY (engag*) OR TITLE-ABS-KEY (involv*) AND TITLE-ABS-KEY (decision*) OR TITLE-ABS-KEY (assess*) AND TITLE-ABS-KEY (child*) OR TITLE-ABS-KEY ("early years") OR TITLE-ABS-KEY (babies) OR TITLE-ABS-KEY (baby) OR TITLE-ABS-KEY (toddler) OR TITLE-ABS-KEY (infant) OR TITLE-ABS-KEY ("pre school") OR TITLE-ABS-KEY (nurser*) OR TITLE-ABS-KEY (reception) AND TITLE-ABS-KEY (health) OR TITLE-ABS-KEY (well*) AND TITLE-ABS-KEY (scotland) OR TITLE-ABS-KEY (scottish) OR TITLE-ABS-KEY (britain) OR TITLE-ABS-KEY (british) OR TITLE-ABS-KEY (england) OR TITLE-ABS-KEY (english) OR TITLE-ABS-KEY (wales) OR TITLE-ABS-KEY (welsh) OR TITLE-ABS-KEY ("Northern Ire*") OR TITLE-ABS-KEY ("United Kingdom") OR TITLE-ABS-KEY (uk) AND TITLE-ABS-KEY (evalua*))	554	59

04/02/2022	**Web of Science**	(TITLE-ABS-KEY (parent*) OR TITLE-ABS-KEY (famil*) OR TITLE-ABS-KEY (carer) OR TITLE-ABS-KEY (guardian) AND TITLE-ABS-KEY (voice) OR TITLE-ABS-KEY (engag*) OR TITLE-ABS-KEY (involv*) AND TITLE-ABS-KEY (decision*) OR TITLE-ABS-KEY (assess*) AND TITLE-ABS-KEY (child*) OR TITLE-ABS-KEY ("early years") OR TITLE-ABS-KEY (babies) OR TITLE-ABS-KEY (baby) OR TITLE-ABS-KEY (toddler) OR TITLE-ABS-KEY (infant) OR TITLE-ABS-KEY ("pre school") OR TITLE-ABS-KEY (nurser*) OR TITLE-ABS-KEY (reception) AND TITLE-ABS-KEY (health) OR TITLE-ABS-KEY (well*) AND TITLE-ABS-KEY (scotland) OR TITLE-ABS-KEY (scottish) OR TITLE-ABS-KEY (britain) OR TITLE-ABS-KEY (british) OR TITLE-ABS-KEY (england) OR TITLE-ABS-KEY (english) OR TITLE-ABS-KEY (wales) OR TITLE-ABS-KEY (welsh) OR TITLE-ABS-KEY ("Northern Ire*") OR TITLE-ABS-KEY ("United Kingdom") OR TITLE-ABS-KEY (uk) AND TITLE-ABS-KEY (evalua*))	421,753	3

05/02/2022	**Scopus**	parent* OR famil* OR carer OR guardian) AND (involve* OR particip* OR voice OR engag*) AND (child* OR "early years" OR babies OR baby OR toddler OR infant* OR pre-school OR nurser* OR reception, Limited to English language	147,110	21

05/02/2022	**Web of Science**	(TITLE-ABS-KEY (parent*) OR TITLE-ABS-KEY (famil*) OR TITLE-ABS-KEY (carer) OR TITLE-ABS-KEY (guardian) AND TITLE-ABS-KEY (voice) OR TITLE-ABS-KEY (engag*) OR TITLE-ABS-KEY (involv*) AND TITLE-ABS-KEY (decision*) OR TITLE-ABS-KEY (assess*) AND TITLE-ABS-KEY (child*) OR TITLE-ABS-KEY ("early years") OR TITLE-ABS-KEY (babies) OR TITLE-ABS-KEY (baby) OR TITLE-ABS-KEY (toddler) OR TITLE-ABS-KEY (infant) OR TITLE-ABS-KEY ("pre school") OR TITLE-ABS-KEY (nurser*) OR TITLE-ABS-KEY (reception) AND TITLE-ABS-KEY (health) OR TITLE-ABS-KEY (well*)	316,491	Search ended

05/02/2022	**Web of Science**	(TITLE-ABS-KEY (parent*) OR TITLE-ABS-KEY (famil*) OR TITLE-ABS-KEY (carer) OR TITLE-ABS-KEY (guardian) AND TITLE-ABS-KEY (voice) OR TITLE-ABS-KEY (engag*) OR TITLE-ABS-KEY (involv*) AND TITLE-ABS-KEY (decision*) OR TITLE-ABS-KEY (assess*) AND TITLE-ABS-KEY (child*) OR TITLE-ABS-KEY ("early years") OR TITLE-ABS-KEY (babies) OR TITLE-ABS-KEY (baby) OR TITLE-ABS-KEY (toddler) OR TITLE-ABS-KEY (infant) OR TITLE-ABS-KEY ("pre school") OR TITLE-ABS-KEY (nurser*) OR TITLE-ABS-KEY (reception) AND TITLE-ABS-KEY (health) OR TITLE-ABS-KEY (well*) AND TITLE-ABS-KEY (scotland) OR TITLE-ABS-KEY (scottish) OR TITLE-ABS-KEY (britain) OR TITLE-ABS-KEY (british) OR TITLE-ABS-KEY (england) OR TITLE-ABS-KEY (english) OR TITLE-ABS-KEY (wales) OR TITLE-ABS-KEY (welsh) OR TITLE-ABS-KEY ("Northern Ire*") OR TITLE-ABS-KEY ("United Kingdom") OR TITLE-ABS-KEY (uk))	59,540	search ended
04/02/2022	**Medline ProQuest**	parent* OR family* AND child* OR infant OR "pre*school" AND health OR well* AND decision* OR assess* OR development	307,958	search ended
04/02/2022	**Web of Science (Medline)**	parent OR family OR guardian OR carer AND child* OR infant OR baby OR babies OR toddler OR preschool OR reception OR early years AND health OR wellbeing OR development OR emotion* AND assess OR evaluate OR voice involvement OR decision	5280458	3
05/02/2022	**Scopus**	response* AND "parent* concern" AND child* AND health OR well* AND "early*years" OR "pre*school" AND 1999-2022	69	4

05/02/2022	**Scopus**	partnership AND parent* AND child* AND health OR well* AND "early years" OR "pre*school AND professional OR "health visitor" OR " early years" OR nurser* OR "key*worker" AND 1999-2022	175	15
05/02/2022	**Scopus**	"parent* role" AND child* AND health OR well* AND "early years" OR "pre*school" AND professional OR "health visitor" OR "early years" OR nurser* OR "key*worker" AND assess* AND 1999-2022	10	3
5th Feb	**Scopus**	parent* AND child* AND health OR well* AND "pre*school" OR nurser* OR "early years" AND assess* OR voice OR contrib* OR collabo* AND transition AND school AND 1999-2022	122	7
04/04/2022	**Journal of Health Visiting**	parent AND value OR contribution AND decision making	21	10

05/04/2022	**Social Care institute for excellence**	(TITLE-ABS-KEY (parent*) OR TITLE-ABS-KEY (famil*) OR TITLE-ABS-KEY (carer) OR TITLE-ABS-KEY (guardian) AND TITLE-ABS-KEY (voice) OR TITLE-ABS-KEY (engag*) OR TITLE-ABS-KEY (involv*) AND TITLE-ABS-KEY (decision*) OR TITLE-ABS-KEY (assess*) AND TITLE-ABS-KEY (child*) OR TITLE-ABS-KEY ("early years") OR TITLE-ABS-KEY (babies) OR TITLE-ABS-KEY (baby) OR TITLE-ABS-KEY (toddler) OR TITLE-ABS-KEY (infant) OR TITLE-ABS-KEY ("pre school") OR TITLE-ABS-KEY (nurser*) OR TITLE-ABS-KEY (reception) AND TITLE-ABS-KEY (health) OR TITLE-ABS-KEY (well*) AND TITLE-ABS-KEY (scotland) OR TITLE-ABS-KEY (scottish) OR TITLE-ABS-KEY (britain) OR TITLE-ABS-KEY (british) OR TITLE-ABS-KEY (england) OR TITLE-ABS-KEY (english) OR TITLE-ABS-KEY (wales) OR TITLE-ABS-KEY (welsh) OR TITLE-ABS-KEY ("Northern Ire*") OR TITLE-ABS-KEY ("United Kingdom") OR TITLE-ABS-KEY (uk) AND TITLE-ABS-KEY (evalua*))	46184	1 (duplicate)
06/04/2022	**Web of Science**	parental concern OR carer OR guardian AND child OR preschool OR reception OR age 3-5yrs AND decision OR contrib* OR assess AND professional response	7458	0
06/04/2022	**Web of Science**	parent* OR carer OR guardian AND child* OR baby* OR toddler OR preschool OR infant AND health OR wellbeing OR concern OR parental concern AND response OR listening OR partnership OR primary care OR assessment OR screening OR evalu* OR decision*	13,529	44

06/04/2022	**Web of Science**	"parental concern" AND response OR partnership OR collaboration OR "parental participation" OR particip* OR "child*care" OR "early years" OR "pre*school* OR "parents know best" AND child OR infant OR Scotland OR England OR Wales OR UK Date 1999-2022	2,906,530	Search ended
06/04/2022	**Scopus**	20/1/22+C28+B15:B16	15	4
06/04/2022	**Scopus**	"parental concern" AND response	170	5
06/04/2022	**Scopus**	professional response to parental concern	151	7
06/04/2022	**Scopus**	(TITLE-ABS-KEY (professional) OR TITLE-ABS-KEY (practitioner) OR TITLE-ABS-KEY ("front line") OR TITLE-ABS-KEY (nursery) OR TITLE-ABS-KEY ("early years") OR TITLE-ABS-KEY ("health visitor") OR TITLE-ABS-KEY ("social work") AND TITLE-ABS-KEY (listen*) OR TITLE-ABS-KEY (value) OR TITLE-ABS-KEY (empower) AND TITLE-ABS-KEY (parent*) OR TITLE-ABS-KEY (carer) OR TITLE-ABS-KEY (guardian) AND TITLE-ABS-KEY (child*) OR TITLE-ABS-KEY (infant) OR TITLE-ABS-KEY (toddler) OR TITLE-ABS-KEY ("pre*school") OR TITLE-ABS-KEY (transition)) AND PUBYEAR > 1998	2780	55
07/04/2022	**Scopus**	(TITLE-ABS-KEY ("pre*school assessments") AND TITLE-ABS-KEY (parent*) AND TITLE-ABS-KEY (contribution) OR TITLE-ABS-KEY (value) OR ALL (voice) OR TI TLE-ABS-KEY (engag*) OR TITLE-ABS-KEY (involv*)) AND PUBYEAR > 19 98	12	0
07/04/2022	**Journal of Health Visiting**	pre school AND assessment AND parent contribution	945	0

07/04/2022	**Scopus**	TITLE-ABS-KEY ("pre*school assessment") AND TITLE-ABS-KEY ("early years") AND TITLE-ABS-KEY (parent) OR ALL (involv*) OR TITLE-ABS-KEY (contribut*) OR TITLE-ABS-KEY (engag*) OR TITLE-ABS-KEY (value)) AND PUBYEAR > 1998	0	0
08/04/2022	**web of science**	parent AND view AND listen OR respond OR particpat* OR contribut* OR partnership OR collaborat* AND child* OR "4 year* old" OR "5 year* old" AND "pre*school" OR transition AND health OR wellbeing OR development 1999-2022	8890905	0
08/04/2022	**Scopus**	(TITLE-ABS-KEY ("health visitor") AND TITLE-ABS-KEY (child*) OR TITLE-ABS-KEY (infant) AND TITLE-ABS-KEY ("early years") OR TITLE-ABS-KEY ("preschool") AND TITLE-ABS-KEY (assessment) OR TITLE-ABS-KEY ("develop* progress") OR TITLE-ABS-KEY (wellbeing) AND TITLE-ABS-KEY (parent*) AND TITLE-ABS-KEY (respons*) OR TITLE-ABS-KEY (contribut*) OR TITLE-ABS-KEY (view*) OR TITLE-ABS-KEY (experienc*) OR TITLE-ABS-KEY (participat*) OR TITLE-ABS-KEY (involv*) OR TITLE-ABS-KEY (voice) OR TITLE-ABS-KEY (contribut*)) AND PUBYEAR > 1998	29	2
12/04/2022	**Eric**	parent* AND child AND concern OR assessment* OR contribut* OR value AND health OR well*being OR development.	62608	Search ended

12/04/2022	**Ovid**	parent* OR carer OR guardian AND child* OR infant OR toddler OR pre school OR reception OR early years AND assessment OR decision* AND health or wellbeing OR develop* AND voice OR view OR experience OR involv* OR contribut* OR particpat* OR value OR parental concern	2435206	Search ended
13/04/2022	**Cinahl**	parent* AND child* OR infant OR toddler OR "pre*school" OR "early years" AND voice OR view OR contribut* OR participat* OR decision* AND assess*(Search as Keyword)	no results found	
13/04/2022	**Cinahl**	"parent* AND child* OR infant OR toddler OR "pre*school" OR "early years" AND voice OR view OR contribut* OR participat* OR decision* AND assess*" OR (MH "Child Development: 5 Years (Iowa NOC)") OR (MH "Child Development: 4 Years (Iowa NOC)") OR (MH "Child Development: 3 Years (Iowa NOC)") OR (MH "Maternal-Child Nursing") OR (MH "Community Health Nursing")	4578	11

Appendix 2.2

Mapping And Identification of Key Search Times Using PICOT And SPICE

P - Population	Children aged 0-5yrs Parents/ carers Professionals
I – Intervention or issue	Parent views, experiences, perceptions Parent role, contribution, value Professional views, experiences, perceptions
C – Comparison of interest	Parents and Professional views and experiences
O – Outcome of interest	Value and impact of parent contributions in decision making, assessments, planning re child health and being Child health and wellbeing Professional views
T – Timeframe	1999- 2022

S - Setting	Early years Early childhood Play Parent and child groups Health and social care settings Family home Community
P – Perspective	Parents/ carers Professionals (early years workers, play workers, health, and social care workers) Experiences Assessment Judgement
I – Intervention	Assessment, planning, and decision making re child health and wellbeing Parental value Parental responsibilities Parental contribution Professional views Professional and parent collaboration Professional and parent partnership
C – Comparison	Parents and professionals
E - Evaluation	Parental value Decision making Contribution Role Experience Intervention/ outcome

Appendix 2.3

Data Extraction Headings

Source	
Author	
About Author	
Year of Publication	
Title	
Journal	
Purpose of Study	
Research Question(s)	
Outcome measure	
Type of study	
Population of interest	
Sample	
Sample size	
Recruitment process	
Setting	
Data collection method(s)	
Data analysis	
Major findings	
Discussion	
Methodological quality	
Conclusions	
Recommendations	
Limitations	
Strengths	
Ethics	
Critique	
Notes	
References of interest	

Appendix 2.4

Summary of Studies Included in Literature Review

REFERENCE + TITLE	AIMS	METHOD	SAMPLE	KEY FINDINGS AND LIMITATIONS
Akister, J., Johnson, K. (2004) The Parenting Task: Parent's Concerns and Where They Would Seek Help	To identify concerns of young parents, to explore their views on parenting skills and which services they would seek out for advice and support	Quantitative study using a Questionnaire	Two groups of parents (mums and dads) sampled: young parents attending an 'at risk' parent group (n=8) and a sample of parents from the wider community (n=20). Young parents were aged between 17-20yrs, the community sample were aged between 30-40yrs. Children were aged under 11yrs (focus of study specifically on parents with infants and young children). (UK)	Parents in this study highlighted multiple issues that would cause concern for them in relation to their child's needs and development including their child's behaviour, development alongside broader challenges such as substance misuse, bullying and mental health problems. While parents do turn to both formal and informal support for advice, many find accessing help hard, adding to their stress and leaving some needs unmet. Study limitations: recruitment of parents centred on parents receiving support services, the sample lacked diversity, and the questionnaire prompts may have resulted in biased responses, and the participants location was not specified.

