



**Office of the Children's Commissioner**

# **Young children's and families' experiences of services aimed at reducing the impact of low-income**

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**Participation work with children and  
families**

**February 2015**

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# Executive summary

## Background and aims of the study

This report presents the findings of a qualitative research and participation project that explores the views and experiences of children under five years, and their parents, of services important for reducing the impact of low-income. The study was conducted by the National Children's Bureau<sup>1</sup> and commissioned by the Office of the Children's Commissioner<sup>2</sup> (OCC).

OCC wanted to explore the role that services play in supporting families with young children who have low-incomes. The research therefore focuses on children's and families' experiences and views of services in reducing the impact of low-income. The research focuses specifically on early years, health and housing services, and included both targeted and universal services, as both are important contributors towards narrowing the gap between disadvantaged children and their more affluent peers<sup>3</sup>. The study aims to give a voice to young children, as well as their parents, in informing related policy and service developments. This research is underpinned by relevant articles in the United Nations Convention on the Rights of the Child<sup>4</sup>, which highlight children's rights to have an adequate standard of living, access to appropriate, child specific health services, and have their best interests taken into account. They also have the right to have their voices heard and responded to.

## Methodology

The project involved two strands of qualitative research and participation work.

- 1) **Four family participation events** were carried out in early years settings involving a total of 16 parents and 15 children aged 3-4 years. The purpose was to facilitate children's feedback about services in a setting familiar and comfortable for them, as well as feedback from their parents. For this reason, children were recruited who were existing users of the sampled early years settings.
- 2) **In home depth interviews** were carried out with an additional sample of nine parents of 0-4 year olds. The purpose of these interviews was to

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<sup>1</sup> For more information about the National Children's Bureau (NCB) Research Centre please see <http://www.ncb.org.uk/what-we-do/research>

<sup>2</sup> For more information about the Office of the Children's Commissioner (OCC) please see <http://www.childrenscommissioner.gov.uk>

<sup>3</sup> For example, see: Marmot M. (February 2010): Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England Post-2010. HM Government, Cabinet Office (2011): Opening Doors, Breaking Barriers: A Strategy for Social Mobility. <http://download.cabinetoffice.gov.uk/social-mobility/opening-doors-breaking-barriers.pdf>. Supporting Families in the Foundation Years (July 2011): Department for Education and Department of Health. Tickell C. (2011) The Early Years: Foundations for life, health and learning

<sup>4</sup> For the full convention please see <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

widen the sample to include families who are not early years service users, and allow a broader range of families in different circumstances to be included in the research.

The methodology for children drew on the Mosaic approach, a best practice method for listening to children in an effective, ethical and high quality way, that utilises a number of research tools brought together and reflected upon in order to build up a picture of children's views and experiences. (Clarke and Moss, 2001). Specifically, an understanding of what is important to young children with regards to the services they receive was generated via: conversations with children; play based activities which took place in early years settings; short observations by fieldworkers; and parents' reported observation of children's preferences and experiences and the context of home and family circumstances that may be affecting these. Parents' own views and experiences were sought via discussion groups held during the engagement events, and the additional one to one interviews.

A total of 25 families took part, including 25 parents and 15 children. The research took place in three different local authority areas across England (one in each of London, the North and a rural area) and among a sample of families on low-income, purposively selected to ensure a mix in terms of age of children, service use, and socio-economic characteristics and needs.

Findings provide a useful 'snapshot' of children's and families' views and experiences of services, as this is a piece of qualitative work among a moderately sized sample. It is important to note that findings are not necessarily representative of the general population. However, the findings provide a rich picture of some of the types of experiences that are common among some families living on low-incomes, and insights into some potential areas for improvement.

## **Key findings**

### **Families' views and experiences of what is working well across the three service areas**

Parents reported a number of factors and areas which they felt were working well in enabling them to achieve a happy, healthy and safe childhood for their children (presented below).

**The majority of parents were able to access important services at no additional cost to them, which they may have been unable to afford otherwise** (important for social inclusion and mobility). For example, access to free health care services for children, and access to a variety of free play and learning experiences via children's centres and importantly supported by the free early years entitlement<sup>5</sup> (both considered particularly crucial and effective). Positively, a few parents were also supporting play and learning in the home.

**Many parents were also happy with the accessibility and quality of health services during the early years**, and a number of parents were also pleased to have received useful advice, reassurance and sign-posting to other services from professionals, particularly from their health visitor. Users of the Family Nurse Partnership<sup>6</sup> (FNP) highlighted it as an effective holistic and preventative service, and seems to be an exemplar on which to build.

**Parents acted as important mediators, protecting their children from any stressors as much as they could.** For example, children appeared to be largely happy in their homes (despite many parents often reporting cramped and 'poor' conditions) and were also seen to be happy at their early years settings. In addition, in their role as the primary care giver, many parents reported prioritising healthy eating and active play for their children, to help give them a healthy start in life.

**A few children appeared to understand that doctors and health services are there to make them feel better**, even if treatment could sometimes be unpleasant, suggesting that children were beginning to formulate their opinions of health care at a very young age.

**Housing services had provided free upgrades and/or repairs in the homes of a small number of families**, which, again, these families would have been unable to afford otherwise. A number of parents, particularly those living in rural areas, were happy with their wider local environment and access to quality outdoor space.

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<sup>5</sup> For more information about free early education and childcare please see <https://www.gov.uk/free-early-education>.

<sup>6</sup> The Family Nurse Partnership service is a voluntary home visiting programme for first time young parents, aged 19 or under. A specially trained family nurse visits the young mum regularly, from early in pregnancy until the child is two. For more information about the Family Nurse Partnership service please see <http://fnp.nhs.uk/>

## Areas for improvement

Parents also identified a number of areas in which they felt were not working well and were barriers to achieving a happy, healthy and safe childhood for their children.

**Low-income was felt to limit the quality of experience and opportunities for some low-income families**, for example, limiting access to quality housing, being able to heat their homes, access outdoor space, being able to travel to services, being able to buy healthy foods and being able to afford to access play and leisure activities for their children, among other things.

**Awareness of and comfort in using services among some families was limited by a lack of information, proactive signposting and tailored or targeted support**, particularly in early years, family support and health services, even though families were linked in to at least one service which may have been able to offer proactive signposting (new arrivals to the country or local area particularly struggled). In addition, some young parents, parents from specific faith backgrounds and vulnerable first time parents reported that they often felt unwelcome at early years settings due to their age or religious dress, acting as a barrier to use of services.

**Lack of preventative support and early intervention:** Thresholds for intervening to support parents were felt to be too high in some services (especially with regards to housing, parental well-being, mental health support and family support), resulting in some families feeling that they needed to have reached a crisis point before support was forthcoming. In addition, while some experiences of health visitors were positive, many others felt that the service had become 'rushed', leaving some of their needs unaddressed.

**Crucial services were being reduced or had been shut, limiting access to good quality free early years provision for some parents:** A few parents reported noticing that some early years provision had shut, or was no longer offered free of charge to families. For example, the closing of local Sure Start Children's Centres<sup>7</sup>, reduced resources and/or staffing levels in other children's centres, and the offer of reduced or less diverse play opportunities (some parents specifically mentioned feeling that there was a lack of free messy play provision on offer at services).

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<sup>7</sup> For more information about Sure Start Children's Centres please see <https://www.gov.uk/sure-start-contact>.



**Housing appeared to be the area in need of the most development in order to meet the needs of families with young children.** Many families were having to live in accommodation that was of a 'poor' quality, insufficiently heated, too small for the family, and in need of (often essential) repairs and maintenance placing stress and pressure on parents and family life. As mentioned above, low-income was often cited as the main barrier to being unable to upgrade or move homes, however, lack of control over actioning solutions for repairs, poor communication from housing services staff, delays in the social housing registration process and fear of landlords evicting them, were also cited as key barriers to achieving families' desired home environment. Research strongly indicates that poor quality living conditions can have negative effects on children's health, well-being and educational outcomes (Harker, 2006), and many parents relayed concerns about these specific adverse outcomes. In addition, many parents did not appear to have a good understanding of their housing rights.

**Lack of communication and respect from some practitioners and professionals:** Many parents reported that some housing and health care staff do not always listen to them or take their views on board sufficiently and young parents were especially likely to feel this. Some GPs and housing staff were criticised for being unsympathetic and/or judgemental. In addition, a small number of parents felt that some doctors need to become better at engaging with young children more directly as they often made no effort to engage with the child.

**Lack of availability and accessibility of GP services as the first point of health support for some families:** A number of parents reported that they often struggle to get timely appointments with the GP. As a result, many reported turning to acute services, such as Accident and Emergency (A & E) services, or experiencing delays in diagnosis/treatment.

**Young children's views were rarely sought in service evaluation:** Parents reported that their children were not involved in service evaluation, but that they felt their views might be considered from aged three upwards.

## Recommendations

Based on the views and experiences of families within the sample, the following recommendations are presented for consideration by policy makers, service commissioners and service providers:

- **Protect the availability, access and quality of free health and early years provision.** This is crucial for ensuring children in low income families have a good start in life, as some key services seem to be under increasing pressure that restricts their ability to provide timely support (e.g. GP surgeries) or sufficient support in some cases (e.g. the amount of time health visitors have to spend with individual families), whilst some vital services are under threat of closure (for example, children's centre services) in the context of austerity measures and reduced ring-fencing of certain funding streams.
- **Review housing strategy, policy and service provision to ensure that the needs of families of young children are addressed,** as the system does not appear to be working to meet their needs currently. In particular, it may be helpful to consider any economic, market or other policy levers to address affordability of quality private housing, and the availability of quality social housing. There would also be benefit in reviewing national and local minimum standards regarding quality and space to ensure they take into account young children's needs. For example, regulations on overcrowding find it acceptable for there to be multiple use rooms (e.g. a bedroom used as a dining room, and also a play and learning space), but does not take into account evidence that children need space to play, learn, and to sleep that is peaceful and quiet away from others in the household. Likewise, feedback from parents in this study highlights that housing decisions for families are not necessarily taking into account families' needs for homes that are accessible for buggies, and that include, or are near to quality outdoor space, which is important for children's health, play and development.
- **Other measures to help families with young children to improve their current 'poor quality' housing conditions would also be desirable,** for example (i) improving the responsiveness of council housing services, to better their immediate well-being, (ii) raising parents' awareness of their housing rights (iii) strengthening the protections available for private tenants and (iv) taking more action to help low-income families improve energy efficiency in their homes. For example, services and energy companies could do more to raise awareness amongst parents of how to save money on utilities (for example, via the schemes offering free boilers,

cavity wall insulation, and loft insulation to eligible low-income families).

- **Improve signposting and tailored support for some groups of vulnerable families to ensure that they are aware of and able to access suitable relevant services** - especially for new arrivals to an area, young parents, and some faith communities. Key services (e.g. children's centres, health visitors) could be better at maintaining comprehensive and up to date information about other local services and in being proactive in raising awareness of services for key groups, and providing outreach support (building on the effective approach of FNP). This will support local authorities in ensuring that their duty to provide information, advice and support on early years provision in the local area is working for all parents (Department for Education, 2014a).
- **Increase availability and access to preventative support for parents as the primary care giver:** More support from health visitors for low-income families may help to ensure that they are on the right track from the birth of their child, whilst ensuring specialist services (such as mental health services, family support team around the family) intervene earlier to reduce the number of families reaching crisis point.
- **Maintain the emphasis within the Early Years Foundation Stage Framework (Department for Education, 2014b) on supporting home learning** to ensure that parents are fully aware of the role that they can play in supporting their children's learning and development.
- **Increase join up across services:** Ensure that new opportunities to achieve integrated health and early years support pathways for children aged 0-5 are taken advantage of as responsibility for 0-5s health moves to local authorities, and ensure that the key opportunities for this are not lost with the increasing squeeze on children's centres. Housing services should also become more integrated into early years policies. As access to quality affordable housing seems to be increasingly difficult for low income families, this seems of increasing importance for ensuring families' needs are understood and addressed holistically. Improving access to outdoor space to children's well-being and development is one area which could benefit from health, housing and early years services working together.
- **Address a lack of effective listening to parents and children among some practitioners, especially in health and housing.** This could help improve service engagement and improve the quality of decision making by ensuring that full benefit of families own insights are taken on board.



