

**First 1000 Days**

# Parental Insights

November 2017

# Background

The First 1000 Days Programme aims to build and disseminate the best available evidence for improving outcomes and reducing inequalities in the first 1000 days – during pregnancy and to a child’s second birthday.

By asking parents what is important to them in the first 1000 days we can obtain valuable information about improvements that can be made to the way that services are being delivered.

While services aim to ensure that parents have access to information and support that is effective and safe, this is only one part of a service user’s experience of the care they receive. The way services are accessed, the way that people’s support needs are assessed and how referrals between different components of the first 1000 days system are managed all play an important part in service users’ overall experience of the care they receive.

During 2017 Public Health Wales commissioned two providers, Beaufort Research and Barnardo’s Cymru, to deliver a parental insight project on behalf of the First 1000 Days Programme.

It is widely recognised that a significant amount of awareness-raising is needed around the importance of the first 1000 days<sup>1</sup>. This project sought to explore with parents and parents-to-be their perceptions, needs and behaviours in the first 1000 days. These insights will help to inform the development of effective and accessible parental information resources for parents and shape our understanding of what an effective system should look and feel like for families.

1. [www.eif.org.uk/wp-content/uploads/2015/03/Final-Overview-Best-Start-at-Home.pdf](http://www.eif.org.uk/wp-content/uploads/2015/03/Final-Overview-Best-Start-at-Home.pdf)



The First 1000 Days Programme is delivered by Public Health Wales on behalf of Cymru Well Wales



The project took a qualitative approach including focus groups, in-depth paired interviews and individual in-depth interviews to gain comprehensive insights into parents experiences at this time. The providers carried out insight work with a total of 141 parents from a range of backgrounds.

Each provider worked with one of two distinct cohorts. One cohort of 56 parents from within lower socio-economic groups predominately accessing universal services; and a second cohort of 85 parents who were in contact with specialist support services for parents with experience of domestic abuse, mental health, substance misuse, parenting and/or relationship issues or involvement in the criminal justice system.

This report brings together a summary of the key findings from the two studies and presents implications for future policy and practice in the first 1000 days based on the insights gained.

The overriding theme from all our conversations with parents was one of wanting the best for their children.

This project confirms that parents face a number of common challenges during the first 1000 days connected to their changing circumstances. However, for most parents a mix of access to and support from family and friends, online information sources and health professionals can be sufficient in dealing with these concerns.

# Key Findings

As we discussed what 'wanting the best for their child' meant to parents during this insight project a number of specific themes came out which have important implications for future practice in the first 1000 days.

## Parental confidence

Parents reported experiencing a mix of emotions on discovering that they are expecting a baby. Common emotions according to parents we spoke to were 'shock' (sometimes even when trying for a baby), 'excitement', 'happiness', 'feeling unprepared', 'nervousness', 'fear' and 'worry'.

A significant proportion of the pregnancies we spoke to parents about were reported to be unplanned. However most parents went on to develop positive feelings about the pregnancy following a period of shock.



A shock yeah, it was complete shock. I don't know, mixed emotions, like I didn't believe it at first."

Father , 20-25, Torfaen



Really happy, I was so excited, it was unplanned but as soon as I knew I was expecting I knew I wanted to keep her."

Mother

While parents are often excited about the arrival of a new child they can still experience self-doubt, fears about not coping and have concerns about how well they will bond with their baby. Parents also reported doubting their parenting capabilities when their babies were ill or seemingly upset.

This project found these feelings were particularly strong when participants discussed pregnancy and the early weeks following birth but that self-doubt became less of a concern for parents as their children reached one and two years of age.



I was so scared before I had him thinking, what if I can't do anything? What if I don't know how to look after him? What if I'm a rubbish mum, what if I don't know how to look after him? Then I was thinking, what do I do with him all day?"

Mother, 16-19, Wrexham

## Mother's health and wellbeing

During pregnancy women report a focus on their physical health and the significant physical changes associated with pregnancy including the prospect of labour and its pain.



Just normal worries such as miscarriage and whether everything is going to be ok...You do worry about things like that in the first 12 weeks."

Mother, 26-45, Caernarfon



I was on an extensive amount of anti-depressants the Doctor stopped them dead (when pregnancy was confirmed). I was suicidal for a few months. My family took me back to the Doctors and they put me back on them."