Almendingen, A., Clayton, O., Matthews, J. (2022) Partnering with Parents in Early Childhood Services: Raising and Responding to Concern	To identify the types of concerns that parents and educators raise with one another and their experience of their interaction in responding to the concerns.	Mixed method study using a questionnaire	Australian study. 302 parents and 118 early childhood workers. Recruitment via 19 different types of early years settings across the Victoria state. Statistical and thematic analysis used. Most respondents were female; children were aged older than 1yrs old.	Parents are looking for respectful and responsive educators who can work with them to problem solve. Most parents were satisfied with interactions with early years educators; however, some parents did note issues that would be regarded as negative. This included educators being unprofessional, dismissive, positioning themselves as the expert and demonstrating poor communication skills. Study limitations: potential response bias from retrospective views/ experiences, participants were only included if they had raised a concern in the previous 4 weeks, therefore those outwith this scope may have changed the overall findings. Not clear if the settings invited to participate were all settings in the state, or if particular settings were invited to participate.
Attree. A (2005) Parenting support in the context of poverty a meta synthesis of the qualitative evidence	Systematic review of qualitative literature exploring experiences and the support networks of parents living in poverty.	Systematic review methods	Parents and educators were the main participants in the 12 UK studies selected for review	Informal support was mainly provided from family and friends, who were mostly woman. All types of support were required including financial, material, physical and emotional support. Support is provided and received by women. Many barriers to accessing support identified including finance as well as environment/ structural issues like transport and organisational flexibility. Lone parents experienced the least support and parents receiving informal support felt a sense of obligation to reciprocate.

				Formal support via statutory services but parents felt professionals really had little understanding of the impacts of poverty and therefore could not always respond as needed. Thus the importance of parent perspectives for policy and decision makers.
Bent, C.A., Barbaro, J., Dissanayake, C. (2020) Parents' experiences of the service pathway to an autism diagnosis for their child: What predicts an early diagnosis in Australia?	To describe the experiences of parents supporting their child through the autism diagnosis pathway in Australia	Quantitative study using a questionnaire	Two groups of parents: 1. 107 parents with children diagnosed by age 7 2. 29 parents with children diagnosed older than 7yrs	Parent experiences were mixed, yet most felt the diagnostic journey could have been improved. Professionals often advised them to 'wait and see' or downplayed parental concerns. Parents first sought help when their child was about 29 months old, but formal diagnosis typically did not arrive until about 46 months, an even longer wait for lone parents. Study limitations: self-selected sample, possible response bias, mostly mothers responding
Case, S. (2000) Refocusing on the Parent: what are the social issues of concern for parents of disabled children?	To examine parent perspectives of service provision, needs and issues pertinent to parents of disabled children	Quantitative study using a questionnaire	114 parents of disabled children (Wales)	Parents felt their needs were best met through informal support as professional advice and support was generally viewed as inadequate. Parents said they needed more support and information at point of diagnosis. Many issues linked to ineffective partnership working including power differentials, communication, and lack of insight by professionals of parental experiences.

				Study limitations: potential response bias due to the relationship between the researcher and participants
Cowpe, C. Jebson., Hanson, B., Smith, C.H. (2014) What do parents of children with dysphagia think about their MDT? A qualitative study	To understand parents perspectives of working with their child's dysphagia MDT team.	Qualitative cross sectional study using semi structured interviews	14 families (children aged 2-11yrs) (UK)	Parents want to be involved in their child's MDT. Parents want to be recognised as experts. Many barriers identified to parental involvement including organisational/ staff flexibility, not enough workers, waiting for appointments. Parents were also dismissed; parents and professionals had different priorities. Lack of trust resulted in seeking alternative opinions. Potential limitations due to self-selecting participant group and social demographics were not analysed.
De Geeter, K.I., Poppes, P., Vlaskamp, C. (2002) Parents as experts: the position of parents of children with profound multiple disabilities	Hypothesis stated that co-operation between parents and professionals required to promote parents' ability to use their knowledge and expertise	Quantitative study using pre and post questionnaire 1yr apart	Two comparative groups (control and experimental groups) in the Netherlands, 52 schools included with 723 parents responding to the prequestionnaire and 337 responding 1yr later. Children aged between 1-23yrs. Children had profound learning disabilities and the	The experimental parent group were assigned a formal role as an expert; however the study found no significant differences between both groups despite the control group of parents not having the role of expert. Parents scored their levels of satisfaction highly in the prequestionnaire which meant little scope to improve post questionnaire. Study limitations: potential response bias. Different results may have been elicited with a different type of questionnaire, i.e. more options for parents to choose from, more opportunity to provide written response.

			setting for the role of parents was the school.	
Doi, L., Eunson, J., Ormston, R., Morrison, K., Astbury, R., Jepson, R. (2021) Evaluation of the Universal Health Visiting Pathway in Scotland Phase 1 Main Report – Primary Research with Health Visitors and Parents and Case Note Review	Evaluation of the Universal Health Visiting Pathway in Scotland, investigating which parts of the pathway has been implemented, and assessment of the impacts of service delivery on Health Visitors. children, and families	Mixed method using interviews, focus groups and a questionnaire	Parents of children aged from birth to five participated alongside Health Visitors from 5 Health Boards in Scotland. Health Visitor case records were also analysed. 55 parents and 50 Health Visitors participated in interviews. 33 Health Visitors participated in focus groups and 550 parents, and 554 Health Visitors completed the questionnaire (survey)	Most parents reported good trusting relationships, where they felt confident and comfortable sharing their concerns and contacting their Health Visitor for support. More visits being offered by Health Visitors was associated with better relationships and trust. Continuity and consistency are recognised as being beneficial. A small percentage of parents referred to negative experiences including not feeling listened to, feeling judged and the need for better communication. The study also noted that most visits as per the pathway occurred for the youngest children with less visits for children aged 4-5yrs. Likewise, parents also reporting less support, information, and advice from HV as the child gets older with most support happening during the first year of a child's life. Covid-19 restrictions have had an impact on the roll out of the pathway and likely to have impacted service provision at this time.
Edmunds, L.D. (2005)	To explore parents experiences of asking for	Qualitative study using	Purposive sample from England of 40	Parents had researched their child's issues and possible interventions before consulting

Parents' perceptions of health professionals' responses when seeking help for their overweight children	help from health professionals	semi structured interviews and 2 focus groups	parents of overweight children aged 4-15yrs (UK)	professionals. GP responses ranged from supportive to dismissive, with many parents feeling blamed, shamed, or dismissed. They perceived many professionals as uninformed, lacking empathy and interpersonal skills, and offering little support beyond what parents had already tried. Study limitations: self-selecting sample, very focused on the specific topic area of overweight children.
Fereday, J., Oster, C. & Darbyshire, P. (2010) Partnership in practice: what parents of a disabled child want from a generic health professional in Australia	To explore what parents of disabled children want from health professionals	Qualitative explorative study using semi structured interviews and focus groups.	Purposive sampling recruiting 27 parents of disabled children to 5 focus groups and 7 interviews (n=34) (Victoria State)	Parents emphasised the need for genuine partnership and advocacy; family centred, non-judgemental support in which professionals recognise parents' expertise, understand the challenges of disability and centre equality and trust in their collaborative practices. Study limitations: findings limited to specific group of people.
Glogowska, M., Campbell, R. (2000) Investigating parental views of involvement in pre-school	Researching parent perspectives on their child's speech and language challenges at pre-school	Qualitative study using in depth interviews	16 pre-school parents (who had previously been involved in an RCT on similar topic) (UK)	Parents reported prolonged waits for appointments, diagnosis and treatment, exacerbated by their limited influence over any element of that process. Some also felt professional support and guidance were inadequate. Partnership working is required to improve relationships between parents and professionals.

speech and language therapy				
Hansen, A.S., Telleus, G.K., Mohr-Jensen, C., Lauritsen, M.B. (2021) Parent-perceived barriers to accessing services for their child's mental health problems	Investigation into the perceptions of parents of children with mental ill health on barriers to accessing services	Mixed method cross sectional study using a questionnaire (validated tool) and telephone interviews	Parents of all children aged 2-17yrs referred to CAMHS in North Denmark region were invited to participate. 244 parents participated.	Parents reported feeling judged by professionals and this delayed or deterred them from seeking help. Long response times were common, and multiple barriers including fear of blame, shame, worries about their child being 'on record' by services, intrusive interventions, lengthy waits, limited support and inflexible services were noted to hinder access to support. Study limitations: low response rate, the children were mostly boys and findings are specific geographically and for subject area (mental health). Only parent views recorded.
Ho, H. S. W., Yi, H., Griffiths, S., Chan, D. F. Y. & Murray, S. (2014) 'Do It Yourself' in the parent–professional partnership for the assessment and diagnosis	Examine the experiences of parents of autistic children in the assessment and treatment process focusing on partnership processes with professionals	Qualitative study using semi structured interviews	10 Parents of autistic children aged 2-12yrs in Hong Kong participated	Parents felt adrift in the system, and sometimes excluded from decision making, unsupported and dismissed, and left to cope alone. Parents described professionals as 'robotic', showing little empathy or effective communication. Study limitations: findings are specific to Hong Kong, where assessments and cultural contexts may differ, and sampling bias may be present.

of children with autism spectrum conditions in Hong Kong: A qualitative study				
Komovoki, N. (2020) The Health Visiting service of Scotland in the context of the Getting it Right for Every Child (GIRFEC) policy approach: Finding the balance among its tensions	Investigating the potential tensions of the GIRFEC policy regarding early intervention and prevention for health visitors and families (Phd Thesis)	Qualitative study using semi structured interviews, participatory techniques, and focus groups	20 Health Visitors from one Scottish NHS Health Board, 20 parents and two young children were involved in participatory research techniques to determine their ability to be involved in research	Both parents and Health Visitors highlighted tensions in putting Scotland's GIRFEC policy framework into practice. Health Visitors cited inadequate support and resources, while parents, despite valuing the role of Health Visitors, sometimes felt unsupported, or judged, experienced by excessive intrusion in some scenarios, and not enough child centred, collaborative practices. Study limitations: possible parent response bias because professionals were present during focus groups.
Lam, W., Dawson, A., Fowler, C. (2017) Approaches to better engage parent–child in health home-visiting	To identify health intervention, home visiting approaches to meeting the needs of children and families, including improving parent-child interactions	Literature review	16 articles dated from 2005-2015 included in review	Children and families are generally not involved enough in stages of health promotion activities including assessment and especially evaluating programmes (i.e., home visiting programmes). This is despite the data suggesting that the more parents are involved in their children's lives the better the health outcomes for them. Study limitations: potential limitations due to how articles were reviewed.

programmes: A content analysis				
Locke, J., Ibanez, L. V., Posner, E., Frederick, L., Carpentier, P. & Stone, W. L. (2020) Parent Perceptions About Communicating With Providers Regarding Early Autism Concerns	To understand experiences of parents of young autistic children focusing on their interactions with professionals regarding the assessment of autism.	Qualitative study using focus groups and questionnaire to collect demographic data	23 parents of 29 autistic children aged up to 8yrs living in USA (both English and Spanish speaking parents).	Parents commonly felt judged or dismissed. Although many did not initially recognise autistic signs, their concerns, led them to seek both informal and formal advice. Wait and see approaches were considered a concern. Access to support was sometimes blocked by inflexible services, cost and cultural factors. The authors recommend that professionals improve their listening skills, show greater empathy and adopt shared decision making approaches. Study limitations: lack of diversity, purposive sampling restricted to one area and to parents who already had concerns.
Lundeby, H., Tossebro, J. (2008) Exploring the Experiences of ‘‘Not Being Listened To’’ from the Perspective of Parents with Disabled Children	Exploration of parent perspectives and experiences of not being listened to by professionals	Longitudinal mixed method study in Norway. This article focuses on qualitative data using interviews. Data collected on 2 occasions (preschool and early school period)	Parents of 31 disabled children	Number of issues raised by parents including the role of professional gatekeeping, parent-professional power differentials, the role of the expert, who has knowledge, dismissing parent views, waiting for appointments, professionals only seeing a snapshot as opposed to the bigger picture. A minority of parents reported serious consequences to their child’s health because of waiting/ being dismissed