- **There may be benefit in supporting parents and health professionals to listen to and communicate with children more effectively and provide more child friendly service environments** (for example, having toys in GP waiting rooms). This could help to ensure that service experiences are child-focused and support children to understand and feel comfortable attending services. Increased involvement of young children in service evaluation will also help to ensure child-focused service design and delivery<sup>8</sup>.

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<sup>8</sup> Settings may benefit from drawing on good practice examples of how to meaningfully involve the voices of young children in their service evaluation by referring to the Young Children's Voices Network. For more information please see <http://www.ncb.org.uk/areas-of-activity/early-childhood/networks/young-childrens-voices-network>

# 1. Introduction

## 1.1 Background and research aims

Research indicates that children who are raised in poverty continue to be much worse off than their peers, facing adverse developmental, health and educational outcomes in later life (National Children's Bureau, 2014). The need to address these inequalities continues to grow in urgency, particularly due to the increasing numbers of children living in poverty (Browne, Hood and Joyce, 2013). A series of government child poverty strategies (HM Government, 2014) have driven the development of policies and services aimed at (i) reducing the impact of living on a low-income and (ii) breaking the cycle of disadvantage for generations to come. Many of these services are targeted at supporting families with children aged 0-5, as evidence highlighting how important the early years are to a child's development is well established (Tickell, 2011). Recent research highlights that families with young children have been hit harder than any other household type under the current Coalition government's austerity measures, despite early statements highlighting the importance of a child's early years (Lupton, 2015).

OCC wanted to explore the role that services play in supporting families with young children who have low-incomes. The research therefore focuses on children's and families' experiences and views of services in reducing the impact of low-income. The research focuses specifically on early years, health and housing services, and includes the exploration of both targeted and universal services within these areas.

Research highlights how some of these targeted and universal services are essential contributors towards narrowing the gap between disadvantaged children and their more affluent peers. For example, low-income families are at higher risk of mobility and vulnerability, therefore, health visitors can act as a key support service helping parents to help their children get the best start in life (Action for Children, 2010). The free early years entitlement for three and four years aims to close the gap between children from disadvantaged backgrounds and their peers by providing funding to early years providers to provide free places for three and four year olds, again ensuring that children from low-income families have the best start to life by promoting their development (Institute for Fiscal Studies, 2014). Research has also shown that the quality and accessibility of some universal services (such as the free early years entitlement for three and four year olds, health care services such as doctors, nurses, health visitors, and housing services) can be affected by low-income and by simply living in a deprived area. For example, those patients who tend to struggle more to get access to GP appointments tend to live in deprived areas (Royal College of General Practitioners, 2013).

Good quality play and learning experiences in the early years provides children with a strong foundation for their learning and development going forwards (Tickell, 2011). As a greater number of families are encouraged to take up free entitlement places at a younger age and become engaged with services, it is important to understand the impact of these early years services on children's lives, and the role they play in reducing the impact of low-income.

The incidence of poor housing is often highest in deprived areas and therefore likely to affect children in low-income families (Harker, 2008). A growing body of evidence highlights the adverse effects that poor housing can have on children's lives, for example, impacting negatively on their health and educational achievement, as well as their emotional well-being and life chances (Rice, 2006). As such, it is important to explore the home environment with families and, importantly, also housing services, as many low-income families will likely be living in social housing or private rented accommodation.

As with early years and housing services, use and experiences of health care services are incredibly important to explore with low-income families. The literature base around poverty and health draws attention to the range of health conditions affected by low-income. For example, a number of studies connect growing up in low-income with poor mental health, cognitive and language delay, smoking and drug use (Griggs, 2008). Evidence also shows that access to healthcare is more limited in deprived areas, for example, in areas of high deprivation, where healthcare needs are typically greater, there are fewer GPs per head than the UK average (NHS, 2014).

The study aims to give a voice to young children, as well as their parents, in informing related policy and service developments. This research is underpinned by relevant articles in the United Nations Convention on the Rights of the Child<sup>9</sup>, such as the right for children to have an adequate standard of living, access to appropriate, child specific health services, to have their best interests taken into account and, importantly, for children to have their voices heard and responded to. To ensure that children's voices were captured, explored and listened to meaningfully within this project, an adapted version of the ground-breaking Mosaic approach of listening to children was utilised (Clark and Moss, 2011). This approach enables the participation of young children, and their parents in research, in order to gain their perspectives on services that they have direct experience of.

The research presented in this report aims to:

- i. Illustrate children's and families' experiences of living with low-income and the impact this has on their lives.
- ii. Better understand children's and families' experiences of services they receive and/or would like to receive, in particular in the areas of early years, health and housing.
- iii. Seek input directly from children and families in relation to what works in reducing the impact and effects of living with low-income and how early years, health and housing service provision could be improved to meet their needs.
- iv. Where appropriate, use children and families' feedback as a basis for providing recommendations to those responsible for commissioning, delivering and evaluating services for families with young children living on low-incomes.

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<sup>9</sup> For the full convention please see <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>



## 1.2 Methodology

### 1.2.1 Design and approach

Qualitative research was carried out in three local authority areas in England during November and December 2014. The project involved two strands of data collection across the sites:

- 1) **Family participation events** with 15 children and 16 parents at four early years settings. The purpose was to facilitate children's feedback about services in a setting familiar and comfortable for them, as well as feedback from their parents. For this reason, children were recruited who were existing users of the targeted early years settings.
- 2) **In home parent interviews** with an additional sample of nine parents. The purpose of these interviews was to widen the sample to include parents and children who are not childcare users, and allow a broader range of families in different circumstances to be included in the research.

- 1) **Family participation events:** In order to facilitate **children's feedback**, the engagement event methodology drew on the Mosaic approach, a best practice method for listening to children in an effective, ethical and high quality way, that recognises children as "*experts in their own lives*", "*skilful communicators*", "*rights holders*" and "*meaning makers*" (Clarke and Moss, 2001). The Mosaic approach places an emphasis on participation work being tailored appropriately to children's individual needs and capabilities. It utilises a number of research tools brought together and reflected upon in order to build up a picture of children's experiences, for example incorporating observation, listening, a mix of child and researcher lead activities, and discussions with children. Input from parents and practitioners, who know the child, can assist with interpretation and provision of additional context. Working with children in this way allows researchers **to build up a picture of what is salient and important for children in determining the nature of their experience.**

Children's experiences of different services were explored in the following ways<sup>10</sup>:

- **the early years setting:** group work with 2-4 children at a time involving child led tours of the setting, children taking photos and/or drawing things that matter to them, discussion, observation, and input from early years practitioners and parents.
- **health services:** one to one sessions between a researcher and a child with the parent present, involving play based participation activities such as role play with toys, doctors kits, story books, observation and discussion.
- **housing and the home:** one to one sessions between a researcher and a child with the parent present, involving activities such as drawing, playing with a toy house, observation and discussion.

The **views and experiences of parents** were explored during the events via separate group discussions. These focused on (i) exploring factors they felt were important to ensuring their child has a happy, healthy and safe upbringing and any issues and challenges faced (ii) types of services used within each area (iii) how well children's needs for play and learning, housing and health are currently being met (which included the role of services use) and suggestions for improvements.

**2) In home parent interviews with an additional sample of parents:** These in home depth interviews were designed to explore all relevant topics of interest as above, but with parents of children who were not accessing childcare in order to capture a wide range of experiences and those parents who may be lesser engaged with services.

### 1.2.2 Sample design

Three local authorities were selected for inclusion by OCC to provide a mix in terms of region (London, North, and a rural area) and area type in terms of level of urbanity, and social profile of the population.

Across the three areas, four early years settings were purposively selected by the research team in areas of high deprivation as defined by national and local indices of deprivation (Department for Communities and Local Government, 2010), as the focus for the participation events.

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<sup>10</sup> All activities with children included time for discussion and observation, and subsequent conversations with parents and practitioners to add context to the children's feedback. Researchers used a soft toy ("Monkey") to help create rapport with children and engage them in activities. For example, during the activities about housing and the home, researchers used Monkey to prompt children's thinking e.g. "Which rooms would you take Monkey in if he visited you at home?"

Within each area, children and families were recruited for the participation events and in home depth interviews according to a flexible quota matrix designed to ensure a spread of child age, service use and family circumstances, and the inclusion of some specific need groups (e.g. young parents, lone parents, minority ethnic groups, and low-income working as well as non-working households). A profile of the achieved sample is provided in Appendix A, along with further details of recruitment and data analysis methodologies employed for the project.

**Interpretation of qualitative data:** This report presents the qualitative findings from interviews and focus groups with a small sample of parents, and activities, discussions and observations with a small sample of children. Findings provide a useful 'snapshot' of children's and families' views and experiences of services. It is important to note that findings are not necessarily representative of the general population. However, the findings provide a rich picture of some of the types of experiences that are common among some of the families living on low-incomes, and insights into some potential areas for improvement.

## 1.3 Report structure

**Chapters Two, Three and Four** present children's and families' experiences of early years services, the home and housing services, and health and health care services. Each chapter concludes with a review of how well children's needs are being met in that area, identifying areas for improvement and recommendations for local authorities and service providers where appropriate, informed by the feedback from parents and children.

**Chapter Five** outlines the extent and type of children's and families' involvement in the evaluation of early years, housing and health services. A brief review of the listening to children work carried out within the current research is also presented, along with recommendations for future work with children.

**Chapter Six** summarises the key findings and draws out the cross-cutting themes from across the three areas.

## 2. Early years

### 2.1 What do children and parents feel is important for children regarding early years services, play and learning?

Figure 2.1 below illustrates the key areas that are important for children and their parents in terms of children's learning and development within early years services. The diagram shows how many of the same themes were prominent for both parents and children. However, while children's feedback focused on their immediate experiences, parents were additionally more diagnostic in discussing the role of play and learning in children's development and the importance of services to this.

**Figure 2.1 Factors salient to children and parents about children's learning and development**



Source: Children's activities and discussions with parents

## **Children's voices**

As mentioned, children spoke about their immediate experiences of the setting and what they enjoyed (e.g. who they played with and where their favourite toys were) with a focus on objects, activities and people as significant to them.

Children referred to **many different toys, activities and things they liked doing**, highlighting the importance of variety for children. When asked what they would like the researcher to draw about the setting, one child (aged three) responded: "*Toys – all of the toys.*" One child (aged five) showed the researcher the children's artwork, as displayed on corridor walls, as something which was important to them. Some of the children also displayed interest in playing with researchers' cameras and laptops, trying them out and asking questions about how to use them. These children appeared to enjoy playing with technology and appeared familiar with these devices.

**Children appeared familiar and interested in different spaces** in the settings they were in. For example, many wanted to show the researcher things and places in the setting that they liked. In one setting, children showed researchers that they eat "*in there*" - pointing to the food hall where both packed and cooked lunches were served. A number of children spoke about their **enjoyment of being outdoors**; riding bikes in particular appeared to be a popular activity.

**Spending time with other children** appeared to be important to children. When children were asked why they come to the setting, one child (aged four) responded: "*To see my best friend.*"

**Adults in the setting were also prominent in children's experiences.** During tours of the setting, some children pointed out their practitioner, with one child (aged three) sharing that the teachers look after the children at the setting. One girl (aged five) reported that children at the setting would speak to their "*mummy*" if they became upset, which was reflective of the 'Stay and Play' nature of two of the settings.

## **Parents' feedback**

Parents felt that access to varied toys, books and play experiences (which not all parents can offer at home) was important for their children's development, as was mixing with other children (felt to encourage positive behaviours like sharing and prepare children for the school environment). They referred to access to quality outdoor space as important for children as an outlet to release energy and as somewhere to explore nature.