Mother



I didn't have an epidural and they were traumatising experiences (birth of children) I was young, I had no pain relief."

Mother

During the weeks after birth however mothers in this project reported less concerns about their physical health, instead highlighting the impact of mental health and depression. A range of different individual circumstances appear to have the potential to contribute to the issue. These included feelings of self-doubt and not coping, concerns about the child's health, spending time alone or feeling isolated, and finances and work. Other parents did not identify themselves as having mental health issues but did describe traumatic experiences.



Everything, literally everything [was stressful]. I was struggling to cope with her...I felt I was doing a bad job; I wasn't though. Everyone was telling me I was okay but I constantly thought... She was always ill as well, constantly ill with everything and I had to go into hospital so I thought I was doing something wrong. I wouldn't go out the house or anything."

Mother, 16-19, Caernarfon



Then my partner left me and I became depressed- I'd been depressed before getting pregnant anyway but it brought it all back – made it worse.”

Mother

For some a fear of being judged as a parent not only added to the stress new mothers can experience but also acted as a barrier to seeking help. On occasion, parents in this project acknowledged being fearful of having the child taken away from them if they were not seen to be coping as a parent. Instead, some parents reported wanting to present a picture of a parent who was in control rather than a 'weak mum'.



I'd palm it off with, 'I'm okay' [to the health visitor]. It scares you being judged and I don't know... I just wanted to be, 'I'm a strong mother, I can do this sort of situation. But really I couldn't.”

Mother, 20-25, Torfaen



Not really [anyone to turn to]. I found it hard because not only did I have to deal with [my baby daughter], I was trying to help [my partner] as well. There was so much pressure on me I just felt I couldn't turn to anybody. I just had to crack on and deal with it myself so that's what I tried to do.”

Father, 20-25, Caernarfon

As children reached the age of one and two years old a number of further concerns and challenges related to parents own health arose. Again these points were more likely to centre on mental health and wellbeing rather than physical illnesses and included general tiredness from looking after the family, managing the home and, where participants were in employment, holding down jobs.

## Child's health and wellbeing

During pregnancy some parents in this project reported that their initial concerns for their child's health revolved around whether or not the baby was there and healthy, particularly in early pregnancy. Parents often reported feeling a need for reassurance at this time. As pregnancy progressed and in the first weeks after the birth a key concern among parents in this project was whether the baby would be delivered safely and not have any health conditions.

During the first weeks following their child's birth some parents reported specific concerns associated with sudden unexplained infant death and meningitis. These participants felt that they were constantly warned about the dangers to the extent that they were regularly checking the baby's breathing when they slept and became very worried over any rash that formed. Some described how 'scary' leaflets on meningitis and cot death were reinforcing this anxiety.



Every time a midwife or a health visitor come, they'd mention cot death. Oh if they're too warm now it can cause cot death. If you do this it causes cot death. Any rash, watch, it could be meningitis."

Mother, 26-45, Torfaen

During the first weeks, the babies weight gain was considered important and parents reported associating this with their child being healthy. There was also a desire for the child to perform well during check-ups with the health visitor. If the baby is gaining weight and does well in the tests, some parents perceived it as a signal that the child is 'thriving', healthy and happy.



Like every week I'm like what should she be doing at two weeks' old, what should she be doing at three weeks' old."

Mother, 20-25, Torfaen



Every time the midwife comes I'm worried, and they are weighing it and if they are under, the Social will come and take my kids away."

Father, 26-45, Caernarfon





I think you worry a bit about whether they are reaching their milestones. You get a red book and there's a list of these things they're meant to be able to do. My children were doing them but my sister's children weren't so you compare don't you?"

Mother, 26-45, Caernarfon

Development milestone became more of a preoccupation for parents as the child approached the later stages of the first 1000 days. Mobility / walking, speech development, teething, and social skills were areas identified among participants. For a couple of parents, it was during these stages that they began to realise that their child might be facing development issues or that they faced problems with behaviour generally. Some parents reported that having guidelines on what a child should be doing at certain ages can make a parent feel 'crap' when their child fails to achieve a milestone at a particular time.



We've been very worried with him because they suspected that he's a little bit autistic but he's a bit better now since Christmas. But I was very worried at that time, I was because he didn't speak, he didn't do what other babies at Ti and Fi [mother and baby group] did. They were all clapping their hands..."