				Study limitations: findings specific to this study given geographic location and sampling.
Marshall, J., Coulter, M.L., Gorski, P.A. (2016) Parent Recognition and Responses to Developmental Concerns in Young Children	To gain an understanding of parent experiences in identifying developmental concerns in their children and their response to these concerns	Mixed method study using questionnaires (validated tool), in depth interviews and focus groups	23 English and Spanish speaking parents of children where there were behaviour / developmental concerns in the USA, Florida	Parents noted several concerns relating to their child's behaviour, development, and health. The younger the child, the more concerns reported by the parent. Some discrepancy noted between parents' information completed in the questionnaire and what they said in the interview, this may have been a comprehension issue. Parents had a varied knowledge of child development, most experience based on having other children or seeking advice via informal support. Parents did seek help and support, but some parents were hesitant, and a few didn't at all. Barriers to accessing support included isolation, role of gatekeepers, inflexibility of services, concern about being judged, previous experiences (negative), lack of professional response. Overall parents did weigh up several factors in assessing their child's needs and determining the response required. Study limitations: findings limited to this specific group. Potential issue with comprehension as it was unclear why some

				parents contradicted the information they provided on their questionnaire.
McNeilly, P., Macdonald, G., Kelly, B. (2017) The participation of parents of disabled children and young people in health and social care decisions	To explore experiences of parents participating in decision making processes with professionals regarding their disabled children	Mixed method study using a survey and structured interviews.	77 parents of disabled children aged between 2-28yrs in one trust in Northern Ireland	Lots of issues raised by parents regarding parent-professional power differentials, dismissing the role and contribution of parents as experts, lack of effective partnership, inability to take the lead in decision making. Parents didn't always feel involved in decision making. Parents did not always believe that their children should be involved in decision making, and this was underpinned by their perspective of protecting them from emotional harm. This caused some conflict with the professionals who had a different view of this. Parents recognised the powerful and sometimes advantageous role of professionals due to their knowledge and gatekeeping (ability to access resources). At times relationships were positive, however overall parents were not happy about how they were positioned (not as the expert), that their views didn't hold the same weight as professionals. Wait and see attitude deployed by professionals was very frustrating for parents. A sense of always having to battle conveyed by parents. Study noted the important role of fathers in

				supporting mothers as the key people leading the battle. Study limitations: small response rate and sample, findings specific to this study.
Neill, S., Jones, C.H.D., Lakhanpaul, M., Roland, D.T., Thompson, M.J. (2016) Parents' help-seeking behaviours during acute childhood illness at home: A contribution to explanatory theory	Exploring factors that influence parents decision to seek help when their child is ill at home	Qualitative study using focus groups and interviews	27 parents of children under 5yrs in East Midlands	Parental decision making to seek professional help for their child is influenced by several factors including personal/ previous experience, nature of illness, level of informal support, access to services. Parents were more likely to seek help if child was very distressed or unfamiliar symptoms. First time parents were more likely to seek help. Parents would seek advice and support from family/ friends and the internet. Barriers were prominent with lone parents, particularly those with more than one child. Further barriers related to accessing GP appointments, waiting, access to finance and transport. Parent concerns and hesitation in accessing support were underpinned by being judged, dismissed, previous negative experiences, lack of confidence. Study limitations: findings are specific to this study due to sampling, geography and specific issue of children being acutely ill.
Norman, C., Moffatt, S.,	Exploring young parents' perspectives and	Qualitative study using 1-1	10 mothers and fathers who had first	Mostly mum's responded and participated, all participants were lone parents. Several

Rankin, J. (2016) Young parents' views and experiences of interactions with health professionals	experiences of engaging with health professionals	and group interviews	child aged under 20yrs from Northeast England	themes identified including difficulties interacting with health professionals: having to wait, being judged, ineffective partnerships and relationships, services inflexible, difficult to speak to GP and Health Visitor, parents being dismissed in their concerns and their knowledge. Parents felt they had to prove they were 'good parents'. Fathers didn't report feeling judged. Some parents felt they needed extra support because of their age. Midwives deemed best in their approach. Study limitations: inclusion criteria not consistently applied as some older parents were included (age 24yrs). Mostly single mothers participated. Findings specific to this study.
Powell, K., Le Roux, E., Banks, J., Ridd, M.J. (2017) GP and parent dissonance about the assessment and treatment of childhood	Comparing parent and GP views and experiences on assessment and treatment of children with skin conditions.	Qualitative study using semi structured interviews	11 parents with children under the age of 12yrs and 15 GPs (UK)	Parents and GPs frequently clashed over the assessment and treatment of children's skin conditions. Parents felt GPs focused narrowly on visible and medically based symptoms, ignoring social emotional and family impacts, and excluded some off them from treatment decisions. Some sought second opinions (privately). The 'Medical Model' approach left some parents feeling dismissed and uninvolved. Study limitations: GP and parent data were collected separately, preventing paired

eczema in primary care: a qualitative study				analysis; two GPs had dermatology expertise and two had personal skin condition experience; most GPs were female.
Rannard, A., Lyons, C., Glenn, S. (2005) Parent concerns and professional responses: the case of specific language impairment	Investigation of parent experiences of working with GPs and health visitors in assessing their child's speech and language impairment	Retrospective qualitative study using in depth interviews	Parents of 40 children identified from speech and language therapy records in two Local Authorities in Merseyside. Children aged between 5 -16yrs	Parents typically raised concerns about their child's development by ages 2-3, but only a few received timely referrals to speech and language therapy from GPs or Health Visitors. Many faced delays, repeated visits, and felt judged or dismissed as 'overly anxious'. Despite this, most parents were proven correct when their child was diagnosed. Nurseries were more effective in making referrals than parents approaching health professionals. Few parents were satisfied with the process, citing poor responses from professionals. Study limitations: potential recall bias, and findings specific to children with speech and language difficulties, with only parent experiences considered.
Reijneveld, S.A., de Meer, G., Wiefferink, C.H., Crone, M.C. (2008) Parents' concerns about children are	To investigate occurrence of parental concerns about child development, identify groups at risk and explore any relationships between parent concerns and professional responses	Quantitative cross-sectional study using secondary data (questionnaire competed by parents pre and during	Two samples of; pre-school and school age children in the Netherlands, 4,107 parents participated	Most concerns noted by parents were about their child's behaviour. Concerns were most related to younger children and parents from low-income backgrounds were more likely to raise concerns. The study revealed that parents and professionals often have different views on concerns.

highly prevalent but often not confirmed by child doctors and nurses		routine well child visits)		Not all parents sought advice and support immediately, barriers were identified underpinning this including not knowing who to speak to, previous negative experience, hoping the issue would resolves itself. Authors suggest that cultural differences and barriers need to be considered by health professionals. Study limitations: although there was a good response rate, more research needed to explore the gaps in the data from the research given the cross-sectional nature of the study. Findings specific to the Netherlands.
Sims-Schouten, W. (2016) Positioning in relationships between parents and early years practitioners	Two small scale studies exploring position and positioning in relationships between parents and early years practitioners	Two studies using mixed methods of questionnaires, focus groups and interviews	Study one focused on early years students' qualification and training (n=74) Study two involved 7 focus groups with early years practitioners and parents (n=34) Southeast England region	Early years students recognised the important role of parents, circumstances at home and the wider impacts on child health and wellbeing and therefore the need to work with parents. Students on placement were more confident speaking to parents than students not offered placements. Analysis of data revealed that parents are constructed into different positions by practitioners including 'good' and 'not good', 'involved' or 'not involved', and 'willing to engage'. Parents were also categorised as being entirely responsible for their child's behaviour and development, parents are aware of this and feel the burden and stress

				as a result. Parents did recognise the positive role of practitioners however the picture created by practitioners of parents from their focus group was sometimes negative. Parents are positioned and categorised by professionals and despite stating there were not judgemental, their commentary was underpinned by judgement. Everyone did agree that parents are primary educators, but professionals viewed parents as being deficient in particular areas in understanding child health and development. Study limitations: findings are specific to this study given sampling and geographic location.
Sim, F., Thompson, L., Marryat, L., Law, J., Wilson, P. (2019) Preschool developmental concerns and adjustment in the early school years: Evidence from	To determine reliability of parent reported speech and language concerns of their child at pre-school stage (age 4)	Quantitative study using secondary cohort data from the Growing up in Scotland longitudinal study	2500 children were included in the analysis using parent reported views using the Strengths and Difficulties questionnaire. 23 outcome variables were analysed.	Parent concerns identified at age 4yrs regarding speech and language difficulties were confirmed as potential indicators for risk factors in speech development, behaviour, and other life circumstances at age 6yrs old. There are wider impacts for children with preschool language difficulties who transitioning to school. Factors increasing risk of difficulties in school for children with language difficulties at 4yrs included low-income, lone parents, and being male.

a Scottish birth cohort				Study limitations: the study relies only on parent reported concerns and completion of the questionnaire. The study cannot account for any intervention or other factors impacting on children and families between the two data collection periods.
Street, M. (2022) Eliciting young children's 'voice' in low-income areas in England: recognising their mutuality of being	The article aimed to add to the knowledge base on evidence of children's rights by prompting more research and consideration into a child's mutuality of being with their parents/ family	Qualitative study using interviews	7 mothers of 18 children aged under 5yrs from low-income/ deprived area in a northern English city	Mothers in this study described multiple factors as impacting on their child's wellbeing and the ability of parents (mother's) to support, protect and enhance their child's health and wellbeing. These factors include feeling safe, their neighbourhood and surrounding environment, the mother's own health and wellbeing, especially mental health, access to services, finance, material resource and the flexibility of services. Mothers stated they felt passive in assessment processes; 'done to', their voice is often unheard, barriers in their life make it difficult to seek help and support. The author suggests that children are individuals, but their being is formed of their individuality, and their relationship with their family and environment, and this cannot be separated. A child's voice alone may not be enough in understanding their needs or in hearing their voice. Study limitations: findings specific to this study given sampling and location.

Appendix 2.5

CASP Checklist for Systematic Reviews (CASP, 2022)

CASP Checklist: 10 questions to help you make sense of a **Systematic Review**

How to use this appraisal tool: Three broad issues need to be considered when appraising a systematic review study:

- Are the results of the study valid? (Section A)
- What are the results? (Section B)
- Will the results help locally? (Section C)

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is "yes", it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a "yes", "no" or "can't tell" to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

About: These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.
For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.
Referencing: we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Systematic Review) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

©CASP this work is licensed under the Creative Commons Attribution – Non-Commercial-Share A like. To view a copy of this license, visit http://creativecommons.org/licenses/by-nc-sa/3.0/ www.casp-uk.net

Section A: Are the results of the review valid?

1. Did the review address a clearly focused question?

Yes	
Can't Tell	
No	

HINT: An issue can be 'focused' In terms of
- the population studied
- the intervention given
- the outcome considered

Comments:

2. Did the authors look for the right type of papers?

Yes	
Can't Tell	
No	

HINT: 'The best sort of studies' would
- address the review's question
- have an appropriate study design (usually RCTs for papers evaluating interventions)

Comments:

Is it worth continuing?

3. Do you think all the important, relevant studies were included?

Yes	
Can't Tell	
No	

HINT: Look for
- which bibliographic databases were used
- follow up from reference lists
- personal contact with experts
- unpublished as well as published studies
- non-English language studies

Comments:

4. Did the review's authors do enough to assess quality of the included studies?

Yes	☐
Can't Tell	☐
No	☐

HINT: The authors need to consider the rigour of the studies they have identified. Lack of rigour may affect the studies' results ("All that glisters is not gold" Merchant of Venice – Act II Scene 7)

Comments:

5. If the results of the review have been combined, was it reasonable to do so?

Yes	☐
Can't Tell	☐
No	☐

HINT: Consider whether

- results were similar from study to study
- results of all the included studies are clearly displayed
- results of different studies are similar
- reasons for any variations in results are discussed

Comments:

Section B: What are the results?

6. What are the overall results of the review?

HINT: Consider

- If you are clear about the review's 'bottom line' results
- what these are (numerically if appropriate)
- how were the results expressed (NNT, odds ratio etc.)

Comments:

7. How precise are the results?

HINT: Look at the confidence intervals, if given

Comments:

Section C: Will the results help locally?

8. Can the results be applied to the local population?

Yes	
Can't Tell	
No	

HINT: Consider whether
- the patients covered by the review could be sufficiently different to your population to cause concern
- your local setting is likely to differ much from that of the review

Comments:

9. Were all important outcomes considered?

Yes	
Can't Tell	
No	

HINT: Consider whether
- there is other information you would like to have seen

Comments:

10. Are the benefits worth the harms and costs?

Yes	
Can't Tell	
No	

HINT: Consider
- even if this is not addressed by the review, what do **you** think?

Comments:

Appendix 4.1

Demographic Information Form for Parents/Carers and Professionals

DEMOGRAPHIC INFORMATION SHEET FOR PARENTS

Name of department: Social Work and Social Policy
Title of the study: Understanding the Value of Parents and Carers
Name of Researcher: Diane Delaney

Thank you for your interest in this research project and for agreeing to participate in the interviews. Thank you for providing consent to complete this demographic information sheet. This information sheet helps me to understand some of the background information of participants. It is important to know this information in research to understand if there are any patterns, differences, similarities based on this type of demographic information. Furthermore, this information sheet helps me to ensure that I am speaking to a variety of people from different backgrounds.
You don't need to complete this form, and you can skip any questions that you don't want to answer. This information will be anonymised and will not be shared with anyone out with the research team.
I would appreciate it if you can sign the end of this form on page 7 to reflect your consent in sharing this information and for me to use it as part of my research project.
Thank you for your participation

1. **Eligibility Questions**

	Yes or no
Are you an adult aged 16yrs or over?	
Do you have a child aged 3-5yrs?	
Do you live in Scotland?	
Do you have experiences of interacting with frontline professionals in primary or community care (including health visitors, GPs, nursery/ childminders, playgroup workers, social workers etc)?	

If you have answered no to any of the above questions, you may not be eligible to participate in the research project, please contact me to discuss.

2. **About You**

First Name	
Surname	
Preferred Name	
Email address	

Local Authority that you reside in (or the town that you live in)	

Gender

Male	
Female	
Non-binary	
Other – please state	
Prefer not to say	

Age	

Which of the following best describes you?

Biological/ Legal parent	
Foster parent/ carer	
Kinship parent/ carer	
Adoptive parent	
Step-parent/ carer	
Legal guardian	
Other – please state	

Are you disabled or do you need any help to participate in the interview?	

Would you like to receive a copy of the transcript of your interview?	

Please describe your ethnic group

3. **Your family**

How many children do you have?	
Is your 3-5yr old child disabled or have additional support needs?	

What is your family composition?

Lone parent/ carer household	

Couple parent/ carer household	
Other – please state	

4. **Income/ job**

What is your household income?

No income	
Up to £10,000	
£10,000 -20,000	
£20,000 - £30,000	
£30, 000 - £40,000	
£40,000 - £50,000	
£50,000 - £60,000	
Over £60,000	
Prefer not to say	

5. **Parental Value**

Think about your experiences of interacting with professionals about your 3-5yr old child, whether this has been a formal or informal chat or discussion or as part of an assessment or raising or responding to concerns about your child's health, wellbeing, and development.

	Yes very valued	Yes valued	Maybe/ sometimes	No not valued	Absolutely not valued at all	Don't Know/ Other – please state
Generally, do you feel valued by the professionals working with your 3-5yr old child in your role as their parent?						

	Yes every time	Yes most of the time	Sometimes	No not really	No never	Don't know/ Other – please state

Generally, do you feel that when you contribute to discussions about your 3-5yr old child with professionals that your suggestions are taken onboard by professionals?						

	Yes every time	Yes most of the time	Sometimes	No not really	No never	Don't know/ other – please state
Generally, do you feel that when you contribute to discussions about your 3-5yr old child with professionals that your suggestions are acted on?						

(PRINT NAME)	
Signature of Participant:	**Date:**

DEMOGRAPHIC INFORMATION SHEET FOR PROFESSIONALS
Name of department: Social Work and Social Policy
Title of the study: Understanding the Value of Parents
Name of Researcher: Diane Delaney

Thank you for your interest in this research project.