## **2.2 How well are children’s play and learning needs and related parent support needs currently being met?**

This section starts with an overview of (i) what families perceive to be working well, and (ii) areas in which they perceive problems or gaps in how the play and learning needs of their children, as well as their own parental support needs are met. The section then goes on to discuss the key findings in more detail thematically, under the following headings:

- The level, range and quality of play and learning opportunities
- Support for parents
- Access to early years services

### **2.2.1 Overview**

Key successes in early years services reported by families:

- Overall, parents were able to access a range of early years, play and learning experiences via early years services and/or at home (to varying degrees).
- The free early years entitlement was crucial and effective in enabling parents to access many early years opportunities for their children, which would be unaffordable to them otherwise.
- Children were seen to enjoy the early years settings that they were attending, and also appeared to be able to exert some choice over which toys and activities they engaged with at their early years setting, building children’s capacity for independent decision making.
- Early years practitioners were viewed by parents as a strong, reliable and usually approachable source of advice and support.

Key issues with early years services reported by families:

- Some early years provision had reduced or even shut in some areas (e.g. Sure Start Children's Centres) with alternative services now often costing where they had previously been free.
- Messy play was an area mentioned by several parents where more free provision would be especially desirable as this was a type of activity that some parents felt unable to offer themselves at home and one which they felt services were most likely to charge for.
- Some parents had a limited awareness of the full role that they can play in facilitating children's play and learning at home.
- Parents new to the country/area often lacked awareness of early years services or family support organisations in the area.
- Some parents, especially young parents, faith communities, and other vulnerable or more isolated first time parents, felt unconfident and often worried about attending new early years settings.

Key findings are presented thematically below.

### **2.2.2 The level, range and quality of play and learning opportunities**

All parents said that their child enjoyed attending the settings they used, and children's enjoyment was visible during fieldwork visits. Many parents also felt that early learning opportunities at settings were helping children to prepare for school, develop their skills, and/or gain confidence and self-esteem. For example, one parent shared how vital she felt the children's centre had been to her child's development:

*"To learn things like counting, they learn colours; they learn how to play with other children. It makes their confidence more, get involved with everybody and there's always activities, they learn everything in the children's centre."*

Parent



**Children were involved in a range of different activities at early years services.** Parents described children participating in active play, imaginative play, messy play and creative play, and also having “*quiet time.*” Play also took place both indoors and outdoors, with researchers observing that children engaged in active play outdoors (digging in the sandpit and transporting the sand from tray to table, playing catch, riding bikes, and just running) and also constructive play (building towers and bridges). This variety was felt to stimulate different aspects of their children’s learning and development. It is important for children to experience a variety of early years experiences, particularly pertinent for children living in low-income, to support social inclusion and ensure that they do not fall behind their more affluent peers (Field, 2010).

**Researcher observation of children playing in settings also indicated that children felt able to lead their play and make choices in how they played.** For example, children were observed playing independently or engaged in parallel play (playing side by side, engaging in independent activities), while some were involved in associative play (e.g. building a train track together but working on individual sections). Children also appeared to be familiar with where specific toys were kept. This type of user choice is important for ensuring play and learning is suitable tailoring to needs, and building children’s capacity to make decisions for themselves.

**A few parents felt that the range of play experiences offered by different providers was variable.** In particular there was a perception among parents one area that, in some cases, free early years provision did not always provide the same sophistication of play experience as paid for provision. As a result, free activities were sometimes viewed as basic and repetitive.

*“[Activities] are very samey, their activities are all kind of stay and plays which actually I could empty a toy box in my front room and sit and play with my boys, I don’t need to come here to do that. So it would be nice to have more of a variety.”*

Parent

One parent also reported that whilst children were free to play outside at the free provision, there was not necessarily much interaction from staff with children. As result she preferred to take her child to a nature activity where staff facilitated children’s enjoyment and understanding of nature.

**Enabling messy play at home appeared to be more difficult for some families.** While a small number of parents were happy to use paints and other messy play equipment in their home (by using aprons to try and keep clothes clean), others found the process too messy and often costly (e.g. having to buy the equipment, having to buy new clothes if the paint did not wash out). As a result, these parents said they would prefer to access messy play at early years services. However, **affordable messy play was not always feasible via settings either**, as many parents found this was more likely to be offered as a paid-for activity rather than for free (as mentioned above).

**A small number of parents felt that early years settings were not investing in new equipment as often as they used to.** Others felt that staff time to run sessional activities was being reduced, and again parents felt that this was linked to budgetary restrictions. One parent shared:

*“Even I feel so sorry for the staff because they’ve had to cut the staff. When sometimes it was two of them it’s just one of them so they’re doing all this extra work and it’s really hard on them.”*

Parent

**Positively, all parents appeared to be enabling at least some type of play and learning in the home** but to varying degrees. Just a small number were actively aware that supporting their children learning would help their development, and there were examples of parents taking direct steps to enable this. For example, one of these parents reported using cooking as a learning activity, sharing:

*“When I cook for example I ask her to help me with cooking and that is a way of learning. And though she’s still small she, for example, if I am peeling a potato or carrot, I’m asking her to give me a potato or carrot.”*

Parent

Parents also mentioned that their children engaged in different types of play in the home including imaginative play, sharing books and active play such as playing catch.

Parents did provide toys and books at home, but many also reported accessing more or different play equipment via early years services, and also through libraries. Limited space at home did not appear to impede playing, however **lack of storage space did seem to impact on how many toys and books parents could buy. Cost was also cited as a barrier to buying toys and books** and as such parents valued these being provided for free in early years services.

“I think its good idea because sometimes we can skip buying some toys because they have the access in the children’s centre.”

Parent

### **Social activity for children**

**Almost all parents felt that they were able to provide socialising opportunities for their children, and this appears to be an aspect of early years experiences less affected by income than others.** Parents described how their children were able to play with their siblings, neighbours’ children, or friends or family, and/or via attendance at early years settings, and experiences were largely positive. During fieldwork visits, researchers also observed children participating in a range of independent and social play.

**However, there were some types of families who were facing greater challenges with providing socialising opportunities for their children, including some families from minority ethnic backgrounds and families with children who have additional support needs.**

One parent, who was African expressed his frustration at not being able to find anywhere for their child to spend time with other children from the same community as them, which he felt was important for helping his child develop an understanding of their culture.

One parent, whose child had speech and language difficulties **specifically** took her son to the local children’s centre **in order for him** to spend time with other children to help him to improve his speech.

### **Outdoor play**

A number of parents reported that local parks provided a good opportunity for children to play together outside. **However, enabling outdoor play was difficult for most parents who did not have access to suitable outdoor space** – for example, if they did not have a garden, or access to *safe* local outdoor spaces suitable for children to play in (discussed in more detail in Chapter Four).

## **2.2.3 Support for parents**

### **Support from early years settings**

A number of parents reported feeling well supported by **early years** services. Early years practitioners were considered knowledgeable, qualified and experienced, and were viewed as being well placed to provide advice, guidance and reassurance to parents (particularly for first time and young

parents who may not have a wider circle of other parents to draw support from).

Parents also felt that early years settings were an ideal place to meet other parents. Families who were new to the country or area especially appreciated this opportunity, having gained a better understanding of English culture, and developed new support networks. One parent said:

*"We left our families abroad so we kind of need to find new families, and a children's centre can help."*

Parent

### **Support from family support organisations**

A few parents were receiving personalised and holistic support from family support organisations such as Gingerbread<sup>11</sup> and Home-Start<sup>12</sup> which they reported to be helpful in improving many aspects of their lives.

Other parents had attended parenting skills or parental well-being classes to improve their own confidence and well-being (experiences and impact of these are discussed in more detail in section 4.2.3.2).

#### **Family case study 1: Positive support from a family support organisation**

One parent, a single mother, reported that Home-Start had been one of the main supports in her life. The Home-Start volunteer had helped her with many personal issues, supported her with childcare, and with simple day to day tasks such as shopping which she found difficult to manage as a single parent (e.g. the Home-Start volunteer pushed the child's push chair while the parent shopped with a trolley). The support has provided her with some respite from the day to day tasks that she was struggling with and has also been an enabling factor in helping her to access early years services, which she was nervous of: *"I wouldn't have attended any [early years] groups if it wasn't for [Home-Start]."*

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<sup>11</sup> Gingerbread is a UK charity providing expert advice, practical support and campaigns for single parents. For further information please see <http://www.gingerbread.org.uk/>

<sup>12</sup> Home-Start is one of the UK's leading family support charities. For further information about Homestart website please see <http://www.home-start.org.uk/Home-Start>

## 2.2.4 Access to early years services

### Availability of free services

As outlined above, almost all families had some kind of free or affordable early years provision available to them. The free early years entitlement was felt to be crucial for enabling parents to access early years opportunities for their children, which would be unaffordable to them otherwise. One parent said of the free early education entitlement scheme:

*"I think that's brilliant, the kids need it at two especially if you've got other ones and they get jealous that they're going to school it gives them that chance, do you know what I mean, to socialise and to maybe learn other little things and how to share and how to, you know just stupid little things, drawing, sharing, socialising, that helps a lot for my little one bringing his speech on."*

Parent

A number of the sessional activities offered at children's centres were also free, which parents found financially helpful, allowing their children to develop their skills in a setting which many perceived to be of high quality. One parent reported that her child was:

*"Playing and learning things that they could in a nursery setting but for free and you know there is still someone qualified if you needed that."*

Parent

However, some perceived a reduction in availability in recent times. In particular, the loss of Sure Start Children's Centres was felt strongly by a number of parents, while in some centres parents felt that the range of (free) activities had reduced. Closures had resulted in the loss of access to stay and play groups, drop-in activities, childcare provision, parent support classes, coffee mornings and reading groups, among other activities. Some of these parents were accessing similar activities and free early education entitlement places for their children via other children's centres, however, they were now having to pay for some of the activities which had previously been free.

*"It was a bit of a let-down really when [the Sure Start Children's Centre] shut down, it really was."*

Parent

### Accessibility and transport costs

A number of the parents living in the more rural area reported a lack of locally based early years services. For example, one parent reported having to travel quite far in order to access a soft play area as there was not one available in her local children's centre, and the travel costs were often a barrier which

stopped her going. She said: *“It’s not crazy far but when you are on a low-income and you worry about wasting petrol... [it] can take £7 in the car... then if it’s only for an hour or two hours then it’s not financially worth driving all the way over there.”*

Some parents reported that the timings of sessional activities were often a barrier to use. One parent reported: *“[sessional activities] just give you less options”*. Classes often clashed with other family commitments such as prayer times, and sometimes the children’s nap-times.

### **Awareness of early years services**

Some parents reported lacking awareness of early years services in their area, in particular, those parents who were new to the country or area. Some parents stressed the important role of children’s centres in raising awareness and the importance of staff at the centres being fully able to inform parents of other early years services, signposting them on. One parent suggested that their local children’s centre run an information evening, where different local early years services providers could hold stalls, so parents could go around and explore what is on offer.

*“...Information evening for your local area, would be a good one. Just even, the people, get health people,... , that could be one corner, childcare could be in another corner, stay and plays, NSPCC could be in another corner, all get together and go, we’re here, how can we help you?”*

Parent

Other parents also felt that health visitors should be fully informed of the breadth and range of early year services on offer, thus allowing them to play a key role in increasing awareness and signposting (the role of health visitors in this context is discussed in further detail in section 4.2.3.2).

### **Confidence and being made to feel welcome to attend early years settings**

Some parents, especially the younger parents, and some parents from faith communities felt less confident, or less welcome. Young parents described feeling unwelcome at new early years settings, and that they perceived other parents to look down on them. As such, they were reluctant to try them or to re-visit. One parent shared:

*“[It’s] very cliquey in some of them....For the younger mums I find actually they don’t like it at all. I’ve been, I don’t go every week because I feel like mums aren’t very.... It’s an age thing.”*





Another parent spoke about feeling uncomfortable wearing religious attire in public and as a result felt uncomfortable accessing certain services. Another parent felt reluctant to access early years services that were designed for *all* parents rather than for *women only*, due to her religious beliefs.

In some cases, but not all, these parents felt they accessed the facilities that they needed from other organisations that included including local mosques and churches, and local libraries. These parents reported being happy with the support they were receiving from these organisations which were reported to meet needs such as socialising for both parents and children, accessing books (for free), and attending play groups for learning opportunities.