Mother, 26-45, Caernarfon

In addition to a focus on development milestone parents concerns for the health of their child shifted towards accidents (bumps, trips as they explore the home/try out toys) and generally keeping them safe as the baby grew and became more mobile. This concern was, on occasion, accompanied with a fear of being judged as a parent if the child had, for example, a prominent bruise.



He's had quite a few falls [18 months old]... That turns my stomach because you think, when are we going to be going to A&E? That's the only thing, boys being boys... Maybe his teething I think is affecting his balance."

Mother, 26-45, Cardiff

From a behaviour perspective in the early days, dealing with a baby that was always crying, barely slept, and seemed to require frequent feeds proved to be a very difficult challenge for a few of the parents interviewed in this project. As the child grew older knowing how best to manage a child's behaviour (the 'terrible twos') became an issue for some parents.



Terrible twos. The attitude, the screaming, if he is anything like my older son I'll be in [the local mental health unit]. He was too much for me. His attitude was awful."

Father, 26-45, Caernarfon

## Personal circumstances and social problems

The parents we spoke to in this project talked about the impact difficult personal circumstances and social problems had on their experiences of pregnancy, on the way that they feel, and on their relationships. The impact of these circumstances were seen to varying degrees across both cohorts of parents that we spoke to, but were most commonly reported by parents that were in contact with specialist services.

## Finances and employment

Parents report concerns about money and housing throughout the first 1000 days, but particularly in pregnancy when they are considering the financial implications of having a child. For some parents with a recently born child and for a smaller number of participants as their children grew older money continued to be a concern, for example covering nursery fees. In addition, there was reference to worrying about being able to afford to buy birthday presents and have a birthday party for the child. Some parents also spoke about difficulties finding inexpensive things to do with their children as they reached the age of one and two. This was particularly the case where parents had children of different ages.

A small number of parents also spoke about being anxious about the impact on the child of being brought up in a deprived neighbourhood.



I was only pregnant and my wage is minimum wage, and like I was trying to get help with my rent. I couldn't get any help until the baby was here, so I had to struggle, so I had to try and pay my bills and get things for the baby. It was hard."

Mother, 26-45, Torfaen



I couldn't afford to get to midwife appointments as it's £5.40 return on a bus."

Mother



Last month my baby burnt two fingers and it's difficult to get to the hospital, it costs £4.30, sometimes I get back home and the bandage will have come off and they said for us to come back. You can claim the money back from hospital but you still need money to pay with."

Mother

## Housing

Housing came through as a strong theme that parents thought about while pregnant and as their child became older. The types of concerns raised ranged from the costs associated with decorating the nursery to more significant concerns about keeping a roof over their families head. Housing issues were a particular concern for the young parents we spoke to and for families that were seeking asylum.



One week before the baby came I stayed in hospital because I had nowhere to live."

Mother



I was in a refuge because they said I had made myself intentionally homeless (when child was one year old). Then we got a tenancy and the ceiling fell down into her cot."

Mother

## Violence and substance misuse

A number of the parents we spoke to who were accessing specialist third sector support talked about the significant impact violence and substance misuse had during their pregnancy and during the early years of their child's life. Parents who talked about drug and alcohol issues also talked about Social Services involvement during their pregnancy and once their children were born. Some parents told us that there had been a chance that their children would have been taken for adoption and that they had to work to demonstrate that they could provide adequate care for their children.



I was very happy when I found out I was pregnant. My husband was not happy. He said the child was a bastard and he kicked and punched me in the stomach very hard every day, he was trying to get the baby out of me.”

Mother



He came around about six weeks ago at midnight banging on all the doors screaming, shouting; I had to call the police because they put alarms on there now.”

Mother



So I gave up drink at five weeks (pregnant) and drugs at six weeks... He (father of child) was on drink and drugs and causing no end of trouble.”

Mother

## Social Isolation

Some parents talked about feeling socially isolated when their children were babies. This was especially true for young parents and for some parents from black and minority ethnic backgrounds.



I struggled with being on my own with her (daughter)... when I was out and about with her – being a young Mum drew a lot of negative looks and comments.”