This information sheet helps me to understand some of the background information of participants. It is important to know this information in research to understand if there are any patterns, differences, similarities based on demographic information. Furthermore, this information sheet helps me to ensure that I am speaking to a variety of people from different backgrounds.
You don't need to complete this form, and you can skip any questions that you don't want to answer. This information will be anonymised and will not be shared with anyone out with the research team.
If you are happy to complete this form, I would appreciate it if you could sign the end of this form on page 5 to reflect your consent in sharing this information and for me to use it as part of my research project.
Thank you for your participation

Eligibility Questions*

	Yes or no
Do you work in Scotland?	
Do you work directly with children aged 3-5yrs old (and their families)?	
Do you work in any of the following sectors early learning and childcare, primary education, social work, primary care, voluntary, private or third sector?	

- **If you have answered no to any of the above questions, you may not be eligible to participate in the research project, please contact me to discuss.**

About You

First Name	
Surname	
Preferred Name	
Email address	
Local Authority that you work in (or the town that you work in)	

Gender

Male	
Female	
Non-binary	
Other – please state	
Prefer not to say	

Age	

Are you disabled or do you need any help to participate in the interview?	

Would you like to receive a copy of the transcript of your interview?	

Please describe your ethnic group

Your role

What is your job title, and which sector do you work in?	

How long have you been in your current role?	

Do you work with disabled children and families?	

What age group do you mainly work with?	

Parental Value

Thinking about your experiences of interacting with parents/ families with 3-5yr old child, whether this has been through a formal or informal chat or discussion or as part of a formal assessment or raising or responding to concerns about a child's health, wellbeing, and development.

	Yes – always	Yes - most of the time	Maybe/ sometimes	No – not really	Absolutely not – never	Don't Know
Generally, do you value the role that parents play when you are working with them?						

	Yes – every time	Yes – most of the time	Sometimes	No – not really	No - never	Don't know
Generally, do you feel that when parents contribute to discussions about their 3-5yr old child with you, you take their suggestions onboard?						

	Yes – every time	Yes – most of the time	Sometimes	No – not really	No - never	Don't know
Generally, do you feel that when parents contribute to discussions about their 3-5yr old child with you, you act on their suggestions/ views/ contributions?						

Any other comments

(PRINT NAME)	
Signature of Participant:	Date:

Appendix 4.2

Risk Assessment and Risk Management Plan

Risk assessment (the risk assessment will consider possible harms to the participant(s) and the researcher(s)) **Risk Assessment for PhD Research Project: Risks identified**			
Section 1 **Matrix to determine action on likelihood of risk and level of impact of risk**			
	High risk	**Medium risk**	**Low risk**
High likelihood	**Unacceptable**	Tolerate with mitigation	Tolerate with mitigation
Medium likelihood	Tolerate with mitigation	Tolerate with mitigation	Acceptable with mitigation
Low likelihood	Tolerate with mitigation	Acceptable with mitigation	**Acceptable**
Section 2 **Risk identification using risk matrix to identify action to be taken to mitigate (where applicable)**			
Possible risks	**Level of risk**	**Likelihood**	**Acceptability/Mitigation**
1) Harm to participants (emotional harm)	Low	Low	**Acceptable**
2) Harm to researchers	Low	Low	**Acceptable**
3) Breach of data protection/ confidentiality	High	Low	**Tolerate with mitigation**
4) Disclosure of child/ adult protection concern	Low	Low	**Acceptable**
5) Covid-19	High	Low	**Tolerate with mitigation**

6) Underestimation of time causing delay or affecting the quality of the research	Low	Low	**Acceptable**
7) Failing to recruit sufficient participants	Medium	Low	**Acceptable with mitigation**

Section 3

Risk mitigation and management plan

Risk	**Steps taken to reduce and/or mitigate risks**
1. Harm to participants (emotional harm)	Harm to participants may relate to emotional distress in discussing sensitive issues relating to their child's health and wellbeing. The likelihood of this is low, however if a participant becomes distressed, they will be offered a break from the interview, to end the interview and advise that they have the right to withdraw at any point. If a participant becomes distressed, a procedure has been developed on how to respond alongside the offer of signposting to help and support from professional groups/ organisations. The researcher is an experienced interviewer with over 20 years' experience in frontline roles in health and social care where sensitive interviews were a vital component of my role. The interviewer has experience of interviewing children and adults within sensitive and distressing contexts; therefore, skills and knowledge will be utilised to support participants in the event of any actual or potential emotional distress.
2. Harm to researchers	The safety of the researcher will not be comprised if interviews are completed online using a platform like Zoom, because the researcher will be at home alone. If the participant(s) prefer to meet face to face, risk to the researcher in terms of any potential harm from the participant will be managed by meeting in a public setting. Although a private space will be required to conduct the interview, the setting will be public. The University of Strathclyde (meeting room) will be suggested as an option. The researcher can also alert colleagues to the meeting and thus be aware of the need to respond in the event of a call for help. If the participants preference is to meet in a community setting, the researcher will ensure that it is an appropriate space to conduct an interview in terms of privacy, as well as safety. The location and time of the

	start and (estimated) finish of the interview will be shared with research supervisors, with a safety message set up for before and after the interview.
3. Breach of data protection/ confidentiality	Full compliance with Data Protection and GDPR will be adopted with consent from the outset from participants on storage and use of their personal data. Data will be stored on password-protected files and paper files will be stored in a locked cabinet. Data will be destroyed in compliance with data protection legislation. Participant information will be anonymised from the outset with coding information used to identify and differentiate participants. The University of Strathclyde One Drive account will be used to store encrypted, password protected electronic files. The researcher will be the main person handling, reading, and storing data, thus reducing likelihood of loss or breach of data security.
4. Disclosure of child/ adult protection concern	Participants will be advised from the outset of the requirement of the researcher to act on any disclosed child/ adult protection concerns. Information will be shared with the appropriate authorities (i.e., Social Work Services/ Police Scotland as applicable). The researcher has excluded child protection work from the research project because parent involvement and the work of professionals is underpinned by legislation, which means, that parents may not be involved in aspects of decision making if they are (suspected to be) causing harm to their child.
5. Covid-19	Government guidelines will always be adhered to. The study (interviews) can be conducted remotely.
6. Underestimation of time causing delay or affecting the quality of the research	The PhD funding and programme lasts three years. A Gantt chart has been devised and will be stuck to rigidly with regular reviewing of time vs action. Other than unforeseen circumstances, it is unlikely that there will be any delays.
7. Failing to recruit sufficient participants	The target sample size is 10 parents/ carers and 10 professionals. For recruitment of parents/ carers, two gatekeepers have offered to permit adverts through their organisations, this provides access to 12 large nursery settings. Social media platforms like Twitter and Facebook are popular with parent led or focused groups, therefore it is likely that an advert will attract some interest from these groups. For professionals, the researcher has different strategies to use in recruitment professionals including using social media, the advisory group, and personal contacts. Given that 10 professionals are sought from

	different sectors, it is likely that this number will be achieved. The focus of the research is on parents; therefore, it is vital to recruit parents, this will be the priority.

Appendix 4.3

Demographic Information Grid for Recruitment

PARENTS	Number							
Male								
Female								
Other Gender								
Couple family								
Lone parent family								
Other family arrangement								
Household income up to £20,000								
Household income £21,000 - £49,000								
Household income up to £50,000 - 59,000								
Household income up to £60,000 +								

PROFESSIONALS	Number							
Male								
Female								
Other Gender								
Health Sector								
Social Work or Social Care Sector								
Early Learning Childcare Sector								
Primary Education Sector								
Third Sector								
Other Sector								

Appendix 4.4

Topic Guide for Parent/ Carers and Professionals

Topic Guide for Interviews – For Parents

Pre-interview

- Confirm consent – participation and data storage
- Confirm voluntary role in interviews
- Give overview of session

Start Recording Interview

Introduction

- Explain purpose of study
- Explain how data will be audio-recorded, stored, transcribed, anonymised, published etc. (e.g., all personal identifiable information removed). Explain confidentiality.
- Confirm that informed consent has been received in writing
- Emphasise there are no 'right or wrong 'answers – interested in the respondent's experience. Ask if there are any questions about the study.

Information On Google Jam Board

- Google Jamboard is the same as whiteboard but it's online and digital
- It's interactive and multiple people can access it at the same time
- The information within the Jamboard can be saved and converted to a PDF
- It's free too
- Allows people to work together at the same time but from different locations.

The purpose of the visual timeline is to support discussion, with the potential to assist in recall as well as promote any reflection of the particular interactions at each stage for parents or professionals

My suggestions is that we start with a discussion about the timeline and identify which professionals or sectors that you have interacted with of the period of your child being aged 3-5yrs

I will then move onto the interview questions

At any time, you can stop if you want to use the timeline to reflect on any interactions with professionals.

At the end of the interview, I will use the information from the interview along with the timeline to identify any patterns, similarities, or differences across the timeline of the different types of professionals and/ or sectors that parents are interacting with during their child's age from age 3-5yrs old.

Photographs will be anonymised and will not be used in the thesis if there is any potentially identifying information. This is unlikely given that no names, local authorities or identifying information

Ready to start?

Key Topics

1. **Does it take a village to raise a child? What's your view on this? What's your own experience of this? Who is the village in your life**

(it's an old proverb which means that an entire community of people help support children in their growing and development. Community previously would have referred to family and friends living next door and locally. Village would be accountable to the child)

Who is the community now?

2. **Do you have any views on how parents and families are currently supported in their role in bringing up their children?**

    - On what basis should families be supported
    - Conditional/ unconditional?
    - Do professionals support families? When? How? Why? Where? When?
    - What about Universal services? Is it easy to access services?
    - What about Eligibility Criteria?
    - Should professionals decide who should receive support and how can they decide this?

    - What do you think the cultural expectations are on Scottish parents or parents living in Scotland
    - *Can parents/ should parents seek support in their role from other people? If so, who should they seek support from?*
    - *When you think about parental roles and responsibilities are you aware of Scotland's law and policies on this?*

3. **Can you tell me a little bit about your children, including their age**

    - *Can you tell me how professionals view your knowledge and understanding of your children's needs*

4. **Can you tell me about your experiences of occasions where you have interacted with professionals in relation to your child's health, wellbeing, or development?**

    - What was the reason for the interaction?
    - *How did you interact?*
    - How did you find the service?
    - How easy was it to find?
    - *Who did you interact with and why them?*
    - *Where did this interaction occur?*
    - *When did you do this?*
    - *Why did you do this? Assessment? Decision making? Planning?*
    - *Query or concern? Responding to a Professional Query?*
    - *What was it about?*
    - Identification of needing access to services – who identified the needs?
    - Asserting candidacy – how did you know you needed help?
    - Offer of service? How was this done?

5. **Tell me about how professionals respond to you when you are interacting with them about your child's health, wellbeing, or development**

    - *What happened? Why?*
    - *How did you feel about this?*
    - *Did you expect this? Reasons?*
    - *Is this normal or rare?* Why?
    - *Do you have other examples to compare against this one that are different?*
    - *What would be the ideal response from a professional in regard to any interaction, or in relation to one of the examples you have given?*
    - How do you know that your contribution was heard?
    - Respected, valued, heard?
    - Requests/ contributions acted upon?
    - Your contribution recorded?
    - *Are there any factors that influence professional's responses from your views or experiences?*

6. **Tell me about your experiences of your child's involvement in discussions about their health, wellbeing, or development?**

    - *Can children contribute to discussion at age 3-5yrs?*
    - *Do you have an example you can tell me about?*
    - *How was your child supported?*
    - What were the professional views to your child's involvement
    - *What was your role in this?*
    - *Positives?*
    - *Negatives?*

- Can children be involved at this age/ stage?
- How can children be supported to be involved?

7. **Tell me about interacting with professionals as a mum or dad – does gender matter in these interactions?**

    - *Does gender matter? Why?*
    - *How does that make you feel?*
    - *What impact does this have?*
    - *Do couples have similar or different experiences? Why?*
    - *Does your family arrangements play a role in interactions with professionals (i.e., couple, single, same sex etc)*
    - *Do any other factors play a role during interactions (i.e., age, ethnicity, number of children, background etc)*

8. **What are your views, based on your experiences about how parents are valued by professionals?**

*valued = considered important, beneficial, highly regarded,

- *Do you feel valued? Why? How do you know you are valued?*
- *What does feeling valued look like?*
- *Should being valued by conditional/ unconditional?*
- *What does it feel like?*
- ***What weight does your view hold in conversations with professionals? How do you know?***
- *What happens when you contribute to discussions, ask questions, respond to questions, take part in assessments, planning and decision making?*
- *How valuable are parents' contributions about understanding their child's health, wellbeing, and development?*
- Is there a culture of valuing parents in Scotland?
- Is your value reflected in how easy or hard it is to access services and support?
- Were you listened to?
- What role do you play?
- How do professionals see your role – what do they expect?

9. **Tell me about the impact of your involvement with professionals in relation to your child's health, wellbeing, and development**

Can you describe the impact that your interactions with professionals had on the outcomes of your child?

- *What happens when you are involved?*
- *Was your view accepted/ agreed?*
- *Were your suggestions taken forward?*

- *Was your views recorded in minutes or notes?*
- *What was the outcome of this experience for a) you/ your family b) your child?*
- *What was your involvement/ contribution?*
- *Was it understood?*
- *Was it accepted?*
- *Were your contributions recorded in your child's notes?*
- *What was the outcome?*
- *Were you happy or not?*
- *How did you feel?*
- *Would you have preferred another outcome? What?*

10. How has your experiences with professionals impacted on your relationships with them?

- How do you build relationships?
- *What is important in parent – professional partnerships/ relationships? Why?*
- *What should happen in parent – professional relationships?*
- *Is trust a factor?*
- Gender?
- Other factors like being a new mum/ lone parent/ where you live?

11. Are there any barriers to professionals being able to understand the role and value of parents in supporting their child's health, wellbeing, and development?

- *What are the barriers? Why do you say this? How can these be overcome?*

12. How can parents, professionals or anyone other person or group improve perceptions of the credible role and value of parents in supporting their child's health, wellbeing, and development?

13. Any questions you would like to ask or other information to add?

14. Any feedback on the questions or the use of the Jamboard?

15. Can you give me feedback on your experience of the overall process from my responding to the finish of the interview?