Factors these parents felt would support their engagement with early years services included: being made to feel more welcome, more advertising about what to expect and, for some, being accompanied to the setting by someone they trusted (for example, one parent was accompanied to a new children's centre by her Home-Start worker to help her navigate the visit).

Practitioners reaching out specifically to parents from minority ethnic backgrounds and working with local faith communities to ensure settings are suitable for their needs may help parents become more comfortable with specifically accessing early years services.

### 3. Housing

#### 3.1 What do parents and children feel is important in terms of housing for children?

Figure 3.1 below illustrates the key aspects of salience for children and their parents in terms of the housing needs of families with young children. The diagram shows how many of the same themes were prominent for both parents and children. However, whilst children spoke about their immediate experiences of their home, parents reflected on the nature and quality of the home environment as important for determining children’s quality of life at home, and also the importance of the wider local area.

Figure 3.1 Factors salient to children and parents for a positive home environment



Source: Children’s activities and discussions with parents

#### Children’s voices

**Children mentioned** or drew (in a drawing activity) **rooms or spaces in the home which were salient to them** e.g. the kitchen, living room and garden. One parent shared that her child’s favourite room was the kitchen. Some children also mentioned playing outside in their garden, for example, riding their bikes.

**Close family also appeared important to children** when talking about their home. A few mentioned playing with their siblings, and others drew their family during the drawing activity. For example one child (aged four) drew: “*My mummy, daddy, baby, and me.*” She also described how her mum cooked lunch for everyone in the home, sharing: “*My mummy’s cooking the lunch – go in the kitchen mummy and make food.*”

**Activities, especially playing, appeared to be a key feature of children’s experiences of the home.** Children discussed the types of games and activities they engaged in at home, for example, “*playing dragons*”, painting, and playing with dolls. Some also referred to eating and sleeping.

### **Parents’ feedback**

As mentioned, **parents** referred to similar features and activities as their children, but **additionally focused on the role of key features of the home and its quality in determining the children’s and families’ quality of life.** **Parents also referred to the importance of features of the local area,** including living near an extended support network of family and/or friends, to be in a safe area, accessible and usable outdoor space, and to be within an accessible distance to services and employment opportunities.

## **3.2 How well are children’s and families’ housing needs being met?**

This section starts with an overview of what families perceive to be working well, and areas in which they perceive problems, or gaps in how the housing needs of their children, and them as care givers are supported. The section then goes on to discuss the key findings in more detail thematically, under the following headings:

- Size of the home and sufficiency of indoor space
- The condition of the home and its facilities
- Maintenance/repairs
- Location
- Access to suitable, affordable, stable housing overall
- Housing stability

### 3.2.1 Overview

Key successes reported by families:

- Parents acted as important mediators, protecting their children from housing related stressors as much as they could.
- Housing services had provided upgrades and/or repairs to specific facilities in the home for a few parents, improving their living conditions.
- A number of parents, particularly in rural areas, were happy with the wider local environment and community in which they were living, and this was felt to contribute to their family's well-being.
- Some parents were able to access quality outdoor space, allowing their children to engage in outdoor play which many parents felt was vital for their learning and development.

Key issues reported by families:

- Many families struggled to access the quality and size of housing they needed in the areas they desired (e.g. the area where they had employment or friends and family, and that was safe and pleasant). This often seemed related to the unaffordable cost of private renting, and/or a shortage of suitable social housing.
- Many parents complained of a lack of sufficient support and communication from housing services staff, often accompanied by delays in the registration process.
- There was considerable variability in the quality and suitability of housing that families reported occupying, with many reporting suffering from cramped or poor quality accommodation, or a lack of access to good quality outdoor space. This was especially true for families in social housing, but also common in private rented accommodation.
- Maintenance and repair requests made to social and private landlords were sometimes ignored and frequently not responded to in a timely manner. Some private renters felt unable to pursue their landlord for maintenance issues, for fear that their contract would not be renewed.
- High energy bills were of significant concern to some parents, especially where housing and heating facilities offered low energy efficiency.
- Many families did not appear to know their rights as a social housing or private renting tenant.
- There appeared to be a lack of join-up between housing services and other services.

Key findings are presented thematically below.

### 3.2.2 Size of the home and sufficiency of indoor space

While some parents in the sample were happy with the size of their home, citing that it was big enough for children to live comfortably, play and have quiet and privacy when needed, a number of other parents did report feeling upset and frustrated by the lack of space in their home.

A few parents reported using rooms for multiple purposes because of the perceived lack of space. For example, one family, who were living in a one bedroom single floor flat, were using their living room as the parents' bedroom as well as the play room and the dining room. Although they wanted to rent privately they could not afford the high deposit. In some cases, four children were reported to be sharing one bedroom, with parents feeling that their older children in particular lacked privacy as a result.

Parents living in high rise flats found the size of their homes particularly stressful, for example, one parent reported feeling guilty that her children were “cooped up” in the flat. Another parent living in a high rise flat said:

*It's very kind of tight and everything is crammed into the corners and having to throw everything away, it would be nice to be able to have the space for them to play upstairs in their bedrooms or to run around in the garden.”*

Parent

Whilst parents recognised the problems arising from overcrowding, young children did not appear to be aware of the implications, both because of a lack of awareness that things could be different, and/or because parents ensured that the best of the situation was being made for children. **Children in the sample were not necessarily immediately distressed by the situations arising, however evidence shows that such circumstances can impact negatively on children's outcomes.** For example, one girl (aged four) happily told the researcher that she liked to share a bed with her little brother, but her mother on the other hand was extremely worried about how to manage the lack of space within their one bedroom flat when her children got older.

### 3.2.3 The condition of the home and its facilities

Some parents in the sample were happy with the condition of their home. Two families, living in social housing, specifically mentioned that housing services had recently made general improvements to their homes, which parents felt improved the quality of their homes.

However, other parents reported a number of issues which are outlined below. In some cases, individual families faced multiple issues which combined to impact detrimentally on the family's living environment.

**Many homes were in 'poor' condition:** A number of parents living in both social housing and private rented homes (across all three areas) reported that their home had some damp and/or mould present, with some of these parents worrying that this was impacting negatively on their children's asthma or eczema.

Individual parents reported that at some point in time since having their children, their homes had suffered from a broken boiler, fence, or fridge. A small number of parents also reported living with overgrown and unsafe gardens. Although most people will likely face at least some type of home maintenance issue in their life span, the issue for parents in the sample was that they lacked control over solutions and what can be done to change things going forwards, and they often could not pay for repairs themselves. As a result, they have often simply had to live with the problem (discussed further below). For example, one parent said that cleaning the mould in her home had become a part of her routine at home:

*"There's mould growing around the windows. I have to clean it with bleach a couple of times a week....it is utterly frustrating."*

Parent

In one case, the parent reported that her child disliked the poor conditions in their home. She shared that her son dislikes bath time because of the condition of the bath, which her son (aged four) describes as "*slimy*", with unfilled holes (requiring maintenance).

However, researchers observed that overall most of the children who took part in the housing related activities appeared to be happy with their homes. They largely spoke about things they liked, and when parents were interviewed, they reported feeling that their children were generally happy in their home (even if they did not like something very specific). Again, this reflects that young children are not necessarily aware that alternatives are available. Researchers observed that **parents were acting as mediators, helping to protect their children from feeling immediate distress from housing related stressors** (even if they may have a negative impact in practice). For example, a number of parents were accessing the garden at their own parent's house in order to ensure that children were able to access outdoor space.

**Non-energy efficient utilities were felt to cause high utility bills.** A lot of the parents mentioned being worried about paying for their heating, with many fearing the high cost of their bills. A number reported that their appliances were old and not energy efficient. It appeared that these parents lacked the control, and some the finances, to make any changes.

*"I've got old appliances so everything is getting more energy so it's more expensive."*

Parent

Many shared their cost saving techniques, which included keeping the heating off during the day (while the children were at school or at an early years setting), using the flame of the gas cooker to warm up the house (instead of the central heating), and wrapping their children up in layers instead of turning the heating on. Clearly the parents did not want to do these things as a few specifically asked for more advice and support to help them manage their heating bills, and support with how to identify and switch to a cheaper energy provider.

*"I'm scared to put the heating on because it takes so much money – I'd rather stick jumpers on the kids."*

Parent

### **3.2.4 Maintenance/repairs**

Of those families who were private renting only one reported that her landlord responded to repair requests in a timely fashion. Of the others, a number were hesitant to make complaints due to worries that their landlord would respond by raising their rent or even failing to review their contract or evicting them. One parent said:

*"We prefer not to mess with the landlord otherwise he will put the cost up."*

Parent

Although families living in social housing did not have any such worries, many still reported some dissatisfaction with housing services regarding *how* and *when* staff responded to calls for repair. A few reported feeling that "*no one is listening*", and *if* someone did respond, that often the repair times were lengthy. For example, one parent reported: "*I always feel I've got to wait weeks for someone to finally come round and take a look.*" Parents found this particularly difficult because young children were involved.

Other families mentioned that the local authority would not take responsibility for all maintenance issues, leaving tenants with repairs they could not afford. For example, one parent found that the local authority would not take responsibility for paying for someone to clear and restore her overgrown and unsafe garden.

### 3.2.5 Location

A minority of parents within the sample, particularly those living in rural areas were happy with their local area. These parents reported that their local area was “*nice*”, offering a “*good sense of community.*”

Others, however, reported living in more undesirable locations, a feeling heavily influenced by the presence of nuisance neighbours and anti-social behaviour.

**Good transport links were difficult in rural areas:** Some parents in rural areas felt that the transport links to services were poor. In particular, one parent felt that poor public transport links and expensive local taxis were a barrier to service use.

**Lack of access to safe, quality outdoor space:** A handful of parents were satisfied that they had their own garden (where children could play safely) *and* access to a local park or playground (where children could access play equipment which parents may not have in their own garden, and socialise with other children). However, many were not satisfied and among those parents who felt that they were unable to access quality outdoor space, several different circumstances emerged:

- *Some families did have their own garden, however, it was not well-maintained and therefore was deemed unsafe for children.*
- *Some families were living in flats with no garden space:* A very small number of families reported living in flats which although did not have their own gardens, had an allocated play space for children located in the car park. These parents felt that this was unsafe and therefore did not allow their children to play there, or if they did, then only when they were supervised (which was not feasible for all).



For a number of families, the local parks were unsuitable for reasons. This meant that parents felt that they could not take their children to these spaces. Complaints included that the parks:

- were too far away (requiring too much more travel time and cost)
- were not well maintained (e.g. broken equipment, overgrown grass)
- suffered from anti-social behaviour (e.g. people drunk in the park)
- had no play equipment
- were not well-lit in winter (making it difficult to see)

One parent shared:

*“There’s nowhere to take them because the parks are a bit dodgy after a certain time.”*

Parent

As a result, a handful of parents reported utilising creative coping techniques by the outdoor space in their own parents’ homes so that their children had somewhere to play safely.

### **3.2.6 Access to suitable, affordable, stable housing overall**

While some families were happy with the housing they were in, in terms of quality, location and affordability, some reported struggling to access the housing they needed, commenting how housing costs have been much higher in suitable areas (areas where jobs and services such as quality schools are available). Difficulties seem rooted in the high market costs of home ownership and private rents, and the insufficiency of social housing stocks and local authority housing services to meet demand.

## Accessing a home via social housing

### **Lack of availability of suitable social housing locally, and pressure for families to accept properties that are not right for them.**

Many parents highlighted issues around a lack of suitable social housing, problems with extensive waiting lists and pressures to accept properties that were unsuitable.

#### **Family case study 2: Experiences of problems accessing stable housing, with a lack of communication from housing officers**

One single parent, with three children, was offered a temporary home that she had not seen, and could not afford, but she was compelled to accept, because if she had refused, she would have been made voluntarily homeless - receiving no more support from the service. Having spent the previous three months living in a single room in a bed and breakfast with her children, she felt she had no choice but to accept the temporary house. At the time of the research, she had been in the house for approximately 12 months and was living in rent arrears, meaning she would likely soon be banned from the bidding process, reducing her chances of moving to more affordable accommodation even further. She had since given up believing that housing officers are willing to help, leaving her feeling powerless.