Mother

## Involvement with the criminal justice system

As part of this project we spoke to a small number of fathers in prison and to some mothers who had partners in prison. Fathers spoke about the worry of not being there for their children and about wanting to provide for their families. Mothers talked about coping while their partner was in prison. Some parents talked about feeling judged by others, including health professionals because a father was in prison.



Worried about the baby being born when I was in prison, feel like I might not bond as much with the new baby as I did with my three year old daughter, I was out of prison when she was born.”

Father



My first four weeks with my baby gave me a good bond, my missus made me bathe him and sleep with him. I was lucky she made me. My baby knows who I am when he comes to visit (at prison) he knows my smell and is comfortable with me.”

Father



My partner was reserved about telling medical professionals that I am in prison. After my partner did tell her she referred us to Social Services, they came out and closed the case straight away, even they didn't know why she referred...”

Father

## Bereavement

While bereavement had not affected many of the parents we spoke to when it had it had a significant and lasting impact.



The miscarriage affected me drastically.”

Father



I died inside – I told everyone, it was devastating.”

Father talking about loss of a pre-term baby

## Parents Hopes and Aspirations

When we spoke to parents about their hopes and aspirations for their child they were most likely to hope that their child would be healthy and happy, feel loved and wanted and do well in life. In turn, parents felt that realising these hopes and aspirations would indicate that they themselves were doing a good job with parenting which was a further aspiration voiced. However some parents reported a preference to not look too far ahead during pregnancy given concerns about the possible health issues that might occur.



I think you just naturally want to give your child like the best start in life and do whatever you can for them, like financially or emotionally, you just want to try and do as much as you can. There's no sort of one specific thing."

Mother, 26-45, Torfaen



Probably not [looking] too far ahead, not being negative, because... I always find when you're pregnant you hear some awful stories about losses."

Mother, 26-45, Cardiff



I hoped that the cycle would be broken and that I could do things differently so that my child's future was better than then childhood I had."

Father

Pregnancy and the birth of a baby were times when parents reflected on their own childhoods and this helped to shape their hopes about the kind of parents they would be and about the lives they wanted for their children. A number of participants who disclosed that they had experienced adverse childhood experiences (ACEs) spoke about how they wanted to ensure their child did not have the same negative experiences they had during childhood. Some parents were also concerned that professionals and in particular Social Services would judge them based on their own childhoods. This was especially true for parents who had experienced being looked after during childhood.

A small number of parents felt that they had made some mistakes with their older children because of their personal circumstances and that they wanted to change things for the better for their youngest child.



I wanted to give my girls a totally different childhood to the stuff that went on in mine and I've been able to make some choices about doing that differently but some people try so hard to make things different and it's too much for them. The things I've been able to stop my kids seeing is alcohol in the house, they don't hang around in pubs. But emotionally there are things about me that affect my kids and my relationship with them."

Mother

Discussing their general hopes and aspirations with parents led to parents tending to identify three themes that could often be applied to both the child and the parent, across, and sometimes beyond the first 1000 days.

## Physical health

When parents spoke about factors associated with their child's physical health they most frequently highlighted hitting development milestones. Keeping up with other parents' children was important to some participants. Gaining weight, walking, talking, developing motor skills, feeding independently, doing well when checked by the health visitor, sleeping through, and writing a name were all mentioned.

## Emotional health and wellbeing

When we spoke to parents about wanting their child to be happy they often spoke about hoping that a close bond would develop between family members and the child so that they could enjoy being parents.



She was born the right time of year, this time I'll have all the time off work to enjoy her through the summer, enjoy the family really."

Mother, 20-25, Torfaen

Looking further ahead, some parents hoped that they would be able to offer emotional support to their children who would be able to turn to them with any worries or concerns they had. They wanted to be able to support the child whatever life choices the child made. The ability for the child to develop friendships was also mentioned as important.



I don't want him to be brought up where he can't come to us about anything. 'If I've got a problem or I want to know this', and he can ask us and not feel embarrassed about it or too shy to ask."

Father, 20-25, Torfaen

Some participants referred to hopes for their own emotional wellbeing, reporting that they hoped that they would be able to cope with caring for the baby. Some also referred to a hope that they themselves would be happy and not suffering from depression. Parents felt that achieving this would be important for the child's wellbeing as well.