THANK YOU

Subject Headings for Interview Topics Guide to be shared with Parents/ Carers

Topic Guide Information for Interviews

- Role of parents in supporting their child's health/ wellbeing
- Role of professionals in supporting children and families re health/ wellbeing
- Your experiences of interacting with professionals
- Experiences of children' being involved in discussions
- Professional responses
- Role of gender
- How are parents valued
- Impact of parent involvement with professionals
- Impact of your experiences on relationships with professionals
- Are there any barriers to professionals understanding the role of parents
- How to improve perceptions of the role and value of parents

Topic Guide for Interviews – For Professionals

Pre-interview

- Confirm consent – participation and data storage
- Confirm voluntary role in interviews
- Give overview of session

Start Recording Interview

Introduction

- Explain purpose of study
- Explain how data will be audio-recorded, stored, transcribed, anonymised, published etc. (e.g., all personal identifiable information removed). Explain confidentiality.
- Confirm that informed consent has been received in writing
- Emphasise there are no 'right or wrong 'answers – interested in the respondent's experience. Ask if there are any questions about the study.

<u>Information On Google Jam Board</u>

- Google Jamboard is the same as whiteboard but it's online and digital
- It's interactive and multiple people can access it at the same time
- The information within the Jamboard can be saved and converted to a PDF
- It's free too
- Allows people to work together at the same time but from different locations.

The purpose of the visual timeline is to support discussion, with the potential to assist in recall as well as promote any reflection of the particular interactions at each stage for parents or professionals

My suggestions is that we start with a discussion about the timeline and identify reasons why you interact with parents of children aged 3-5 years.

I will then move onto the interview questions

At any time, you can stop if you want to use the timeline to reflect on any interactions with professionals.

At the end of the interview, I will use the information from the interview along with the timeline to identify any patterns, similarities, or differences across the timeline.

Photographs will be anonymised and will not be used in the thesis if there is any potentially identifying information. This is unlikely given that no names, local authorities or identifying information

Ready to start?

Key Topics *(Number questions in bold are the key topic area, the questions in italics are and will only be used if necessary)*

1. **Does it take a village to raise a child? What's your view on this? What's your own experience of this? Who is the village for parents and families in Scotland?**

(it's an old proverb which means that an entire community of people support children in their growing and development. Community previously would have referred to family and friends living next door and locally. Village would be accountable to the child)

Who is the community now?

2. **In Scotland are you aware of any specific cultural views or attitudes about parents in terms of their roles and responsibilities**

3. **Do you have any thoughts on whether there are cultural views or perceptions about the role and value of parents in Scotland?**

    - *Do you think there are any specific cultural views or attitudes about parents in Scotland today?*
    - *Is this different from any other country in the UK or elsewhere globally?*
    - What do you think the cultural expectations are on Scottish parents or parents living in Scotland?
    - Can parents/ should parents seek support in their role from other people? If so, who should they seek support from?
    - When you think about parental roles and responsibilities are you aware of Scotland's law and policies on this?

4. **What do you think are our cultural expectations around services and support available to parents and families?**

    - On what basis should families be supported?
    - Conditional/ unconditional?
    - Do professionals support families? When? How? Why? Where? When?
    - What about Universal services? Is it easy to access services?
    - What about Eligibility Criteria?

- Should professionals decide who should receive support and how can they decide this?

5. **What is your general view about how parents are supported in Scotland**

    - is there enough support for them?

6. **Can you tell me about your range of experiences of occasions where you have interacted with parents of children aged 3-5yrs in relation to the child's health, wellbeing, or development?**

    - *How did you interact?*
    - *Who did you interact with? Mums? Dads? Lone Parents? Couples? Older? Younger?*
    - *Where did this interaction occur? At home? Clinic? Community Setting? Workplace?*
    - *When did you do this?*
    - *Why did you do this? Assessment? Decision making? Planning? Parental Query or Concern? Responding to a Professional Query?*
    - *What was it about?*

7. **Using one of the experiences described before, can you tell me more about these experiences where you interacted with a parent. What was the parents' role in this interaction?**

    - *What was your role in this interaction?*
    - *How was the parent involved in the interaction/ discussion?*
    - *Did they need help or support to be involved?*
    - *Do you know how they were feeling? How do you know?*
    - *Positives? Negatives?*

8. **How are children involved in discussions about their health, wellbeing, or development at age 3-5yrs?**

    - *Can children contribute to discussion at age 3-5yrs?*
    - *In your example, was the child supported to be involved in the interaction?*
    - *What is a parent's role in supporting their children to be involved in these discussions?*
    - *What is your role in supporting children to be involved in discussions about their health and development?*
    - *Positives?*
    - *Negatives?*

9. **Tell me about how you respond to parents when you are interacting with them about their child's health, wellbeing, or development. Can you use an example?**

    - *What happened? Why did you respond this way?*
    - *Do you always respond in the same way or differently? Why?*
    - *Do you use any theories or frameworks to guide responses or how you work with children/ parents' families? What is this?*
    - *What factors guide your responses?*
    - *How did the parent react / respond to your response?*
    - *Did you expect this? Reasons?*
    - *Is this normal or rare?*
    - *Do you have other examples to compare against this one that are different?*

10. **My literature review revealed that some parents are asked to 'wait and see' regarding some concerns they raise about their child's development (or health or education). What are your views and experiences about asking parents to wait and see – thinking about how parents respond to this**

    - *Waiting lists?*
    - *Eligibility Criteria?*
    - *Adjudication?*
    - *Covid-19?*

11. **Tell me about your experiences of how parents and families understand their children's needs regarding their health, wellbeing and/ or development?**

    - *Do they understand children's needs?*

12. **Tell me about interacting with mum's vs dads - does gender matter in these interactions? Do you have an example?**

    - *Who do you generally interact with regarding child health and wellbeing? Mum? Dad? Other? Why is this?*
    - *Does gender matter? Why?*
    - *Are there differences in interactions?*
    - *Do outcomes differ depending on gender? Explain?*
    - *Do you interact with couples/ entire family groups?*
    - *Do couples have similar or different experiences? Why?*
    - *Do family arrangements play a role in interactions with parents/ families (i.e., couple, single, same sex etc)*
    - *Do any other factors play a role during interactions (i.e.., age, ethnicity, number of children, background etc)*

13. **What are your views, based on your experiences about how parents are valued by professionals?**

    - *Are parents valued? Why?*
    - *Should parents by valued?*
    - *Should value be unconditional or conditional?*
    - *How does a parent know that they are valued?*
    - *What weight does a parent's view or contribution hold in conversations/ assessments with professionals?*
    - *Do parents know this?*
    - *What happens when a parent contributes to discussions, ask questions, respond to questions, take part in assessments, planning and decision making? Give an example*
    - *How valuable are parents' contributions about understanding their child's health, wellbeing, and development?*

14. **What is the impact of parental involvement with professionals in relation to discussions about their child's health, wellbeing, and development. Can you tell me about your experiences, giving an example.**

- *What happens when parents are involved in discussions, assessments or decisions about their children alongside professionals? What is the outcome or impact of their involvement?*
- *How do parents and carers contribute to assessment and decision making?*
- *What happens when parents are involved? Discussions? Assessment? Decision making?*
- *What was their involvement/ contribution in your experience?*
- *Was their contribution understood?*
- *Was their contribution accepted?*
- *Were their contributions recorded in their child's notes?*
- *What was the outcome?*
- *Were you happy or not? Were they happy or not?*
- *How did they feel?*
- *Would you have preferred another outcome? What?*
- *Would the parents have preferred another outcome? What?*

15. **Tell me about your relationships with parents and families?**

    - *Do you have relationships?*
    - *What do relationships look like?*
    - *Do you need a relationship to work with parents/ families?*

16. **Are there any barriers to professionals being able to understand the role and value of parents in supporting their child's health, wellbeing, and development?**

    - *What are the barriers? Why do you say this? How can these be overcome?*
    - How can parents, professionals or anyone other person or group improve perceptions of the credible role and value of parents in supporting their child's health, wellbeing, and development?
    - Any solutions

17. **Any questions you would like to ask or other information to add?**

THANK YOU

Subject Headings for Interview Topics Guide to be shared with Professionals

Topic Guide Information for Interviews

- Role of parents in supporting their child's health/ wellbeing
- Role of professionals in supporting children and families re health/ wellbeing
- Your experiences of interacting with parents
- Specific example of interacting with parents focusing on parental involvement
- Experiences of children' being involved in discussions
- Your professional responses to parents
- Role of gender mum vs dad
- Are parents valued
- Impact of parent involvement with professionals
- Impact of your experiences on relationships with parents
- Are there any barriers to professionals understanding the role of parents
- How to improve perceptions of the role and value of parents

Appendix 4.5

Adverts to ELC Settings

Understanding the Value of Parents & Carers

I would be most grateful if any of our parents who can & are interested, would become involved in this important piece of work by Diane Delaney, a PhD Student with University of Strathclyde in Glasgow who is happy to answer any questions or meet up, whatever is best for you.

"My name is Diane Delaney; I am a PhD student within the University of Strathclyde in Glasgow. I started off my career as a learning disability nurse before moving into social work as a care manager, where I spent most of my career. Working in both health and social care in front-line roles with families provided me with a wealth of knowledge and experience, particularly in relation to the barriers some families face in having their needs met. My interest in research led me to leave social work to continue my professional development full time at university. In 2020, I completed a master's in public health before moving onto the current PhD programme. The combination of my professional, academic, and personal experiences in working with families (and being a parent), prompted me to investigate the role and value of parents in society, with a particular focus on parents living in Scotland. This research project has been led and created by me; however, I am being supported and supervised by Professor Katherine Smith and Professor Marion Henderson.

This research project is being funded by the Global Research Award from the University of Strathclyde, following a successful application for this studentship. I have ethics approval from the University of Strathclyde to speak to parents and carers as part of my PhD research project.

I am inviting parents and carers to speak to me through 1 to 1 interviews so that I can understand parent and carers views and experiences in working with professionals about their child's health, wellbeing, and development.

I am especially keen to speak to dads or male carers/ guardians because their views and experiences are underrepresented in research.

Understanding the Value of Parents and Carers

- **Are you a parent or carer, aged 16yrs plus with a 3-5yr old child living in Scotland?**
- **Would you like to speak to me about your views and experiences of accessing information, support and working with professionals about your child's health, wellbeing or development?**
- **Do you have experience of interacting with professionals like a GP, health visitor, nursery practitioner, childminder, social care worker, speech and language therapist etc.?**
- **If you have an hour or so to spare, I would love to hear from you!**

I am a PhD student, researching the views and experiences of parents/ carers living in Scotland to understand the role and value of parents in working with professionals to help and support their child's health, wellbeing and development.

If you are interested, please contact me at Diane.Delaney@strath.ac.uk
Thank you!

University of Strathclyde Humanities & Social Sciences

Appendix 4.6

Advert sent to Advisory Group

Are you a parent or carer with a 3-5yr old?

- **Are you aged 16yrs plus with a 3-5yr old child living in Scotland?**
- **Would you like to speak to me about your views and experiences of accessing information, support and working with front line professionals about your child's health, wellbeing or development?**
- **If you have an hour or so to spare, I would love to hear from you!**

I am a PhD student, researching the views and experiences of parents/ carers in Scotland to understand the role and value of parents in working with professionals to help and support their child's health, wellbeing and development. I would love to hear from parents and carers to help me to understand what they think about their role and value.

If you are interested, please contact me at Diane.Delaney@strath.ac.uk

Thank you!

University of Strathclyde Humanities & Social Sciences

Appendix 4.7

Advert for Recruitment social media

Are you a parent or carer of a 3-5yr old?

- **Are you aged 16yrs plus with a 3-5yr old child living in Scotland?**
- **Would you like to speak to me about your views and experiences of accessing information, support from workers about your child's health, wellbeing or development?**
- **Workers could be a health visitor, GP, primary teacher, nursery keyworker, childminder, speech and language therapist or anyone else working with children**
- **If you have an hour or so to spare, I would love to hear from you!**
- **I have ethics approval from the University of Strathclyde to conduct a study to try to understand parent and carer experiences.**

If you are interested, please message me or contact me at Diane.Delaney@strath.ac.uk

Thank you!

University of Strathclyde Humanities & Social Sciences

Do you work with children aged 3-5yrs?

- ✓ **Are you a frontline professional/ practitioner working in primary care, early learning & childcare, primary education, third sector or social care / work within Scotland?**
- ✓ **Do you work with children aged 3-5yrs and their families?**
- ✓ **Do you have experience of working with parents about their child's health, wellbeing or development?**
- ✓ **Would you like to speak to me about your views and experiences of working with parents?**
- ✓ **If you have an hour or so to spare, I would love to hear from you!**
- ✓ **I have ethics approval for my research from the University of Strathclyde for my PhD project**
- ✓ **I would love to hear from you to help me understand views and experiences on the role and value of parents/carers.**

If you are interested, please contact me at Diane.Delaney@strath.ac.uk

Thank you!

University of Strathclyde Humanities & Social Sciences

Appendix 4.8

Participant Information Sheet for Parents and Carers

Name of department: Social Work and Social Policy

Title of the study: Understanding the Value of Parents and Carers

Introduction

My name is Diane Delaney; I am a PhD student within the University of Strathclyde in Glasgow. I started off my career as a Learning Disability Nurse working in Levendale Hospital before moving into Social Work as a Care Manager, where I spent most of my career. Working in both health and social care in front-line roles with families provided me with a wealth of knowledge and experience, particularly in relation to the barriers some families face in relation to having their needs or their personal goals met. My interest in research led me to leave social work to continue my professional development in this area full time at university. In 2020, I completed a Master's in Public Health before moving onto the current PhD programme. The combination of my professional, academic, and personal experiences in working with families, prompted me to investigate the role and value of parents in society in the context of their children's health and wellbeing. This research project has been led and created by me; however, I am being supported and supervised by Professor Katherine Smith and Professor Marion Henderson. All our contact details are available below. Please do not hesitate to contact any of us if you have any questions.

This research project is being funded by the Global Research Award from the University of Strathclyde, following a successful application for this studentship.

What is the purpose of this research?

The overall aim of this project is to gain an understanding of the value, contribution, and impact of parents/ carers living in Scotland, in assessment and decision making on the health, wellbeing, and developmental progress of their child at age 3-5 years old. To do this, I want to hear from parents/ carers and professionals on their views, perceptions, and experiences. I want to gain an in-depth understanding of parent and carer experiences of interacting with professionals about their child's health, wellbeing, and developmental progress. I am particularly keen to understand parents' perceptions of their value in collaborative working and the impact of their contributions

to discussions. The data collected will be analysed to understand and interpret the value of parents/ carers living in Scotland using participant experiences and perspectives. The overarching focus of this project is on public health and policy. This research is concerned with child health and wellbeing, and the role parents play when collaborating with professionals.

The findings from this study will be used to reflect on current evidence and policy implementation. The findings will also be used to inform improvement in policy and practice. The ultimate goal is to create optimal opportunities to promote and support the health, wellbeing, and development of children living in Scotland during their early childhood, supporting parents to get it right for them through engagement and access to public sector services.

Do you have to take part?

No, it is up to you to choose. Taking part is entirely voluntary. If you choose to take part, you can stop at any time without giving a reason.