**Living in 'unsuitable' housing.** A small number of parents reported having being placed in housing which they felt was 'unsuitable' for them. These included homes which were too small (as discussed above), but also those that were too big. Three families felt at risk of being eligible for bedroom tax for their older children. These families were worried about managing these additional costs, and had requested to move to homes with less bedrooms (but were aware that there was a lack of available housing in their area).

Some parents also felt it was inappropriate that, as a parent of young children, they had been placed in low rise blocks of flats with no lift. Parents found this situation difficult to manage on a daily basis with young children. For example, for most carrying both their young children and their shopping up the stairs was a daily struggle and some also reported feeling unsafe using the stairwell at night because it was dark.

Some of the parents had been offered more suitable social housing in other towns, but all of these parents had refused the move, even if the house was of better quality than their own, because they did not want to be parted from their family and friends. For example, one parent who had a mental health condition and relied on her family for support refused to move for this reason. She was left feeling “*stuck in a rut*” at having no housing prospects due to the lack of availability of housing in her area.

### **Lack of support and communication from housing services staff**

Parents who had had contact with housing officers reported that the service had been unsatisfactory and sometimes upsetting. A number of parents shared examples of where they perceived housing service staff to have been rude, unsympathetic to their situations, and, at times, judgemental in the way they had spoken to parents. One parent said:

*“You get the impression [housing officers] are not bothered.”*

Parent

Some parents reported having to spend their own time and money contacting staff for updates because of a lack of communication from staff. Some parents were left worried that they would not receive any support from housing officers until they had reached a crisis point and become homeless.

### **Delays in the registration process**

Many parents also reported waiting for ‘excessive’ amounts of time to be registered to bid for social housing, and a small number of parents also reported some administration errors which had caused delays to their applications being processed. For example, one parent said:

*“I’ve been to the council. Technically I should have been on the bidding list about six months ago. They’ve got all my information and they have got my bidding number and it has been pushed back and back and back telling me they can’t find my paperwork. Now they’ve found it they tell me they’ll do it this week and I don’t hear from them for three months.”*

Parent

## **Lack of confidence to use the tools intended to support parents to swap properties**

Some parents who were living in social housing had registered to use the Home Swapper website, in order to 'swap' properties with another person living in social housing. Although it appeared that the website is intended to be used independently, some parents felt unsure how to assess a property's potential and suitability for their family which put them off using it. Parents may benefit from more follow-up support or guidance on how to make the best use of the website.

## **Affordability of, and access to, private rented accommodation**

Some parents considered the quality of private rented properties to be of better quality than social housing properties and as such wanted to move. These parents reported struggling to save the deposits required to secure a privately rented property. One parent said:

*"Private rent is just crazy, there just aren't enough houses and they are extremely highly priced."*

Parent

Some families reported having shared a home with their extended family (such as grandparents, parents-in-law) before they were able to secure independent living. They had found their previous living arrangements cramped and stressful.

Some also reported difficulties in finding a guarantor (often someone who is required to earn a high amount of income) and/or also a landlord who was open to accepting social housing tenants. One parent wanted more support from the council to navigate this stigma.

Others reported that there was a lack of private rented homes in the area.

### **3.2.7 Housing stability**

At the time of the research, two families were living in temporary accommodation (one family for two months, and the other for a year), but they very much wanted to secure stable accommodation. They reported that the uncertainty and instability of their situation caused their family stress, and also meant it had been difficult to fully settle into their temporary home they were in.

Some parents had had to move frequently, either because the accommodation they were accessing was not suitable so they soon needed to move on, or because they needed to move for work. In these circumstances, parents were worried that their children had been adversely affected by the multiple moves, and the current anticipation of moving again was having an emotional and sometimes physical reaction on some of the children. For example, one parent reported that her child would become so upset by the fear of having to move that the child would physically bang their head on the wall, which was of course incredibly upsetting for the child and the family.

*“Sometimes [my children] are not happy when they [they have to] move in the night, especially for the big one, for him when he’s upset like this you get doctors in, he gets fits.”*

Parent

As a result of having to move frequently, these families were sometimes placed in areas which they were not familiar with, which created challenges as they did not know where some of the local services were.

## 4 Health

### 4.1 What do parents and children say is important for children with regards to health and health services?

Figure 4.1 below illustrates the key aspects of salience for children and their parents with regards to children's health and health services. Overall, factors salient for children and parents had some overlap, but parents had a fuller understanding of the nature of health and the breadth of health services.

Figure 4.1 Children's and families' experiences of health and health care



Source: Children's activities and discussions with parents

#### Health in general

**Both children and parents referred to parents themselves as the primary care giver for children's health.** For example, some children mentioned that they would first go their mothers if they felt unwell. Parents also focused on their care giving and nurturing role as important for children's health and development generally, as well as caring for children when they are sick.

**Parents referred to the importance of healthy lifestyles, but interestingly, a small number of children were also aware of this,** highlighting how educating children about healthy living can start at a young age. For example, one child mentioned that playing football was a means of being healthy. Individual children mentioned that eating fruit and other healthy foods would help someone who was feeling ill to feel better. For example, when asked what makes her healthy, one child (aged five) responded “*Strawberries... Apples.*” Healthy eating and providing healthy food was also very commonly mentioned among parents as important for children’s health and wellbeing.

In addition, some parents directly specified that it was important for their children to participate in leisure activities (such as swimming), and a few mentioned limiting their children’s television time, encouraging them to instead engage in something more active.

Children were often in the process of developing their vocabulary for explaining feeling ill. When asked by the researcher “*What is wrong with Monkey?*” one child responded: “*He’s got a bit of ill*”, and later, also mentioned: “*You’ve got itis*” (which his parent later explained was the child’s way of saying Arthritis, which his grandmother has).

**A number of parents also referred to parents own health and well-being as a key contributing factor to children’s well-being.** For example, one parent, who was suffering from mental health problems, stated that when she can control her depression, her good mood influences her children in a positive way. She shared:

*“I think if I can control my depression then that, it makes them feel, I don’t know, safer, happier.”*

Parent

### **Health services – children’s perspectives**

**The range of services that children were aware of was narrower than among parents, and specifically covered doctors, dentists and hospitals.** As was apparent for early years and housing, children referred to people, places and objects that they had experienced directly. However, they had also clearly absorbed information and attitudes from wider sources such as books, the television and their family.

Some children mimicked health professionals while using the play equipment, for example, saying things like “*open wide!*” when using the thermometer. Another child referred to the “*juice*” in the syringe that doctors would give to

their patients.

As mentioned, despite no recollection of attending hospitals, children did appear to be aware of hospitals, which parents explained was through books, toys and television shows, and also from the experiences of extended family, indicating that children were absorbing information about health from many different sources. For example, one child knew that her grandmother recently went to hospital due to a fall:

*“Nana run, nana fell, nana hurt her leg, nana go doctors, nana go hospital.”*

Child, Aged Five

Other children also appeared to have absorbed the healthcare experiences and feelings of those around them, and started to form opinions based on the feedback they had heard. For example, one child in the sample (aged five) reported being scared of going to the doctors. Her parent later explained that her fear reflected that she had often overheard her older brother saying he disliked doctors.

**Interestingly some children also had a good understanding of the purpose of health services in making children better**, and referred to them in this light, as well as more immediate experiential aspects. When asked how they would feel after a visit to the doctors, the majority of children responded “*better*”, even though many felt that seeing the doctor could be sometimes be unpleasant (for example, a number of children reported that the toy injection would hurt, causing an “*ouch!*”). This demonstrates that children appeared to have at least some basic understanding that health care is positive, even if sometimes unpleasant. Some of the parents reported feeling surprised that their children appeared to know more about health care than they had even suspected.

A few of the parents reported having taken active steps to facilitate their children’s understanding of what it would be like to visit a doctor. These parents found that the approach was helping their children to understand what was happening to them, minimising their discomfort.

*“When he had to go to the doctors, going to hospital for surgery... and that kind of helped him understand, because he was so young at the time.”*

Parent



## **Health services – parents’ perspectives**

Although parents viewed themselves as the primary care giver, being able to access quality health care services was considered vital, if advice, prevention, diagnosis and / or treatment (including prescriptions) were required (including vaccinations). Other priorities raised by parents included a preference to meet with one consistent GP who knew their family history; and to have the early involvement of a health visitor in their life, to provide them with advice and reassurance, and to sign-post them to relevant services.

## **4.2 How well are health needs being met currently from families’ perspectives?**

This section starts with an overview of what families perceive to be working well, and areas in which they perceive problems, or gaps in how the health needs of their children, and them as care givers are supported. The section then goes on to discuss the key findings in more detail thematically, under the following headings:

- Healthy lifestyles
- Overall sufficiency of health services
- Effectiveness of engagement with and listening to parents and children
- Continuity of care in primary health services
- Cost related issues

### **4.2.1 Overview**

Key successes reported by families:

- Overall, families felt that they had been benefitting from a reasonably effective health care system that importantly is free at the point of delivery.
- Many parents were happy with the accessibility and quality of health services, including GPs and health visitor support during the early years
- Many parents said they have prioritised healthy eating for their children, and have encouraged them to engage in active play.
- Family Nurse Partnership (FNP) was very well regarded by the young parents who had been receiving it and appears to be an exemplar of a highly effective holistic and preventative service.

Key issues reported by families:

- Some parents reported that the cost of leisure activities and food had been a barrier to offering healthy lifestyles for their children.
- Parents reported variability in the availability and accessibility of primary care services – GPs were perceived to be overstretched - resulting in some parents having used acute services instead. Some also experienced delays in getting appointments.
- Some families would benefit from more preventative support and early intervention. Some felt that health visitors lacked the time to engage with them fully and respond to all their needs. Others reported that specialist support such as mental health or team around the family support seems to only be available when families reach crisis point.
- Many parents, especially young parents, said that health professionals had not always listened to them (especially GPs) or taken their insights on board.
- Some parents reported problems or delays in effective diagnosis of health problems.
- Some families said they lacked the continuity of care.

Key findings are discussed thematically below.

#### **4.2.2 Healthy lifestyles**

**Cost was perceived by many to have been a barrier to providing healthy food:** Most parents felt that they generally have provided their children with sufficient and healthy food. However, many recognised room for improvement in the diets they were giving their children and discussed some of the barriers and enablers to this.

Some parents reported finding the cost of healthy food to be higher than that of other foods and that the “*the prices have gone up.*” There also appeared to be a perception among a few parents that frozen food was not as healthy as fresh food.

One parent was accessing food via a food bank. She had initially found this “*embarrassing*”, however she felt more comfortable using the service after she received a warm welcome from staff. Another parent, who had been using Healthy Start food vouchers to buy fruit and vegetables, also found that she was embarrassed to use them. She reported:

*“I have felt quite embarrassed using them sometimes at the till – people have been there at the till and it can be embarrassing and degrading... its stigma – it does faze me a little.”*

Parent

In order to spread the costs of buying healthy food, one parent reported using creative buying techniques (e.g. she and several other parents would buy organic food in bulk, sharing the costs). However, others reported a need for more support with creative buying and cooking, for example, they wanted tips on how to make food last longer and how to use their leftovers to create new meals to last for a few more days. Another parent suggested the introduction of a “*love your leftovers*” class (or similar) for parents with young children.

### **Physically active play and leisure**

Parents mentioned active play as an important contributor to children’s health and saw access to high quality outdoor space as an important facilitator of this. Access to, and availability of, active play is discussed in section 2.2.2 and access to and availability of high quality outdoor space is discussed in section 3.2.5.

**Enabling access to leisure services appeared to be difficult for some parents with cost being cited as an issue for many.** Larger families in the sample (with three or more children) faced particular challenges accessing some leisure services. They found it too expensive to access activities for all of their children. In addition, some felt prevented from participating because they could not meet the adult:child ratios required on their own, for example, at swimming pools.

### 4.2.3 Overall sufficiency of health services

**Overall parents felt that health services were reasonably effective in meeting the health care needs of them and their families** – perhaps not always as quickly and smoothly as they would like, and sometimes with varying degrees of quality and customer service – but overall it is felt that health needs are usually met, emergencies dealt with, illnesses diagnosed and treated one way or another, and preventative work with children, such as immunisations provided.