## Future prospects

Some participants talked about their desire to see their child get into a good school, obtain qualifications and find a good job. One or two male participants were keen to see their child achieve more than they did. Part of this achievement would involve avoiding getting into trouble as they grew up and not going down the 'wrong path'.



Make sure he goes down a better path than me and make sure he proceeds in life and...gets where he wants to get...I just want him to have the best life ever, best education, have the opportunities that I never did."

Father, 26-45, Wrexham



I just wanted him to be happy, healthy and not live in fear - I don't want him to be like me. I want him to get an education at school, go to university."

Father



From the parents' perspective, a number referred to wanting to get back into work and sometimes to achieve qualifications to improve their chances of finding the employment they wanted. Being able to afford items a child wanted like clothes and organising a small party were aspirations for a few participants.



I feel like I've got to better myself in education, I'd obviously like to pass that on to [my daughter]."

Father, 16-25, Cardiff

## Parental information and support

When we spoke to families about where they went for information or support during the first 1000 days they talked of regularly using three sources depending on the situation. The main sources were family and friends, online information sources and health professionals.

Participants talked of frequently using all three sources depending on the situation. However, some parents also talked about how receiving information from a range of places could lead to receiving contradictory advice. Parents also reported to us that it was not always easy for them to ask for help. As one parent summed up, 'you have to be confident to ask someone for help. You have to realise you need help. That's hard'.



The older generation kept telling me what to do – sometimes they would contradict what the Health Visitor and Midwife said. The Health Visitor and Midwife said I was doing ok but older relatives kept telling me I was doing things wrong."

Mother

The lack of information and support available aimed directly at fathers in the first 1000 days came through as a gap. In one case, however, a father-to-be had appreciated how a midwife had given him a short leaflet on becoming a father and another had attended a first aid course which was valued.



The midwives are really good. We were given stuff to read. I remember I had a booklet [for an older child's birth], 'Becoming a father' and that was handy. It was only a small one but it made me want to read up on it more...Small, simple and straight to the point. I think that was the reason I read it."

Father, 26-45, Caernarfon

## Family and friends

Across all stages of the first 1000 days, certain family members and friends were consistently identified as participants' first port of call with any query or concern they might have as a parent or parent-to-be. This included when they had more contextual concerns such as money worries, as well as specific information needs related to their child or parenting. In general, family and friends were identified by the parents we spoke to as the most trusted source of support.

Parents reported turning to family and friends because they could trust them, it was easy to ask them advice and because they felt they had no one else to ask.

Partners were often specifically identified as being very supportive, particularly from an emotional point of view, for example being the first person to know about the pregnancy. Some mothers spoke about the practical and emotional support their partners gave them during pregnancy and when their children were small. This was particularly the case where mothers were physically affected by the experience of giving birth in a way that impaired them for a period of time.

## Online information and apps

Parents we spoke to told us that Google was a regular starting point for queries or concerns, for example helping parents to find out how many weeks pregnant they were. However, there was widespread recognition that a degree of caution was needed when consulting Google for information.

Among pregnant participants and their partners, apps were used to track the development of the unborn baby and gain information on what to expect as the pregnancy progressed. NHS online content was used by some and considered trustworthy.



I would go on the NHS website. I tend to use that mostly, because you expect the NHS to be more [trustworthy].”

Mother, 26-45, Caernarfon

Forums and specifically Mumsnet and Netmums were also mentioned frequently as sources of guidance and information. Searching through forum posts on these sites sometimes helped to allay a parent’s concerns and also highlighted to them how many others were in a similar situation to themselves. Some parents we spoke to explained that they felt hearing advice from an ‘experienced’ parent was more reliable than ‘some professional who’s never had kids in their life’.

## Health professionals

The parents we spoke to predominately talked about their experiences of midwives and health visitors when describing the information and support they received from health professionals during the first 1000 days. Midwives and health visitors were primarily seen as a source of information and support related to child development and wellbeing and parenting. However, parents also identified hospital based health professionals and GPs as sources of advice and support particularly in relation to medical issues related to maternal health and child health.

The parents we spoke to reported mixed experiences with midwives and health visitors. Positive experiences tended to be characterised by a relationship where the midwife or health visitor was always contactable, proactive, reassuring and supportive, suggested classes, discussed mental health sensitively, helped with guidance on accessing benefits and remained the main contact. Participants who had accessed specialist support such as a bereavement midwife were especially appreciative of how they were treated.