What will you do in the project?

In this research project your main role is to speak to the researcher (me) as part of an interview. The interview will be on a 1:1 basis, with the researcher using a topic guide to assist with the interview questions. These questions are intended to help the researcher to answer the research questions.

Before the interview takes place, all participants will provide written consent to be interviewed. I will also seek consent from participants to complete a demographic information sheet. This sheet is used to help the researcher to identify a range of different people to speak to. This information may also be helpful in understanding any similarities or differences in experiences or circumstances. I have identified the process of what you will do in the research project in stages:

- An Information pack will be sent to interested participants responding to recruitment adverts (the document you are reading now).

- Interested participants will be offered a follow up discussion after receipt of the information pack. There is no requirement to follow up with a discussion, if you are not interested, you do not require to do anything further. If you would like to discuss the project further with the researcher, you will be asked to contact the researcher to indicate that you would like more information or an informal chat.

- Interested participants will then be asked to provide written consent to complete a demographic information sheet. These sheets will also ask some general questions about experiences in engaging with professionals. Interested professional participants will similarly be asked questions on their perceptions of working with parents. All information documented in these sheets will be anonymised.

- Participants agreeing to be voluntarily involved in the research project will be asked to sign a consent form.

- Once the consent form has been signed and received, the researcher will arrange time, date, and location of interview in discussion with the participants regarding their preferences/ needs. Interviews can take place online via platforms like Zoom or teams, or face to face in a mutually agreed location, offering privacy and space for an interview (i.e., meeting room within the University of Strathclyde)

- The researcher will provide topic guide information sheet to participants prior to the interview.

- The interview will last up to 1hr, recorded with consent, however the researcher will be flexible to extend the interview time based on consent from the interviewee where more time is needed to complete the interview.

- At any point during the process, you can decide to stop the discussion/ interaction/ participation. You don't require to answer all questions and if there are questions you do not want to answer, you can indicate this, and we can move onto another one.

- When the interview is completed, there will be no need for any further contact, unless the participant has requested some specific follow up.

- The participant will be offered an opportunity to debrief following the interview, as well as providing any reflections on the interview experience and process.

Why have you been invited to take part?

I am inviting parents/ carers to participate voluntarily in 1:1 interviews. The following adults are invited to participate:

- Adults (age 16+) who have the main/ legal responsibility for caring, raising, and ensuring the welfare, education, and wellbeing of children. These adults will include parents/ carers and legal guardians.

- All genders of parents/ carers

- Couples and lone parents / carers

- Parents/ carers of children aged 3-5yrs.

- Parents/ carers living in Scotland while their children were aged 3-5yrs.

- Parents/ carers who have experience of interacting with professionals/ professionals working with 3-5yr olds within their local communities/ NHS providers in Scotland

- Parents/ carers with one or more children

The focus of this research is on parents working with front-line professionals in primary and community care, therefore, I am not interviewing any participant in relation to palliative, specialist, or secondary care. Furthermore, because of the legislation underpinning child protection and the role and involvement of parents/ carers, I am not gathering data in relation to child protection experiences.

What are the potential risks to you in taking part?

A risk assessment has been completed considering actual or potential risks of harm to participants being involved in this research project. As a result of the methods used to collect data (interview), actual and/ or potential risks of harm are low. However, I do recognise that discussions around children, families and interactions with professional services could result in emotional upset for participants. As this potential risk has been identified, I have put in place strategies to support participants, before, during and after any situation where this occurs. These strategies involve pausing or stopping the interview if necessary, and/ or providing participants with appropriate support information to access any support required.

What information is being collected in the project?

Data collection will be in three stages:

1. Demographic information including gender, age, income bracket, educational background, marital status will be collected to promote a range of participants with different backgrounds and experiences within the project. This data may be helpful as part of the analysis too.

2. Signed consent to voluntarily participate in the project and record the interview.

3. All the interviews will be recorded, anonymised, transcribed, analysed, and used to write up a thesis.

For all three stages personal and sensitive data will be collected from participants. All the data collected will come directly from participants themselves. All data collected will be anonymised and stored securely in line with General Data Protection Regulation (GDPR). Confidentiality will be preserved by the researcher by undertaking the following to anonymise your identity and data:

1. When you have provided written consent to participate in the interviews, I will allocate you a unique identification code. This code will be attributed to you thereafter.

2. The consent form and demographic information form will be stored in an encrypted password protected file within the researchers University One Drive account.

3. For all other activity thereafter during transcription, analysis and writing up the thesis, only anonymised data will be shared, referring only to participants by their unique identification code.

Confidentiality cannot be maintained, if during our interview you make a disclosure of harm either to yourself or to others which raises either child or adult protection concerns. In this case the researcher will report their concern to the senior researcher (KS) and inform you that I will be doing so. If confidentiality must be breached and information disclosed, you will be made aware of it and information will be shared with your full knowledge.

Who will have access to the information?

The research team for this project involves:

- Diane Delaney
- Professor Katherine Smith (Chief investigator and supervisor)
- Professor Marion Henderson (supervisor)

Only these three people will have access to the data collected from interviews.

The analysis of the anonymised data gathered from the interviews will be published in my PhD thesis and potentially used in other academic outputs like journals etc. All data used will be anonymised with identifiable information being removed.

Where will the information be stored and how long will it be kept for?

All personal and sensitive information will be stored on an encrypted password protected file on the researchers University of Strathclyde OneDrive account and will be permanently deleted within two years of the end of the research project. The anonymised information you have provided (the answers within the interview with all identifying information removed) will be held indefinitely and will appear in publications and in my PhD Thesis.

All data collected will be anonymised and stored securely in line with General Data Protection Regulation (GDPR), and only so long as is required for this research project, in this instance for two years after the end of the study, after which it will be confidentially destroyed. Information that identifies you will not be published or shared.

Anonymised data gathered from the research project may also be preserved using the University or other repository services.

What happens next?

If you would like to participate in this research project after reading all the information including the Privacy Notice, the next stage is to complete the consent form. Once you have completed the consent form and demographic information form, please send these to me via email at Diane.Delaney@strath.ac.uk

When I receive your completed forms, I will follow up contact with you to discuss and agree a suitable time/ date for the interview. The preference for location would be to use an online platform like Zoom, however, there are options to meet face to face in an environment that is suitable for a private interview (i.e., University of Strathclyde meeting room).

Thank you for reading this information – please ask any questions if you are unsure about what is written here.

Our university Privacy Notice for Research Participants and for more information about your rights under the legislation can be found below.

If you have you decided that you do not want to take part in this research project, thank you so much for reading this information and your initial interest. You do not require to do anything else.

Researchers contact details:
Diane Delaney
Diane.Delaney@strath.ac.uk
Social Work and Social Policy Department,
The University of Strathclyde,
The Lord Hope Building,
141 St James Rd,
Glasgow
G4 0LT

Chief Investigator and supervisor details:
Professor Katherine Smith
Katherine.Smith.100@strath.ac.uk
Social Work and Social Policy
The University of Strathclyde,
The Lord Hope Building,
141 St James Rd,
Glasgow
G4 0LT

Second supervisor details:
Professor Marion Henderson
Marion.Henderson@strath.ac.uk
Social Work and Social Policy
The University of Strathclyde,
The Lord Hope Building,

141 St James Rd,
Glasgow
G4 0LT

This research was granted ethical approval by the University of Strathclyde Ethics Committee.

If you have any questions/concerns, during or after the research, or wish to contact an independent person to whom any questions may be directed or further information may be sought from, please contact:
Secretary to the University Ethics Committee
Research & Knowledge Exchange Services
University of Strathclyde
Graham Hills Building
50 George Street
Glasgow
G1 1QE.
Telephone: 0141 548 3707
Email: ethics@strath.ac.uk

Privacy Notice for Participants in Research Projects

Introduction
The University of Strathclyde is committed to transparency and to complying with its responsibilities under data protection legislation. This privacy notice sets out important information regarding how we use your information and your rights under the legislation. This privacy notice relates to individuals participating in research projects led by the University of Strathclyde. Please note that this standard information should be considered alongside information provided by the researcher for each project, which is usually in the form of a Participant Information Sheet (PIS). The PIS will include further details about how personal information is processed in the particular project, including: what data is being processed; how it is being stored; how long it will be retained for, and any other recipients of the personal information. It is usually given to participants before they decide whether or not they want to participate in the research.
Data controller and the data protection officer
The University of Strathclyde is the data controller under data protection legislation. This means that the University is responsible for how your personal data is used and for responding to any requests from you in relation to your personal data. Any enquiries regarding data protection should be made to the University's Data Protection Officer at dataprotection@strath.ac.uk.
Legal basis for processing your personal information
If you are participating in a research project, we may collect your personal information. The type of information that we collect will vary depending on the project. Our basis for collecting this information is outlined below:

Type of information	**Basis for processing**
Personal information and associated research data collected for the purposes of conducting research.	It is necessary for the performance of a task carried out in the public interest.
Certain types of personal information such as information about an individual's race, ethnic origin, politics, religion, trade union membership, genetics, biometrics (where used for ID purposes), health,	It is necessary for the performance of a task carried out in the public interest and

sex life, or sexual orientation are defined as 'Special Category' data under the legislation.	It is necessary for scientific or historical research purposes in accordance with the relevant legislation (Data Protection Act 2018, Schedule 1, Part 1, Para 4).

Criminal conviction / offence data	It is necessary for the performance of a task carried out in the public interest and is processed in accordance with Article 10 of the General Data Protection Regulation and the Data Protection Act 2018, Schedule 1, Part 1, Para 4.
Details of transfers to third countries and safeguards	
For some projects, personal information may be processed outside the EU. This will normally only be done when research is taking place in locations outside the EU. If this happens, the University will ensure that appropriate safeguards are in place. You will be fully informed about any transferring of data outside the EU and associated safeguards, usually in the Participant Information Sheet.	
Sharing data	
If data will be shared with other individuals or organisations, you will be advised of this in the PIS.	
Retention of consent forms	
If you participate in a research project, you may be asked to sign a participant consent form. Consent forms will typically be retained by the University for at least as long as the identifiable research data are retained. In most cases they will be retained for longer, the exact time frame will be determined by the need for access to this information in the unfortunate case of an unanticipated problem or a complaint. 5 years after the research is completed will be suitable for many projects, but beyond 20 years will be considered for any longitudinal or 'high risk' studies involving children, adults without capacity or a contentious research outcome.	
Data subject rights	
You have the right to be informed about the collection and use of your personal data; to request access to the personal data we hold about you; you are entitled to request to have personal data rectified if it is inaccurate or incomplete; you have the right to request to object to your data being processed and you can request to restrict the processing of your personal information. To exercise these rights please contact dataprotection@strath.ac.uk. However, please note - in some research projects, it may not be possible to provide these rights because doing so would prevent or seriously impair the achievement of the research purpose. For instance, if you are participating in a focus group with multiple participants, if the research has progressed to a later stage of analysis, or findings have been published, it may not be possible to remove any one individual's personal data without having an adverse effect on the entire dataset.	

Retention of consent forms
If you participate in a research project, you may be asked to sign a participant consent form. Consent forms will typically be retained by the University for at least as long as the identifiable research data are retained. In most cases they will be retained for longer, the exact time frame will be determined by the need for access to this information in the unfortunate case of an unanticipated problem or a complaint. 5 years after the research is completed will be suitable for many projects, but beyond 20 years will be considered for any longitudinal or 'high risk' studies involving children, adults without capacity or a contentious research outcome.
Data subject rights
You have the right to be informed about the collection and use of your personal data; to request access to the personal data we hold about you; you are entitled to request to have personal data rectified if it is inaccurate or incomplete; you have the right to request to object to your data being processed and you can request to restrict the processing of your personal information. To exercise these rights please contact dataprotection@strath.ac.uk. However, please note - in some research projects, it may not be possible to provide these rights because doing so would prevent or seriously impair the achievement of the research purpose. For instance, if you are participating in a focus group with multiple participants, if the research has progressed to a later stage of analysis, or findings have been published, it may not be possible to remove any one individual's personal data without having an adverse effect on the entire dataset.
Right to complain to supervisory authority
If you have any concerns/issues with the way the University has processed your personal data, you can contact the Data Protection Officer at dataprotection@strath.ac.uk. You also have the right to lodge a complaint against the University regarding data protection issues with the Information Commissioner's Office (https://ico.org.uk/concerns/).

The place of useful learning

The University of Strathclyde is a charitable body, registered in Scotland, number SC015263.

University of Strathclyde Glasgow

Participant Information Sheet for Professionals

Name of department: Social Work and Social Policy

Title of the study: Understanding the Value of Parents and Carers

Introduction

My name is Diane Delaney; I am a PhD student within the University of Strathclyde in Glasgow. I started off my career as a Learning Disability Nurse working in Levendale Hospital before moving into Social Work as a Care Manager in Glasgow, where I spent most of my career. Working in both health and social care in front-line roles with families provided me with a wealth of knowledge and experience. My interest in research/ evidence-based practice led me to leave social work to continue my professional development. In 2020, I completed a master's in public health before moving onto the current PhD programme in 2021. The combination of my professional, academic, and personal experiences in working with families, prompted me to investigate the role and value of parents living in Scotland when they interact with professionals in the context of their children's health, development, and wellbeing.

This research project has been led and created by me; however, I am being supported and supervised by Professor Katherine Smith and Professor Marion Henderson. All our contact details are available below. Please do not hesitate to contact any of us if you have any questions.

This research project is being funded by the Global Research Award from the University of Strathclyde, following a successful application for this studentship.

What is the purpose of this research?

The overall aim of this project is to gain an understanding of the value, contribution, and impact of parents/ carers living in Scotland, in their interactions with professionals about their child's health, wellbeing, and developmental progress at ages 3-5 years. To do this, I would like to interview professionals to understand their views, perceptions, and experiences of working with parents/ carers and their perceptions on the value of parental contributions, not only regarding their understanding of the needs of their children at ages 3-5yrs, but also in assessment and decision making.

The data collected will be analysed to understand and interpret the perceptions and experiences of both parents and professionals. The overarching focus of this project is on public health and policy. This research is concerned with child health and wellbeing, and the role parents play when collaborating with professionals.

The findings from this study will be used to reflect on current evidence and policy implementation, and will also be used to make any potential recommendations to improve policy, practice, and experiences. The ultimate goal is to create optimal opportunities to promote and support the health, wellbeing, and development of children living in Scotland during their early childhood, supporting parents to get it right for them through engagement and access to public sector services and professional support.

Do you have to take part?

No, it is up to you to choose. Taking part is entirely voluntary. If you choose to take part, you can stop at any time without giving a reason.

What will you do in the project?

In this research project your main role is to speak to the researcher (me) as part of an interview. The interview will be on a 1:1 basis, with the researcher using a topic guide to assist with the interview questions. These questions are intended to help the researcher to answer the research questions.