The remainder of this section discusses views and experiences of health services in more detail.

#### **Availability and accessibility of primary care**

Accessibility of health care services varied considerably among parents. Some parents were able to get appointments quickly and see the health care professional that they wanted to see. However, seeing a doctor for an initial appointment was a struggle for others. Some reported waiting times of two weeks before being seen, with many feeling that increasing delays were reflective of the cuts to health care services and others stating that families with young children were not being prioritised when they felt that they should be.

Emergency appointments at the GP surgery were difficult to secure for some parents, with many reporting that they go straight to A & E or a walk in clinic instead of waiting for their doctor. For example, one parent shared:

*“I’ve taken my sons up to A & E and to walk in clinics because I can’t get an emergency appointment at the doctors.”*

Parent

Another parent shared that she was left in a difficult position because she could not get an emergency appointment for her child, she said:

*“[It’s] impossible to get an appointment, even for young children when they are unwell. [My child] smacked her head once really hard and I wanted to get her checked out for concussion and [the GP] still wouldn’t see her they said they had no appointments – they told me to take her to A & E but I don’t have a car and we don’t have a car seat so I couldn’t even call a taxi.”*

Parent

This parent was eventually able to resolve the situation by seeking assistance from her FNP support worker, but alone she felt that she would have been stuck – which may also be the case for other parents who do not have access to targeted or additional support services.

Some parents also preferred to use walk-in centres because they provided a flexible alternative to the doctor's surgery which operates in set hours, with one parent reporting "*It's good to have some back up at the weekend*".

Transport costs also appeared to restrict access to healthcare services for some parents in rural areas. For example, one parent said that her local out of hours GP service did not offer at home visits, and because of her rural location and lack of transport she felt stuck. She shared "*I didn't have any transport at the time and they just said there was nothing they could do.*"

One of the settings visited during the research was a children's centre which offered health visiting services on site. The parents who attended this centre found this co-location incredibly useful, reducing the need for them to travel to more than one place to access support. One parent even mentioned utilising the health visitors as an alternative to visiting her GP, avoiding the waiting times: "*You would have to wait forever to see a doctor if it worried you, whereas [at the children's centre] you can just drop in...*"

### **Supporting newcomers country to access health care services**

Children who are born in the UK are automatically involved with health care services, such as contact with midwives, when registering the birth and many also go on to access the health visitor service). Newcomers to the country are not automatically involved with health care service and must go through a process of active engagement (e.g. registering with their GP, requesting a health visitor). As shown in family case study three, this can be difficult for some new arrivals.

#### **Family case study 3: Experiences of health services as a newcomer to the country**

One parent in the sample (who was African), with three children, found the process of accessing health care services, which were new to her and her family, difficult in places. She reported problems with accessing health visitors (related to the fact that she had lived in two sets of temporary accommodation in two years) and she also struggled with supporting her son who had special needs. The child had been referred to a specialist clinic which the parent felt was useful, however, communication from the specialist stopped abruptly and her son was no longer being called for appointments, with no explanation. The parent herself also faced delays with receiving her heart treatment medication, arising from having to register with new local GP services. This parent was accessing her local children's centre where she found the support she had received so far very helpful.

Clearly, parents and children can only benefit from services that they are aware of and can successfully access. Therefore increased signposting and awareness raising among newcomers may help them access the full range of health care services they need, and early years services could play an important role in this signposting.

### **Level of preventative support and early intervention available for parents in early childhood from health visiting and other services**

Parents universally regarded health visitors as a vital service for new mothers and into the early years. **Many reported that they were pleased with the type and level of support provided by their health visitor** (offering advice and guidance when needed). For example, one parent shared that working with the health visitor and sharing stories about parenthood, made her feel better as a new parent: *"[The health visitors] were always really, really helpful."*

Another parent, who was suffering from post-natal depression, reported that her health visitor had been a particularly helpful support for her when she was facing a difficult period in her life. She shared:

*"Because I had postnatal depression I think I found my health visitor, she was there on the ball, she was ringing up every couple of weeks and we made an appointment every four to six weeks, so that she came over to see and things like that. And, I think even if you're not suffering with depression I think that's what you need, you need somebody that you know is going to touch base with you and just check in and you've got that sounding board, if you like."*

Parent

### **However, some parents felt that health visitors spent insufficient time with them to build a strong trusting relationship and meet their needs.**

For example, one parent felt that not enough support was offered when their child was born and that the health visitor spent insufficient time building a relationship with them. She shared:

*"When people, when they have their first child need the support more. It's them first few days when you come home and you've got this baby and you're thinking, well what the hell am I going to do now....even if they were there to pat on your back and go, I'll make you a cup of coffee and you're doing fine. Or is there anything we can help you with? And there's a list of services that they can give you."*

Parent

Other parents felt that health visitors had become rushed in their practice, not having time to sit down to *"have a brew"*, and get to know the parent in a friendly and relaxed way. This lack of time together had adversely affected the relationship for some parents.

Similar feelings of being rushed emerged when a few parents were discussing their experiences with midwives. For example, one parent felt that she had been rushed through the birthing process, feeling unsupported. Both midwives and health visitors work with high caseloads and themselves are under pressure to meet the demands on their time. However, for parents, the importance of having this early support is vital in setting them off on the right track (e.g. breastfeeding support needs to happen quite quickly after the mother has given birth), and feeling rushed or unsupported may act as an important barrier to this good start.

Providing parental support is also a priority for early years services, however, with the loss of Sure Start Children's Centres (which provided targeted and holistic family support), and the reductions in services and staff time (as discussed in Chapter Three), it appears that many centres are offering a more light touch approach.

**Many parents also feel that there is insufficient early intervention available, especially relating to mental health and parental wellbeing.** A handful of parents were receiving support with mental health issues. However these parents felt that in their experience support tended to be reserved for those parents who were at crisis point, leaving a gap in support:

*"There's a big gap for parents with mental health problems who aren't in immediate crisis – if you're literally suicidal then they have someone who does home visits but they basically say either let yourself get that bad or deal with it."*

Parent

These parents felt that there was a lack of mental health support services for parents in general but particularly parents with young children. For example, one parent struggled to access therapy support groups as they do not provide child care and she could not afford it otherwise.

Another parent who was receiving Team around the Family support was unaware that such an approach existed until she had reached the point at which she felt suicidal and had shared this with others.

A number of parents had actively engaged in parenting skills and parental well-being courses (such as baby massage, confidence raising, assertiveness and 'managing your emotions'). Attendees had found these courses useful, convenient and enjoyable, increasing their confidence both with their children, and in their general lives. For example, one parent said that accessing the courses had made her "*more confident as a mum with my child*". However, in other areas it appeared that some early years services were reducing the number of courses on offer.

**FNP services stand out as a success story in providing effective holistic preventative support for young parents.** Young parents who received FNP were universally positive. The personalised approach taken by FNP was one of the key contributors to parents' satisfaction with the service. For example, one parent shared: *"It's more personal to you, makes you less nervous or embarrassed."*

Another parent reported that she was initially embarrassed to accept support from the FNP, but her FNP support worker quickly built a meaningful rapport with her. The parent now felt that her support worker *"was just like a friend coming over for a cup of tea."* She also shared that the service had helped her to navigate her appointments with housing services, demonstrating the holistic approach taken and the impact the support had on other areas of her life.

*"I thought [Family Nurse Partnership] were just going to tell me how the baby is growing and come and do her check-ups, but they've been amazing they've come and helped with benefits and housing, they've made phone calls to the doctors for me...they've pretty much done everything I needed them to do, they just ask what do you need."*

Parent

#### **4.2.4 Effectiveness of services in listening to and engaging with parents and children**

**Whilst some parents were happy with how health professionals interacted with them as parents, a common concern was a lack of effective listening among some health professionals, especially GPs.** One of the most common complaints was that GPs do not always listen to parents, and are dismissive of their thoughts and concerns.

In this context, some felt that their expertise as a parent was unhelpfully being ignored by health care professionals. For example, one parent reported struggling with staff for several years in order to get them to listen to her viewpoints about her child's illness and felt that this had delayed diagnosis and treatment. This parent's story was illustrative of what several of the other parents had shared. She said:

*"GPs not listening and not taking me as the mum seriously. Me saying, actually there is a problem, and I want you to investigate, and battling for two years to get anywhere, and that's really difficult."*

Parent



One parent took her child to the doctor several times, receiving a different diagnosis each time, resulting in her having to chase doctors until she finally got the right diagnosis. Another parent went to A & E, after seeing different doctors several times, in order to get the proper diagnosis for her child.

Lack of rapport between health visitors and parents was also a concern for some parents.

**A feeling that services did not listen to or respect them was especially common among young parents, and this applied to their experience of health visitors in some cases, as well as GPs.**

Some of the parents, especially young parents, in the sample felt that they were being judged by health care professionals which made their relationship uncomfortable.

*"I think because healthcare professionals they think because you're young you don't know and they don't listen to what you're saying."*

Parent

Another parent had found it difficult to build trust with her health visitor because she felt judged. She shared:

*"The first one came in and I felt like she was just criticising me, it was very much about, oh you should be doing this, you should be doing that. I was like, well I'm doing the best I can and you telling me that I'm not, doesn't help."*

Parent,

Another young parent also reported that she felt judged by her GP, and as a result relied more heavily on the support of FNP as she had wanted to avoid her GP.

**Views of how health professionals related to children, and whether or not they provided a child-friendly experience were mixed.**

Some of the parents shared positive examples of where their health care professional had made an effort to communicate with their children on a level that was comfortable and meaningful to the child. For example, one parent reported that when listening to their child's chest for an infection, the doctor spoke directly to the child, saying things like he was going to listen to the "*thundering elephants*" in the child's chest. The parents felt that this had put the child at ease.

However, another parent reported a more negative experience where the doctor did not address the child at all during a consultation for a chest infection. The parent reported being surprised that the doctor had not engaged with the child.

A number of parents felt that their GP's surgery was not a welcoming environment for children, mainly due of a lack of toys in the waiting area. One parent said:

*"It would be nice if they had a little play table or something as she has been crabby a few times and it can get a bit stressful."*

Parent

Other parents, who were new to the country, found it surprising that healthy children were expected to share a waiting room with sick patients (for example, if the child was waiting for an immunisation), as in their native country this would not happen. They may benefit from added support about what to expect from health services which may help them to manage their expectations, and navigate the service better.

#### **4.2.5 Continuity of care in primary health services**

Lack of continuity among health care professionals was a cause of concern among some of the parents, who were meeting with a *"different GP every time."* Ideally, parents wanted to meet with one consistent family GP to ensure continuity in their care. In cases where families were being seen by several GPs, parents found they often received different diagnoses.

In one case, seeing several different health care professionals appeared to affect the relationship between them and the parent. For example, one parent shared that seeing several different health visitors had affected her ability to build trust and rapport with them, having to often *"start again"* with a new person.

#### **4.2.6 Cost related issues**

Overall, parents were happy with the cost of health care services, especially because prescriptions as well as services for children were free. One parent said:

*"It's all free innit from the doctors, for children anyway."*

Parent

However, a few parents reported that when they had taken their child to the

GP, they had found that the GP had recommended for her to buy over the counter medicine, rather than writing them a prescription. These parents felt confused as to why this had happened those few times, as prescription medicine for children is free, and over the counter medicines obviously cost. These GPs may benefit from more awareness of the impact of this practice on families living on a low-income, some of whom were worried about the associated high costs.

## 5. Involving children and families in the evaluation of services

This section examines families' experiences of being involved in evaluating services. This is important because young children as well as practitioners (all those working directly with young children) and parents have experiences and views to share that can help shape the way in which services are planned and delivered. Services that have a listening culture enable families' experiences and views to inform day-to-day practice; develop the quality and sustainability of services; enhance local authorities' ability to respond to community needs; and, ultimately, improve outcomes for children.

The most significant legislative driver for listening to young children is Section 3.5 of the Childcare Act (HM Government, 2006) which places a duty on English local authorities to have regard to information about the views of young children when planning and delivering services. This duty is underpinned by The United Nations Convention on the Rights of the Child which states, in Article 12, the importance of children having their say and their opinion being taken into account in decisions that affect them.