When the relationship was strong, participants felt that they could ask about anything, no matter how trivial it might seem. Home visits from health visitors were very much appreciated as well because the parent(s) did not have to make the effort to get ready to leave the house which could be quite daunting.



My health visitor told me quite often that she was there to help me, she reassured me.”

Mother



I think she knew, because she said, 'Are you okay?' I started crying, so I think it was a bit obvious. She said, 'If you're still feeling like this in a few weeks let us know'. But I never went to my check-up...after you've had the baby you have like a six or eight week check with the doctor. I didn't go to it, because I thought I don't want them to say I've got like bad postnatal depression or anything like that. I was like completely terrified of that, so I still haven't gone now."

Mother, 16-19, Wrexham

Where parents felt their experience of midwifery and health visiting services had not been positive the parents we spoke to talked about not seeing their midwife or health visitor very often, finding her hard to contact, or not being able to see the same health professional. Parents reported this made it difficult to develop a relationship and therefore have the confidence to talk about issues such as emotions and worries. During pregnancy there were also a number of comments made that antenatal classes had not been available (e.g. fully booked) or offered too late in the pregnancy.



I've seen my actual midwife three times. She's been awful, she's been on holiday. I've got just over two weeks left and we haven't done a birthing plan which was meant to be done a few weeks ago. It's hopeless."

Mother, 16-25, Wrexham



The Health Visiting service is very stretched and they don't come on visits beyond the minimum... Health Visitors change regularly, there's no time to get to now them."

Mother

According to a small number of participants, they found themselves wanting to project an image to the health visitor of being a strong, capable mother rather than a parent who needed help. When a health professional asked how they were or gave them suggestions for things to do, the participant would answer positively but feel differently inside. In addition the 'regimented' nature of appointments (e.g. just physical checks) with midwives was also thought by some to contribute to a reluctance to voice issues regarding mental health and wellbeing.



I think they try and tell you too much. If you do something, you're doing it wrong. I did exactly the same with my [older] son and he's fine, stupid things like a bottle, don't pre-make them, I've always done that and my son's fine and my mum did it on me, so I think they contradict you."

Father, 26-45, Wrexham

## Additional sources of support

In addition to the three main sources of information and support parents spoke to us about some parents highlighted additional sources of information and support they had found helpful during the first 1000 days.

The parents we spoke to who were accessing specialist Third Sector support described how they felt this support provided time to listen, offered non-judgemental advice and more personalised care and support. They felt this approach increased their confidence to share concerns and seek help.

Parents who had accessed Flying Start support reported finding the services 'great'. Some participants who were aware of Flying Start but did not qualify for the service were frustrated that they could not access it and felt the system for qualification was unfair.

Some parents also spoke about the importance of the local community generally being supportive of each other and the provision of parent and toddler groups. In some cases, parents did not think there was a great deal on offer locally.

## Adverse Childhood Experiences

Evidence about the impact of adverse childhood experiences (ACEs)<sup>2</sup> has demonstrated that exposure to childhood trauma has lasting impacts on health outcomes across the whole lifecourse. The risk of harm for children exposed to ACEs during the first 1000 days is significant due to the rapid brain development occurring at this time.

We spoke to parents about adverse childhood experiences as part of this project with the intention of gauging parents views on being spoken to about ACEs and about being asked about their own childhood experiences during the first 1000 days.

2. [www.wales.nhs.uk/sitesplus/888/page/88504](http://www.wales.nhs.uk/sitesplus/888/page/88504)

## Acceptability

Parents we spoke to generally felt that the concept of ACEs and their impact made sense when accompanied by an explanation and the evidence behind it. Most parents also said that they would be happy to answer questions or have a conversation about their own childhoods. However there were some reservations.



I think this would be a good idea. I can see the links between the way I was brought up and the experience my baby has. I can choose to do things differently. But I know people who have had trauma and they are parents and they are so over-protective of their children – but this becomes too much for them, it's overwhelming and they can't cope with it so things start to go wrong. They can't understand the links they need to know though."

Mother



I think it is important to ask because some people don't think about their parenting and this would help them to think more about it."