Before the interview takes place, all participants will provide written consent to be interviewed. I will also seek consent from participants to complete a demographic information form. The date from this form is used to help the researcher to identify a range of different people to speak to, thus improving the diversity of views and experiences. This information may also be helpful in understanding any similarities or differences in experiences or circumstances.

I have identified the process of what you will do in the research project in stages:

- An Information sheet will be sent to interested participants responding to recruitment adverts (the document you are reading now).

- Interested participants will be offered a follow up discussion after receipt of the information pack. There is no requirement to follow up with a discussion, if you are not interested, you do not require to do anything further. If you would like to discuss the project further with the researcher, you will be asked to contact the researcher to indicate that you would like more information or an informal chat.

- Interested participants will be asked to provide written consent to complete a demographic information sheet. All information documented in these sheets will be anonymised.

- Participants agreeing to be voluntarily involved in the research project will be asked to sign a consent form.

- Once the consent form has been signed and received, the researcher will arrange time, date, and location of interview in discussion with the participants regarding their preferences/ needs.

- The default preference for interviews will be to take place using an online platform like Zoom or teams, however, a face-to-face interview in a mutually agreed location, offering privacy and space for an interview (i.e., meeting room within the University of Strathclyde) can also be arranged.

- The researcher will provide a topic guide information sheet to participants prior to the interview.

- The interview will last up to 1hr, recorded with consent, however the researcher will be flexible to extend the interview time based on consent from the interviewee where more time is needed to complete the interview.

- Giving time for introductions and a debrief at the end of the interview 1hr 30 mins would be the ideal time to keep free in your diary for the interview (however, this can be adapted as needed by you).

- At any point during the process, you can decide to stop the discussion/ interaction/ participation. You don't require to answer all questions and if there are questions you do not want to answer, you can indicate this, and we can move onto another one.

- When the interview is completed, there will be no need for any further contact, unless the participant has requested some specific follow up.

- The participant will be offered an opportunity to debrief following the interview, as well as providing any reflections on the interview experience and process.

Why have you been invited to take part?

I am inviting professionals to participate voluntarily in 1:1 interviews. The following adults are invited to participate:

- Adults (age 16+)

- All genders

- Professionals working in Scotland with children aged 3-5yrs (and their families/ parents).

- Professionals working in local primary and community care settings (NHS, Social Work, Voluntary, Third, Private or Independent Sector)

The focus of this research is on parents working with front-line professionals in primary and community care, therefore, I am not interviewing any participant in relation to palliative, specialist, or secondary care. Furthermore, because of the legislation underpinning child protection in relation to the role and involvement of parents/ carers, I am not gathering data in relation to child protection experiences either.

What are the potential risks to you in taking part?

A risk assessment has been completed considering actual or potential risks of harm to participants being involved in this research project. As a result of the methods used to collect data (interview), actual and/ or potential risks of harm are low. However, I do recognise that discussions around children and families could result in emotional upset for participants. As this potential risk has been identified, I have put in place strategies to support participants, before, during and after any situation where this occurs. These strategies involve pausing or stopping the interview if necessary, and/ or providing participants with appropriate support information to access any support required.

What information is being collected in the project?

Data collection will be in three stages:

- Demographic information including gender, age, and information on your job title, role, and sector you work in. This data is collected to promote inclusion of participants from a range of different backgrounds and experiences within the project. This data may be helpful as part of the analysis too.

- Signed consent to voluntarily participate in the project and record the interview.

- All the interviews will be recorded, anonymised, transcribed, analysed, and used to write up a thesis.

- For all three stages personal and sensitive data will be collected from participants. All the data collected will come directly from participants themselves. All data collected will be anonymised and stored securely in line with General Data Protection Regulation (GDPR). Confidentiality will be preserved by the researcher by undertaking the following to anonymise your identity and data:

- When you have provided written consent to participate in the interviews, I will allocate you a unique identification code. This code will be attributed to you thereafter. From this unique code, a pseudonym will be allocated to you, and this name will be used in all future references to the interview with you in the analysis of the data and my thesis.

- The consent form and demographic information form will be stored in an encrypted password protected file within the researchers University One Drive account.

- For all other activity thereafter during transcription, analysis and writing up the thesis, only anonymised data will be shared, referring only to participants by their unique identification code or pseudonym.

Confidentiality cannot be maintained, if during our interview you make a disclosure of harm either to yourself or to others which raises either child or adult protection concerns. In this case the researcher will report their concern to the senior researcher (KS) and inform you that I will be doing so. If confidentiality must be breached and information disclosed, you will be made aware of it and information will be shared with your full knowledge.

Who will have access to the information?

The research team for this project involves:

- Diane Delaney
- Professor Katherine Smith (Chief investigator and supervisor)
- Professor Marion Henderson (supervisor)

Only these three people will have access to the data collected from interviews.

The analysis of the anonymised data gathered from the interviews will be published in my PhD thesis and potentially used in other academic outputs like journals etc. All data used will be anonymised with identifiable information being removed.

Where will the information be stored and how long will it be kept for?

All personal and sensitive information will be stored on an encrypted password protected file on the researchers University of Strathclyde OneDrive account and will be permanently deleted within two years of the end of the research project. The anonymised information you have provided (the answers within the interview with all identifying information removed) will be held indefinitely and will appear in publications and in my PhD Thesis.

All data collected will be anonymised and stored securely in line with General Data Protection Regulation (GDPR), and only so long as is required for this research project, in this instance for two years after the end of the study, after which it will be confidentially destroyed. Information that identifies you will not be published or shared.

Anonymised data gathered from the research project may also be preserved using the University or other repository services.

What happens next?

If you would like to participate in this research project after reading all the information including the Privacy Notice, the next stage is to complete the consent form. Once

you have completed the consent form and demographic information form, please send these to me via email at Diane.Delaney@strath.ac.uk

When I receive your completed forms, I will follow up contact with you to discuss and agree a suitable time/ date for the interview. The preference for location would be to use an online platform like Zoom, however, there are options to meet face to face in an environment that is suitable for a private interview (i.e., University of Strathclyde meeting room).

Thank you for reading this information – please ask any questions if you are unsure about what is written here.

Our university Privacy Notice for Research Participants and for more information about your rights under the legislation can be found below.

If you have you decided that you do not want to take part in this research project, thank you so much for reading this information and your initial interest. You do not require to do anything else.

Researchers contact details:
Diane Delaney
Diane.Delaney@strath.ac.uk
Social Work and Social Policy Department,
The University of Strathclyde,
The Lord Hope Building,
141 St James Rd,
Glasgow
G4 0LT

Chief Investigator and supervisor details:
Professor Katherine Smith
Katherine.Smith.100@strath.ac.uk
Social Work and Social Policy
The University of Strathclyde,
The Lord Hope Building,
141 St James Rd,
Glasgow
G4 0LT

Second supervisor details:
Professor Marion Henderson
Marion.Henderson@strath.ac.uk
Social Work and Social Policy
The University of Strathclyde,
The Lord Hope Building,
141 St James Rd,
Glasgow
G4 0LT

This research was granted ethical approval by the University of Strathclyde Ethics Committee.

If you have any questions/concerns, during or after the research, or wish to contact an independent person to whom any questions may be directed or further information may be sought from, please contact:
Secretary to the University Ethics Committee
Research & Knowledge Exchange Services
University of Strathclyde
Graham Hills Building
50 George Street
Glasgow
G1 1QE.
Telephone: 0141 548 3707
Email: ethics@strath.ac.uk

Privacy Notice for Participants in Research Projects

Introduction
The University of Strathclyde is committed to transparency and to complying with its responsibilities under data protection legislation. This privacy notice sets out important information regarding how we use your information and your rights under the legislation. This privacy notice relates to individuals participating in research projects led by the University of Strathclyde. Please note that this standard information should be considered alongside information provided by the researcher for each project, which is usually in the form of a Participant Information Sheet (PIS). The PIS will include further details about how personal information is processed in the particular project, including: what data is being processed; how it is being stored; how long it will be retained for, and any other recipients of the personal information. It is usually given to participants before they decide whether or not they want to participate in the research.
Data controller and the data protection officer
The University of Strathclyde is the data controller under data protection legislation. This means that the University is responsible for how your personal data is used and for responding to any requests from you in relation to your personal data. Any enquiries regarding data protection should be made to the University's Data Protection Officer at dataprotection@strath.ac.uk.
Legal basis for processing your personal information
If you are participating in a research project, we may collect your personal information. The type of information that we collect will vary depending on the project. Our basis for collecting this information is outlined below:

Type of information	**Basis for processing**
Personal information and associated research data collected for the purposes of conducting research.	It is necessary for the performance of a task carried out in the public interest.
Certain types of personal information such as information about an individual's race, ethnic origin, politics, religion, trade union membership, genetics, biometrics (where used for ID purposes), health,	It is necessary for the performance of a task carried out in the public interest and

sex life, or sexual orientation are defined as 'Special Category' data under the legislation.	It is necessary for scientific or historical research purposes in accordance with the relevant legislation (Data Protection Act 2018, Schedule 1, Part 1, Para 4).

Criminal conviction / offence data	It is necessary for the performance of a task carried out in the public interest and is processed in accordance with Article 10 of the General Data Protection Regulation and the Data Protection Act 2018, Schedule 1, Part 1, Para 4.

Details of transfers to third countries and safeguards
For some projects, personal information may be processed outside the EU. This will normally only be done when research is taking place in locations outside the EU. If this happens, the University will ensure that appropriate safeguards are in place. You will be fully informed about any transferring of data outside the EU and associated safeguards, usually in the Participant Information Sheet.
Sharing data
If data will be shared with other individuals or organisations, you will be advised of this in the PIS.
Retention of consent forms
If you participate in a research project, you may be asked to sign a participant consent form. Consent forms will typically be retained by the University for at least as long as the identifiable research data are retained. In most cases they will be retained for longer, the exact time frame will be determined by the need for access to this information in the unfortunate case of an unanticipated problem or a complaint. 5 years after the research is completed will be suitable for many projects, but beyond 20 years will be considered for any longitudinal or 'high risk' studies involving children, adults without capacity or a contentious research outcome.
Data subject rights
You have the right to be informed about the collection and use of your personal data; to request access to the personal data we hold about you; you are entitled to request to have personal data rectified if it is inaccurate or incomplete; you have the right to request to object to your data being processed and you can request to restrict the processing of your personal information. To exercise these rights please contact dataprotection@strath.ac.uk. However, please note - in some research projects, it may not be possible to provide these rights because doing so would prevent or seriously impair the achievement of the research purpose. For instance, if you are participating in a focus group with multiple participants, if the research has progressed to a later stage of analysis, or findings have

been published, it may not be possible to remove any one individual's personal data without having an adverse effect on the entire dataset.

Retention of consent forms
If you participate in a research project, you may be asked to sign a participant consent form. Consent forms will typically be retained by the University for at least as long as the identifiable research data are retained. In most cases they will be retained for longer, the exact time frame will be determined by the need for access to this information in the unfortunate case of an unanticipated problem or a complaint. 5 years after the research is completed will be suitable for many projects, but beyond 20 years will be considered for any longitudinal or 'high risk' studies involving children, adults without capacity or a contentious research outcome.
Data subject rights
You have the right to be informed about the collection and use of your personal data; to request access to the personal data we hold about you; you are entitled to request to have personal data rectified if it is inaccurate or incomplete; you have the right to request to object to your data being processed and you can request to restrict the processing of your personal information. To exercise these rights please contact dataprotection@strath.ac.uk. However, please note - in some research projects, it may not be possible to provide these rights because doing so would prevent or seriously impair the achievement of the research purpose. For instance, if you are participating in a focus group with multiple participants, if the research has progressed to a later stage of analysis, or findings have been published, it may not be possible to remove any one individual's personal data without having an adverse effect on the entire dataset.
Right to complain to supervisory authority
If you have any concerns/issues with the way the University has processed your personal data, you can contact the Data Protection Officer at dataprotection@strath.ac.uk. You also have the right to lodge a complaint against the University regarding data protection issues with the Information Commissioner's Office (https://ico.org.uk/concerns/).

The place of useful learning

The University of Strathclyde is a charitable body, registered in Scotland, number SC015263.

Appendix 4.9

Ethics Approval

Dear Diane

ETHICAL AND SPONSORSHIP APPROVAL
UEC23/18 Smith: Understanding the Value of Parents

I can confirm that the University Ethics Committee (UEC) has approved this protocol and appropriate insurance cover and sponsorship have now also been confirmed.

I remind you that the UEC must be informed of any changes you plan to make to the research project, so that it has the opportunity to consider them. Any change of staffing within the research team should be reported to UEC.

The UEC also expects you to report back on the progress and outcome of your project, with an account of anything which may prompt ethical questions for any similar future project and with anything else that you feel the Committee should know.

Any adverse event that occurs during an investigation must be reported as quickly as possible to UEC and, within the required time frame, to any appropriate external agency.

The University agrees to act as sponsor of the above mentioned project subject to the following conditions:

1. That the project obtains/has and continues to have University/Departmental Ethics Committee approval.
2. That the project is carried out according to the project protocol.
3. That the project continues to be covered by the University's insurance cover.
4. That the project complies with Scottish Government restrictions and University guidance in relation to Covid-19 procedures and permissions.
5. That the Director of Research and Knowledge Exchange Services is immediately notified of any change to the project protocol or circumstances which may affect the University's risk assessment of the project.
6. That the project starts within 12 months of the date of this letter.

As sponsor of the project the University has responsibilities under the UK Policy Framework for Health and Social Care Research. You should ensure you are aware of those responsibilities and that the project is carried out according to the UK Policy Framework.

On behalf of the Committee, I wish you success with this project.
Kind regards

Appendix 4.10

Information on Google Jamboards

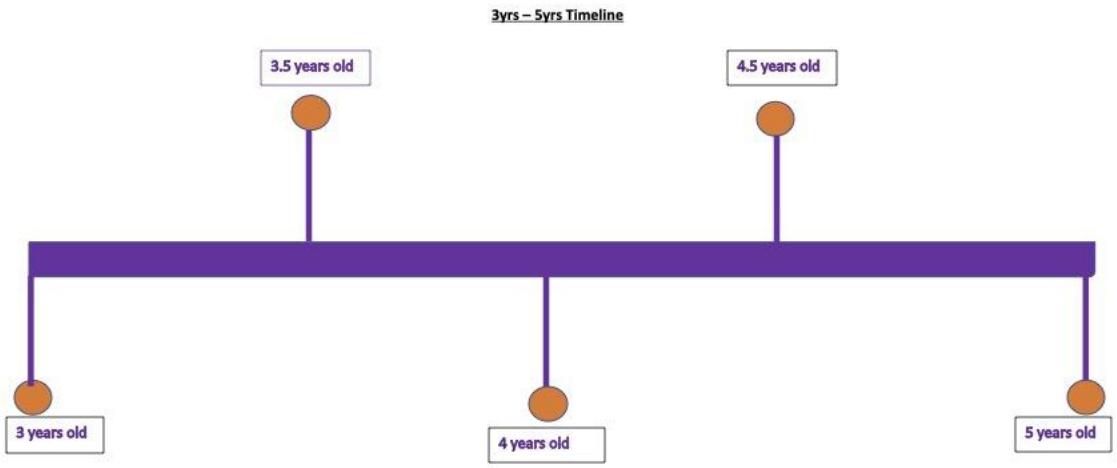
I have created a visual timeline for us to use during the interview. The timeline is broken down into half years from the age of 3yrs to age 5yrs. As you know this age group is the focus of my research.