### 5.1 Parents' involvement in evaluating services

Parents from across all three areas shared some examples of how they have been invited to give feedback to services:

- A parent involvement project at the school where they helped to give feedback on school services.
- Sent a letter or survey from their GP asking for feedback on their experiences of the health service.
- Parents' evening at a children's centre provided an opportunity for one mum to give feedback about the children's centre although other parents were unaware of this.
- Parent forums once a month at the children's centre.
- Parent invited to take part in FNP evaluation.
- Sent a feedback form from their housing association to rate a boiler repair man.

As illustrated above, in the sample of families included in this research, feedback was most commonly invited from parents about early years and health services, with feedback on housing rarely sought, and never from the specific point of view of parents. For example, no parents mentioned tenant groups or tenant associations.

Health services tended to provide survey opportunities to gain parent

feedback. These were in tick box formats and felt to be less meaningful than opportunities to comment or report on individual experiences in an open-ended way. Parents in this sample were not aware of more involved participation opportunities that many local health services run, such as patient public involvement groups. Parents also reported never hearing back how their feedback had been used or what difference it made, which made them uncertain if their feedback was actually taken into account.

The opportunities described for parents to give feedback on early years services were more meaningful and in-depth – i.e. monthly meetings or parents' feedback evenings. However, again experiences were mixed regarding whether feedback was listened to, indicating all services may benefit from focusing on ensuring there are adequate feedback loops to ensure parents fully understand if and why their suggestions have or have not been taken on board.

When parents were asked about their preferences for how their feedback is sought, their priorities were for it to be meaningful, yet quick and convenient. There is a slight tension between the two, indicating there may be a role for both quick feedback forms, as well as more involved activities, to meet the needs of different parents in different circumstances.

Many parents highlighted that provision of information from services about other services was a basic need that wasn't fully met currently, and was a more urgent priority for them, than having their input sought for the evaluation of services. Parents were keen for services to be joined up in informing parents about other local services and making them easier to access.

## **5.2 Children's involvement in evaluating services**

Parents reported that as far as they were aware, their children had not been invited to give feedback on their early years setting, health or housing services to inform service design or evaluation, prior to the NCB listening exercise. This is perhaps somewhat surprising in the case of early years, as much work has been done nationally to promote the importance of listening to young children to inform setting practice and practice<sup>13</sup>.

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<sup>13</sup> There are many of examples of where this does happen, illustrated in the Young Children's Voices Network project (<http://www.ncb.org.uk/areas-of-activity/early-childhood/networks/young-childrens-voices-network>).

## 5.3 Wider cultures of listening in day to day service interactions

With regards to housing, as well as formal invitations for parents to feedback being rare, some families also reported a low level of listening operating during day to day service contacts. For example, one parent tried to tell their housing officer how she felt about moving repeatedly but felt that this was not listened to.

*“OK, but they will never listen, they would say to you, you have to move by the first, if you don’t move there’s no place for you so how can I do it with my children, if I don’t move?”*

Parent

As discussed in Chapter Five, some parents also felt that some health providers, most commonly GPs, and sometimes health visitors did not listen sufficiently to what they said or take their concerns seriously.

Early years services were more positively regarded in this respect. Parents tended to get on well with early years staff and feel able to talk to them about any concerns they had.

Listening to children during day to day service provision was also most established in early years. During the early years research with children, researchers observed that children were shown to be given opportunities to influence their daily lives by being able to make choices around which activities they wanted to do, for example.

## 5.4 Overview and discussion

The research highlights how parents are often invited to give feedback about services in early years and health, but less so in housing. Where involvement takes place, the degree to which parents feel methods allow meaningful feedback varies, and there is often a failure to feedback to parents afterwards with regards to what changes can or cannot be made in response, and the reasons for this. Young children’s input is not usually sought at all, although, early years settings tend to have a culture of listening in their day to day practice with children.

Based on the detailed feedback from parents, it may be helpful for those delivering, monitoring and evaluating services to reflect on the following:

- **There would be benefit in fuller opportunities being available to families to feedback about their housing needs** that are specific to their situation as households with young children.
- **Parents want involvement mechanisms to be both meaningful, and quick and convenient.** There would seem to be a role for a range of methods, including discussion meetings, as well as quick feedback form. Scope for parents to document their specific concerns may be beneficial to including in “tick box” surveys commonly used in health.
- **All services would benefit from ensuring that when families’ involvement is sought, that feedback is provided back to parents,** to ensure that families understand what has happened as a result of their feedback and reasons for this. This is important for ensuring users’ on-going buy-in to involvement in services.
- **Further significant work may be required to raise awareness of the benefits of, and appropriate approaches to, involving young children** across early years, and especially health and housing, given that involvement was not something parents had experienced in this research sample.
- **In early years, on-going training and awareness raising may be important for facilitating participation of young children, as well as ensuring resources are available.** Since 2000, a significant amount of training has been rolled out across the country direct to practitioners, and local networks have helped to place an emphasis on young children’s participation that had previously been seen as ‘leftfield’. However, over recent years, following government cuts and reduction of support such as training and networking opportunities for practitioners, there is likely to be less profile now on the importance of having regard for young children’s and parents’ views in early years services, or resources to facilitate this.
- **In health and housing, work to develop young children’s participation needs to start from a much lower base, and could be helpfully informed by successful work that has taken place in early years.** Unlike early years, health and housing services have not historically received specific support in enabling participation of young children.

- **As well as considering how best to involve families in feeding back about services, families highlighted a range of wider communication needs that are important to them**, including ensuring that services have a listening culture when engaging with families day to day, and ensuring that families are communicated effectively with about what services are available and how to access them.



## 6. Conclusions and recommendations

This final section draws together the main research findings based on the feedback provided by families. Building on this, it also sets out some specific recommendations for consideration by policy makers, service commissioners and service providers regarding how services important for minimising the impact of low-income on children might be improved going forwards.

### **6.1 Continued action by policy makers and service providers to reduce the impact of low income on young children remains important.**

The research highlights some of the ways in which low income places limitations on the quality and range of life experiences and opportunities that some parents can provide for their children. For example, it limits access to quality housing, outdoor space, healthy foods and play, learning and leisure activities, and parents worry that this impacts on their children's outcomes. Whilst parents demonstrate significant resilience, effort and creativity in trying to minimise the impact themselves, it is clear that there is an ongoing need for service provision to support parents in minimising the impact of their children.

### **6.2 Free access to healthcare in the NHS and to early year's provision via the free early years entitlement, and through children's centres in particular, plays a key role in supporting the well-being and development of children in families on low income.**

The study highlights how parents and children benefit from health care that services are reasonably effective in meeting the health care needs of them and their families – perhaps not always as quickly and smoothly as they parents would like, and sometimes with varying degrees of quality and customer service – but overall it is felt that by parents that their families' health needs are usually met, emergencies dealt with, illnesses diagnosed and treated one way or another, and preventative work with children, such as immunisations, provided. A free NHS therefore plays an essential role in protecting children and families from health problems that they would otherwise face if health services were not free at the point of delivery.

Likewise, whilst parents were able to offer some play and learning opportunities themselves at home, they identified how free early year's services are crucial in providing play and learning opportunities for their children that they would not be able to afford to provide themselves. The free early years entitlement thus plays a crucial role in helping low income families to protect their children from falling behind their more affluent peers in their

learning and development.

**6.3 Some gaps and deficiencies in certain aspects of health and early years are highlighted by parents, but maintaining and improving these services in the context of austerity may require proactive prioritisation of the needs of young children and their families.**

In health, a range of seemingly capacity related issues were identified – for example, waiting times for GP surgeries, a perception that increasingly limited amounts of time were spent by health visitors, or midwives with individual parents, and failure of preventative services such as mental health, family support, and Team around the Family to intervene early with support, before families reach crisis point.

Likewise, the availability of free early years services that provide the high quality and diverse learning opportunities necessary to meet children's full range learning and development needs seems to be under pressure, as parents have noticed closures and reduction in the diversity of services and opportunities offered for free at children's centres and Sure Start Children's Centres in particular.

There are also some accessibility issues that need addressing for some parents in relation to early years services, especially for new arrivals in an area, young parents, and some faith communities. A need for better signposting and proactive outreach or tailoring of support was identified.

In health, parents also identified a need for improved ways of engaging with families, as they feel that some health professionals, especially GPs do not always listen and respect what they have to say as parents, or engage effectively with their young children.

**6.4 Housing appears to be the area requiring most development in order to meet the needs of families with young children.**

Many families were having to live in accommodation that was of a 'poor' quality, insufficiently heated, too small for the family, and/or in need of (often essential) repairs and maintenance placing stress and pressure on parents and family life. Currently it seems that many families are unable to access the affordable quality housing they need from either the private housing market, or the social housing sector.

In addition, a range of other problems, were also cited as key barriers to achieving families' desired home environment, including lack of responsiveness from housing services, delays in the social housing registration process and a feeling of powerlessness among private renters with regards to being able to pushing landlords to address maintenance issues. In addition, many parents did not appear to have a good understanding of their housing rights.

## **6.5 Young children's views are not being taken into account in the development of evaluation of services.**

Parents reported that their children were not involved in service evaluation, but that they felt their views should be considered from aged three upwards.

### **Recommendations**

Based on the views and experiences of families within the sample, the following recommendations are presented for consideration by policy makers, service commissioners and service providers:

- **Protect the availability, access and quality of free health and early years provision.** This is crucial for ensuring children in low income families have a good start in life, as some key services seem to be under increasing pressure that restricts their ability to provide timely support (e.g. GP surgeries) or sufficient support in some cases (e.g. the amount of time health visitors have to spend with individual families), whilst some vital services are under threat of closure (for example, children's centre services) in the context of austerity measures and reduced ring-fencing of certain funding streams.
- **Review housing strategy, policy and service provision to ensure that the needs of families of young children are addressed,** as the system does not appear to be working to meet their needs currently. In particular, it may be helpful to consider any economic, market or other policy levers to address affordability of quality private housing, and the availability of quality social housing. There would also be benefit in reviewing national and local minimum standards regarding quality and space to ensure they take into account young children's needs. For example, regulations on overcrowding find it acceptable for there to be multiple use rooms (e.g. a bedroom used as a dining room, and also a play and learning space), but does not take into account evidence that children need space to play, learn, and to sleep that is peaceful and quiet away from others in the household. Likewise, feedback from parents in this study highlights that housing decisions for families are not necessarily taking into account families' needs for homes

that are accessible for buggies, and that include, or are near to quality outdoor space, which is important for children's health, play and development.

- **Other measures to help families with young children to improve their current 'poor quality' housing conditions would also be desirable**, for example (i) improving the responsiveness of council housing services, to better their immediate well-being, (ii) raising parents' awareness of their housing rights (iii) strengthening the protections available for private tenants and (iv) taking more action to help low-income families improve energy efficiency in their homes. For example, services and energy companies could do more to raise awareness amongst parents of how to save money on utilities (for example, via the schemes offering free boilers, cavity wall insulation, and loft insulation to eligible low-income families).
- **Improve signposting and tailored support for some groups of vulnerable families to ensure that they are aware of and able to access suitable relevant services** - especially for new arrivals to an area, young parents, and some faith communities. Key services (e.g. children's centres, health visitors) could be better at maintaining comprehensive and up to date information about other local services and in being proactive in raising awareness of services for key groups, and providing outreach support (building on the effective approach of FNP). This will support local authorities in ensuring that their duty to provide information, advice and support on early years provision in the local area is working for all parents (Department for Education, 2014a).
- **Increase availability and access to preventative support for parents as the primary care giver**: More support from health visitors for low-income families may help to ensure that they are on the right track from the birth of their child, whilst ensuring specialist services (such as mental health services, family support team around the family) intervene earlier to reduce the number of families reaching crisis point.
- **Maintain the emphasis within the Early Years Foundation Stage Framework (Department for Education, 2014b) on supporting home learning** to ensure that parents are fully aware of the role that they can play in supporting their children's learning and development.