The purpose of the visual timeline is to support discussion, to help you to remember and perhaps to create an opportunity to think about your interactions at each stage of a child's journey from age 3yrs to 5yrs.

I have created this timeline online using Google Jamboard.

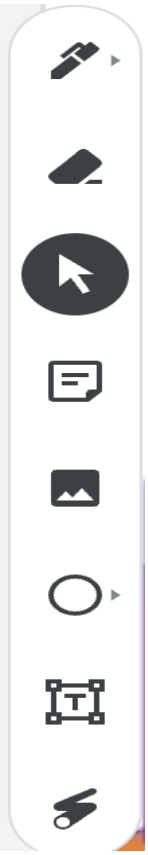
Click on this link below:

The link will open up to a Google page that will look like this



Surrounding the timeline are virtual stickie notes where I have typed in some suggestions about professionals that you might have interacted with over the timeline.

At the left-hand side of the picture frame on the open page you will see 8 different icons. Clicking on each of these icons you can draw and erase on to the slide. I have highlighted below each of the 8 icons. We are only going to use No. 4 – the stickie note. Clicking on No.4 opens up a stickie note, you can type into this and either click 'save' to publish onto the slide, or cancel to delete. The stickie notes can be deleted and duplicated too.



1. Pen
2. Rubber/ eraser
3. Select
4. **Stickie note**
5. Upload a picture
6. Add circle
7. Add text box
8. Pointer

If you have never used this before or not sure, I am happy to help and I can create the stickie notes to place on the timeline. The important point of the timeline is to aid our discussion. It's not essential that you are the one to create the stickies and write on them. Also, if you don't want to use the timeline, that's fine too.

Feel free to experiment with the stickies before the interview to get a feel for using them if you want.

My suggestion is that we start with a discussion about the timeline and identify which professionals or sectors that you have interacted with of the period of your child being aged 3-5yrs

I will then move onto the interview questions

At any time, you can stop if you want to use the timeline to reflect on any interactions with professionals.

At the end of the interview, I will use the information from the interview along with the timeline to identify any patterns, similarities, or differences across the timeline of the different types of professionals and/ or sectors that parents are interacting with during their child's age from age 3-5yrs old.

So, to summarise:

- Google Jamboard is the same as whiteboard but it's online and digital
- It's interactive and multiple people can access it at the same time
- The information within the Jamboard can be saved and converted to a PDF
- It's free!
- Allows people to work together at the same time but from different locations.

Hope this is helpful!

Kind regards

Diane Delaney

Appendix 4.11

Coding Framework

STAGE ONE

I created a coding framework using research questions and findings from my policy and literature review. Thirty-nine codes initially created after coding the first two interviews

How interactions occur
when interactions occur
why interactions occur
how are parents involved/ role of parents
professional responses to parents contributions
Are parents valued?
Are parents listened to?
Are parents contributions acted upon?
Gender
Ethnicity
Family arrangement
Age
Poverty
Child development
Barriers
Facilitators
Recommendations
Transition to P1
Gatekeeping
Referrals
Health visitors
Third sector
Primary education
ELC
Social Work
Villages/ support networks
Covid-19
Secondary care
Children's rights
Wait and see
Organisational issues
Reason for participation in interview
Disability/ ASN
Candidacy
Class
Stereotyping/ judgements
Service provision
Professional training and development
Construction of types of parenting

STAGE TWO

Continued development of the coding framework with each transcription and analysis of interviews. Ongoing review of framework.
79 codes

Accountability	a	Professionals and organisations
Addiction	b	parent needs
Advocacy	c	parent role
Age	d	characteristics
Are parents listened to	a	professional response
Are parents valued	a	professional response
Assessment	f	professional and parent role - parents - professionals - organisations
Asylum seekers and refugees	d	characteristics
Barriers	g	barrier
Candidacy	h	theoretical framework - professional responses - meso, macro and micro factors
Care experienced	d	characteristics
Child health and Development	i	child
Children's Rights	i	child
Class	d	characteristics
Communication	j	skill
Contradictory statements	k	contradictory statements
Covid-19	l	Covid - barriers
Culture	m	culture - society
deserving and underserving	a	Professionals and organisations responses
didnt answer the question	n	didn't answer
Disability and Additional Support Needs	d	characteristics - disability - child and parent needs
Domestic Violence	b	parent needs
early intervention and prevention	h	theoretical framework
Early Learning and Childcare	a	service
English or other language	d	characteristics - language - communication - barrier
Ethnicity	d	characteristics
Examples	o	examples
Facilitators	p	facilitators
Family arrangements	d	characteristics
Fear, scared, worried	q	emotions
Gatekeeping	a	Gatekeeping - professional/ organisational responses - role
Gender	d	characteristics
hate	q	emotions
Health services	a	service - professional
Health Visitors	a	service - professional
How interactions occur	c	Role
Impact of parent contributions	c	role - value
Level of Priority	a	Professionals and organisations responses - parent view
love	q	emotions

Luck	r	luck
Mental health	b/ i	health - parent child needs - services
Migrant	d	characteristics
multidisciplinary working	a	Professionals and organisations
Organisationa or systemic structurall issues	a	Professionals and organisations - law - procedure - policy - rules - working conditions - local and national
Parent and carer needs	b	parent needs
Parents and carers	b	parent/carer
Potential Quote	s	quote
Poverty	d	characteristics
Primary education	a	service
Professional personal or parenting experiences	t	parent as professional - professional as parent - roles - values
Professional responses to parent and carer interactions	t	professional response
Professional training and development	a	Professionals and organisations
Professional village of support	a	Professionals and organisations
Racism	d	characteristics
Reason for participation in interview	a	Professionals and organisations
Recommendations	u	reccomendations - solutions
Referrals	a	professional response
Relationships	j	skill
Religeon	d	characteristics
Role parents play in interactions with professionals	c	parent role
Rural	w	location
Secondary Care	a	service
Service provision	a	service
Social Construction of parenting	h	theoretical framework
Social Work	a	service
societal views and expectations	x	expectations
socio-economic status	d	characteristics
Stereotyping and judgements	x	expectations
Third Sector	a	service
Tick a box	a	professional response
Transition to P1	a	service - professional responses
Transparency, trust and honesty	x	expectations
Unmet needs		needs
Villages raising children	b/i	children and family
Wait and See	a	professional response
Waiting lists	a	service
When interactions occur	c	roles
Where do interactions occur	c	roles
Why interactions occur	c	roles

e

STAGE THREE

Iterative process of analysing data, producing codes from the identification of patterns and themes. Beginning of process of merging codes into themes.
25 themes
79 codes

Accountability	a	Professionals and organisations
Are parents listened to	a	professional response
Are parents valued	a	professional response
deserving and underserving	a	Professionals and organisations responses
Early Learning and Childcare	a	service
Gatekeeping	a	Gatekeeping - professional/ organisational responses - role
Health services	a	service - professional
Health Visitors	a	service - professional
Level of Priority	a	Professionals and organisations responses - parent view
multidisciplinary working	a	Professionals and organisations
Organisationa or systemic structurall issues	a	Professionals and organisations - law - procedure - policy - rules - working conditions - local and national
Primary education	a	service
Professional training and development	a	Professionals and organisations
Professional village of support	a	Professionals and organisations
Reason for participation in interview	a	Professionals and organisations
Referrals	a	professional response
Secondary Care	a	service
Service provision	a	service
Social Work	a	service
Third Sector	a	service
Tick a box	a	professional response
Transition to P1	a	service - professional responses
Wait and See	a	professional response
Waiting lists	a	service
Professional responses to parent and carer interactions	a	professional response
Addiction	b	parent needs
Domestic Violence	b	parent needs
Parent/carer needs	b	parent needs
parents and carers	b	parent/carer
Mental health	b/ i	health - parent child needs - services
Villages raising children	b/i	children and family
Advocacy	c	parent role
How interactions occur	c	Role
Impact of parent contributions	c	role - value
Role parents play in interactions with professionals	c	parent role
When interactions occur	c	roles
Where do interactions occur	c	roles
Why interactions occur	c	roles

Age	d	characteristics
Asylum seekers and refugees	d	characteristics
Care experienced	d	characteristics
Class	d	characteristics
Disability and Additional Support Needs	d	characteristics - disability - child and parent needs
English or other language	d	characteristics - language - communication - barrier
Ethnicity	d	characteristics
Family arrangements	d	characteristics
Gender	d	characteristics
Migrant	d	characteristics
Poverty	d	characteristics
Racism	d	characteristics
Religeon	d	characteristics
socio-economic status	d	characteristics
Assessment	f	professional and parent role - parents - professionals - organisations
Barriers	g	barrier
Candidacy	h	theoretical framework - professional responses - meso, macro and micro factors
early intervention and prevention	h	theoretical framework
Social Construction of parenting	h	theoretical framework
Child health and Development	i	child
Children's Rights	i	child
Communication	j	skill
Relationships	j	skill
Contradictory statements	k	contradictory statements
Covid-19	l	Covid - barriers
Culture	m	culture - society
didnt answer the question	n	didn't answer
Examples	o	examples
Facilitators	p	facilitators
Fear, scared, worried	q	emotions
hate	q	emotions
love	q	emotions
Luck	r	luck
Potential Quote	s	quote
Professional personal or parenting experiences	t	parent as professional - professional as parent - roles - values
Recommendations	u	reccomendations - solutions
Rural	w	location
societal views and expectations	x	expectations
Stereotyping and judgements	x	expectations
Transparency, trust and honesty	x	expectations
Unmet needs		needs

STAGE FOUR

Final process of analysis, merging codes and the construction of four themes.

Theme 1
Professionals, organisations, systemic structures

Accountability	a	Professionals and organisations, systemic structures in Scotland
Are parents listened to	a	Professionals and organisations, systemic structures in Scotland
Are parents valued	a	Professionals and organisations, systemic structures in Scotland
deserving and underserving	a	Professionals and organisations, systemic structures in Scotland
Early Learning and Childcare	a	Professionals and organisations, systemic structures in Scotland
Gatekeeping	a	Professionals and organisations, systemic structures in Scotland
Health services	a	Professionals and organisations, systemic structures in Scotland
Health Visitors	a	Professionals and organisations, systemic structures in Scotland
Level of Priority	a	Professionals and organisations, systemic structures in Scotland
multidisciplinary working	a	Professionals and organisations, systemic structures in Scotland
Organisational or systemic structural issues	a	Professionals and organisations, systemic structures in Scotland
Primary education	a	Professionals and organisations, systemic structures in Scotland
Professional training and development	a	Professionals and organisations, systemic structures in Scotland
Professional village of support	a	Professionals and organisations, systemic structures in Scotland
Reason for participation in interview	a	Professionals and organisations, systemic structures in Scotland
Referrals	a	Professionals and organisations, systemic structures in Scotland
Secondary Care	a	Professionals and organisations, systemic structures in Scotland
Service provision	a	Professionals and organisations, systemic structures in Scotland
Social Work	a	Professionals and organisations, systemic structures in Scotland
Third Sector	a	Professionals and organisations, systemic structures in Scotland

Third Sector	a	Professionals and organisations, systemic structures in Scotland
Tick a box	a	Professionals and organisations, systemic structures in Scotland
Transition to P1	a	Professionals and organisations, systemic structures in Scotland
Wait and See	a	Professionals and organisations, systemic structures in Scotland
Waiting lists	a	Professionals and organisations, systemic structures in Scotland
Professional responses to parent and carer interactions	a	Professionals and organisations, systemic structures in Scotland
Assessment	f	Professionals and organisations, systemic structures in Scotland
Candidacy	h	Professionals and organisations, systemic structures in Scotland
Early intervention and prevention	h	Professionals and organisations, systemic structures in Scotland
Social Construction of parenting	h	Professionals and organisations, systemic structures in Scotland
Societal views and expectations	x	Professionals and organisations, systemic structures in Scotland
Stereotyping and judgements	x	Professionals and organisations, systemic structures in Scotland
Transparency, trust and honesty	x	Professionals and organisations, systemic structures in Scotland
Communication	j	Professionals and organisations, systemic structures in Scotland
Relationships	j	Professionals and organisations, systemic structures in Scotland
Culture	m	Professionals and organisations, systemic structures in Scotland
Professional personal or parenting experiences	t	Professionals and organisations, systemic structures in Scotland
Covid-19	l	Professionals and organisations, systemic structures in Scotland

Theme 2
Parents, children and families

Parent/carer needs	b	parents, children and families
parents and carers	b	parents, children and families
Advocacy	c	parents, children and families
How interactions occur	c	parents, children and families
Impact of parent contributions	c	parents, children and families
Role parents play in interactions with professionals	c	parents, children and families
When interactions	c	parents, children and families
Where do interactions	c	parents, children and families
Why interactions occur	c	parents, children and families
Unmet needs		parents, children and families
Child health and Development	i	parents, children and families
Children's Rights	i	parents, children and families

Theme 3
Characteristics and Needs

Age	d	characteristics and needs
Asylum seekers and refugees	d	characteristics and needs
Care experienced	d	characteristics and needs
Class	d	characteristics and needs
Disability and Additional Support Needs	d	characteristics and needs
English or other language	d	characteristics and needs
Ethnicity	d	characteristics and needs
Family arrangements	d	characteristics and needs
Gender	d	characteristics and needs
Migrant	d	characteristics and needs
Poverty	d	characteristics and needs
Racism	d	characteristics and needs
Religeon	d	characteristics and needs
socio-economic status	d	characteristics and needs
Mental health	b/ i	characteristics and needs
Villages raising children	b/i	characteristics and needs
Fear, scared, worried	q	characteristics and needs
hate	q	characteristics and needs

Love	q	characteristics and needs
Luck	r	characteristics and needs
Rural	w	characteristics and needs
Addiction	b	characteristics and needs
Domestic Violence	b	characteristics and needs

Theme 4
Other issues

Barriers	g	other
Facilitators	p	other
Recommendations	u	other
Contradictory statements	k	other
didnt answer the question	n	other
Examples	o	other
Potential Quote	s	other