- **Increase join up across services:** Ensure that new opportunities to achieve integrated health and early years support pathways for children aged 0-5 are taken advantage of as responsibility for 0-5s health moves to local authorities, and ensure that the key opportunities for this are not lost with the increasing squeeze on children's centres. Housing services should also become more integrated into early years policies. As access to quality affordable housing seems to be increasingly difficult for low income families, this seems of increasing importance for ensuring families' needs are understood and addressed holistically. Improving access to outdoor space to children's well-being and development is one area which could benefit from health, housing and early years services working together.
- **Address a lack of effective listening to parents and children among some practitioners, especially in health and housing.** This could help improve service engagement and improve the quality of decision making by ensuring that full benefit of families own insights are taken on board.
- **There may be benefit in supporting parents and health professionals to listen to and communicate with children more effectively and provide more child friendly service environments** (for example, having toys in GP waiting rooms). This could help to ensure that service experiences are child-focused and support children to understand and feel comfortable attending services. Increased involvement of young children in service evaluation will also help to ensure child-focused service design and delivery<sup>14</sup>.

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<sup>14</sup> Settings may benefit from drawing on good practice examples of how to meaningfully involve the voices of young children in their service evaluation by referring to the Young Children's Voices Network. For more information please see <http://www.ncb.org.uk/areas-of-activity/early-childhood/networks/young-childrens-voices-network>

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## Appendix 1: Additional technical details

### Achieved sample profile

Across the four settings (located in areas of high deprivation) children and families were recruited for the participation events and in home depth interviews according to a flexible quota matrix designed to ensure a spread of child age, service use and family circumstances, and the inclusion of some specific need groups (e.g. young parents, lone parents, minority ethnic groups, and low-income working as well as non-working households). Table 1.2 below outlines the achieved sample profile and Table 1.3 presents the distribution of fieldwork across local authorities and settings.

**Table 1.2 Achieved sample profile**

<b>Family type/need group</b>		<b>Housing</b>	
Young parent < 21 yrs	5	Temporary accommodation	2
Large family (3+ children)	8	Social housing	12
New parent	7	Private rented	9
Lone parent	7	Private owned	2
<b>Ethnicity</b>		<b>Household work status</b>	
African	3	No one working	15
Pakistani	2	At least one working parent	8
White other	3	Both parents working	2
White British	17	<b>Additional health needs</b>	
		Child with additional health needs	5
		Parent had additional health needs	3

Source: demographic and profile data

**Table 1.1 Distribution of fieldwork across local authorities and settings**

	Local authority 1	Local authority 2	Local authority 3		
	Setting 1	Setting 2	Setting 3	Setting 4	Total
In home depth interviews	3	3	3		9
Participant engagement day – parents	4	4	4	4	16
Total number of parents					<b>25</b>
Participant engagement day – children <sup>15</sup>	4	3	5	3	<b>15</b>

### **Service use among families**

The majority of families<sup>16</sup> were accessing children’s centres (reflective of the recruitment strategy) and/or free early years entitlement place for three and four year olds. Many parents were also using sessional stay and play activities (where the parent stays with the child) and local activity sessions. A very small number of parents were using family support organisations such as Home-Start and Gingerbread.

Parents’ reasons for using these early years services:

- to access play and learning activities for their child
- to help their child meet other children
- to help their child become ready for school
- to help their child improve their language and communication skills, and

<sup>15</sup> Parents discussed all services, children focused on one or two, these were: early years - 11 children, housing - five children and health - five children.

<sup>16</sup> Three parents in the sample reported not accessing *any* early years services. This was reported to be out of choice as they felt able to provide play and learning experiences themselves at home, or via other services such as libraries, mosques and churches.

- improve their English (if they had English as a second language)
- to access an increased range of educational material like toys, books and other play equipment
- to have somewhere to go to meet other parents
- to get advice and reassurance from experienced early years practitioners.
- to access support aimed at parents (for example, parenting classes)
- to see a health visitor (for example, if located at the children's centre)

As a result of the majority of families living in either social housing or private rented accommodation, it emerged that most of the sample had been involved with housing services, or liaised with their landlord, at least once (with some having more extensive interactions due to their individual circumstances).

Parents reported using these services to:

- get on the social housing waiting list
- liaise about a housing offer
- report a maintenance issue
- swap or move properties.

As well as accessing GPs and nurses at the GP surgery, health visitors and midwives, smaller groups of parents reported using walk-in centres, out of hours services and Accident and Emergency (A & E) departments. Smaller numbers were accessing mental health support and targeted support from organisations such as Family Nurse Partnership (FNP).

Parents reported a number of reasons as to why they were currently utilising or had previously utilised these service, these were:

- requiring diagnosis or preventative support for their child or for themselves
- requiring treatment or medication for their child or themselves
- requiring advice or reassurance
- buying food using vouchers
- accessing leisure activities for children's enjoyment and benefits of physical activity.

### **Recruitment methodology**

The approach within this research aimed to ensure that different levels of service experience, and different circumstances of needs were captured. For the family engagement days, early years settings based in areas of high deprivation were approached and four settings across the three local

authorities were selected<sup>17</sup>. The research team worked in collaboration with practitioners at each setting in order to recruit eligible families. Recruitment of parents for the in depth home interviews was supported by an experienced recruitment agency (and managed by the research team). Recruiters did not target families directly through existing early years, housing and health services in order to capture a wider range of experiences and perspectives.

### **Data analysis**

The fieldwork notes produced from the sound recordings of the discussions with parents and children were analysed using 'Framework' methodology. Data from the the activities adapted from the Mosaic approach were also gathered and reviewed to triangulate the perspectives given by children and parents to build up a picture of families' experiences. Data from all families was systematically considered together across all services and three local authority areas, to allow the research team to draw out themes and overall conclusions.

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<sup>17</sup> Settings were selected if they (i) were interested in taking part, (ii) felt that they had had the right profile of families attending their setting to meet the sample criteria, (iii) were able to support the research team with recruitment of these families, and (iv) were able to host the research team for one day at the setting to carry out the participation work.

## Appendix 2: Reflections on children's involvement in this study

### What worked well?

A flexible approach was planned for, and fieldworkers responded sensitively to individual children's needs and preferences for engagement, recognising when children were reluctant to join in or wanted to stop and respecting their wishes, and adapting approaches to reflect their capabilities and preferences. For example, one child had limited verbal communication, therefore observation and talking with his mother were the most appropriate tools to use rather than planned for activities.

Reflecting the sensitive, flexible and responsive approach taken by fieldworkers, the children who chose to engage in activities appeared to enjoy them, and activities generated useful insights.

Parents valued the opportunity for their children to take part and share their experiences of services, reporting: *"I think that the children should be allowed to, I think it's important that they feel heard, listened to, even at a young age, even at like four they know what they like and what they don't like."* Some parents were also surprised about how much their children understood and shared particularly highlighted in the health activities.

The use of "Monkey" (a soft toy) as an intermediary to help children in expressing their ideas and views worked well in supporting conversations with children about their experience of nursery, visiting the doctor and their home.

Use of activities and subject-specific play equipment was helpful in facilitating and understanding of children's views. For example, this included researchers' observation during child led tours of the early years settings, and use of a doctor's kit and story book about attending a hospital.

Parent's reported observations of children added valuable insight into issues affecting children, particularly given that the subject matter of how income affects children's lives is not a topic that young children are themselves able to understand and feedback on. For example, parents' were able to provide insight about how the context of living on low-income framed or affected children's lived experience, such as the necessity of different sex siblings sharing bedrooms, limited access to safe outdoor space at home and children having to wait a long time to see a doctor in the health service (an experience which could be improved if toys are provided in the waiting room).

As the project focused on low-income it was logical for families' participation to be more in depth with parents who were able to directly share their views on how low-income impacts on their lives, and for children's experiences of services to be drawn together with these through a multi-method approach.

## **What were the challenges?**

**Wide brief and limited time:** The brief was ambitious in terms of gaining young children's experiences of three very different services, and doing so within a timescale and budget that allowed for a single visit with children and families in each case. Time is a common challenge for participation work with young children and is therefore not unexpected. Researchers however maximised the time available and worked creatively to explore and touch on the three topic areas of early years, health and housing with the support of parents and practitioners where possible. However, in order to inform any future similar work, it is worth highlighting the limitations of this approach and the benefits of more in-depth fieldwork.

**Pre-visits or multiple visits would have been helpful in terms of building rapport with children over time, and maximising their engagement in activities and the level of feedback generated.** The research required children engaging with researchers whom they had not met before at just one visit; whilst the researchers adopted ethical and specialist approaches to engaging with children in this context aided by the presence of parents and practitioners who knew the children, inevitably some children were somewhat shy about participating in this context.

**Pre-visits and multiple visits would also have enabled fieldworkers to plan for tailored activities suitable for individual children, families, practitioners and within particular setting contexts and/or to familiarise children with the activities and equipment they were going to be using.** Again this would have ensured that activities could be used to maximum effect. For example, the early years settings involved in the research did not usually conduct participatory feedback activities with children, so activities such as the tour was experienced as new and unfamiliar to the children; two of the children for example were not used to using cameras and despite researchers spending some time beforehand showing them how they worked, were still at the stage of 'playing' with them rather than using them as a tool to capture what was important to them. Fieldworkers responded by adapting the tour without the use of cameras and instead observed and recorded children's responses. In another setting, researchers took photos of nursery spaces to show the children as prompts for discussion which was helpful in the setting where photography that involved other children was not permitted.

**Limited time meant it was not always possible to carry out a full range of activities with each child, and reflect on the meaning across multiple sources with individual children and parents.** The research successfully involved children in a range of different activities that generated rich diverse feedback. Researchers then compiled and analysed this to provide an overview picture across children of what is important to their experience of services. If more time was available, it would have been possible to build a fuller picture of the views and experiences of individual children, and reflect on this with individual children and parents to push insight and ideas a little further. For example, whilst a map-making activity was planned to provide an opportunity to reflect on photos taken in the nursery tour however this was felt to be too hurried in the time available and did not yield any extra information.

**Limited scope for children's feedback to be acted on at an individual level:** Ethical listening to children requires responding to individual's feedback in ways that are meaningful for the child, for example acting on suggestions and/or explaining why they are not possible. The nature of the research and the subject matter for this project meant that changes were unlikely to be made at the level of an individual participant (for example, feedback about health services could not be passed on to local providers, and children's home circumstances were unlikely to change as a result of their feedback). For this reason, children were not asked to think about what changes they would like to see, rather the discussion focused on what they liked or disliked and what was important to them. In addition, parents were asked to share their observations of children's experiences and what is important to them in the context of home circumstances.

**Limitations to feedback provided about health and housing services outside health and home settings:** Whilst many of the activities carried out with children to explore views of homes and health services were effective at facilitating useful feedback, it was harder to engage some children in some aspects, than it was in relation to early years features that were present at the setting and could be referred to as prompts. Discussing 'home' for example was felt to be too abstract for some young children outside of the home context and in some cases it worked best for parents to reflect on their observations of children's experiences of home particularly with regards to what improvements needed to be made.

**Recommendations for future participation work with children**

**More rapport building time with young children, parents and practitioners:** With dedicated budget, allowing much more time for developing relationships prior and during participation work with families of young children and practitioners is essential for maximising the opportunity to gather perspectives, reflect on them and share back. This is particularly important when fieldworkers are not known to the children and where the input of other adults, such as key person in the setting and parents, is needed to support children's involvement and the interpretation of their views.

**Exploring alternative IT equipment for child led tours:** In one setting children were more familiar with the use of tablets than cameras. With more preparation time directly in settings, fieldworkers can work with children to identify the most appropriate equipment to use which children are comfortable and familiar using. Some children may still have a preference for not using equipment at all, so maintaining a flexible approach is important.

**Working with children directly in the home or health care setting:** After relationships have been sufficiently established over time with parents, children and professionals (such as outreach workers or health practitioners) it may add richness, if appropriate, to work with children directly in their home or in the health care setting so that children can draw on immediate prompts from their environment to help them to share their experiences. For more in-depth studies of children's experiences of health services it would be useful to involve children who are having regular health visits or stays in hospital.





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