Father

The parents we spoke to felt that to be acceptable to them any conversations about adverse childhood experiences would need to be supported by information on the reason for the conversation. It would also need to be clear that answering these questions was optional, that refusal to answer such questions would not be viewed negatively by professionals and that parents were given assurances about how information would be used. Parents also emphasised that the question would need to be framed appropriately and supported with evidence on the difference it could make.

There was no clear preference in terms of who would be the best person to ask questions about childhood experiences. Many of the parents we spoke to said they would want someone they had a relationship with and trusted, including health professionals they saw as part of routine care. Some said that they would prefer to talk to someone that they didn't know and wouldn't have to see again.

Some participants who had experienced ACEs commented how a traumatic childhood had moulded their own approach to parenting in a positive way.



That's why I don't ever want to have my kids see the police come through the door on a regular basis like I did. I don't want them to see druggies coming in and out left, right and centre."

Father, 20-25, Cardiff

There were, though, isolated instances where participants could not see the point of the question and anticipated that their response would be 'none of your business'.



For me being a mum, [I would feel] quite good [if asked], knowing that there's support out there."

Mother, 20-25, Torfaen

We did not ask any of the parents we spoke to about their own experiences of ACEs. However, those who voluntarily identified themselves as having experienced ACEs were more likely to express mixed opinions of being asked questions about these experiences. From a positive point of view, some would appreciate the opportunity to talk about a subject that had become a burden and it would increase the chances of the child receiving the upbringing the parents wanted for them.



For me it would be like a relief to get this weight off my shoulders that I've been carrying around for so many years, that's what it would be like I suppose."

Father, 20-25, Caernarfon

Less positively, two issues emerged. The first was that some parents who disclosed ACEs thought that they would be taken aback if asked and that it would be too difficult to revisit such painful times. It was not in their nature to open up and they felt that they had moved on from that period. The second issue with being asked the question was a fear of being judged and potentially having the child removed from the family because of it.



Mine was horrible and I just don't speak about it."

Mother, 26-45, Wrexham



It would be more for me that they would pass that on and someone would think I'm an unfit mother now."

Mother, 16-25, Wrexham



It would feel quite risky to be asked this question as you'd fear people would judge you. I don't think everyone would see the relevance of it. It might feel a bit like nosy parkering into your business. Parents should be given the option of being able to not take it up and not be judged for this – or have it held against you."

Mother



Lots of people out there are afraid that Social Services might take their children, or are embarrassed about not being able to cope."

Mother

## Timing

When asked to consider when in the first 1000 days would be the best time to have a conversation about ACEs participants tended to think that it would be appropriate to bring up the subject during pregnancy. The parents we spoke to felt it was likely that parents-to-be would be more receptive to thinking about their own childhood at this time.

Overall early to mid-pregnancy was a preferred time to talk about ACEs. This was because some thought that early pregnancy should be avoided given the potentially mixed emotions the parents might already be feeling. Late pregnancy also might not be an ideal time as the mother-to-be would be more focused on the birth and may be generally uncomfortable. The weeks after birth tended to be viewed as not a good time because of the possible issues with mental health and insecurities over parenting capabilities. Occasionally, participants opted for having the conversation during the months after the birth when they might feel 'less hormonal' and the reality of parenting would be more apparent, making them more receptive to the conversation.



# Implications for Policy & Practice

The findings from this parental insight project have identified a number of insights that have implications for future policy and practice. These include insights that can inform the development of parental information resources, enhance professional practice and inform local and national policy.

The feedback from parents we spoke to about adverse childhood experiences and their views on ACE enquiry also provides valuable insight into future work to develop trauma informed approaches to service provision in the first 1000 days.

## Parental Information

- Parents need responsive and engaging information in the first 1000 days. Getting this right has the potential to support parents make positive parenting choices.
- Information targeting parents in the first 1000 days should be NHS branded wherever possible. While parents seek out information from a range of sources they report that the NHS brand is highly trusted and there is a desire to be able to access information from a single authoritative source.
- The information resources we provide should be relevant to parents at the time they receive it. While existing resources such as Bump, Baby and Beyond were considered useful on occasion it was not something many participants referred to either because it was too thick or they did not receive one.
- Information needs to be non-judgemental and not be seen to criticise established parenting practices.
- Parental information should include case studies or lived experience pieces to give greater authenticity and impact to messages.
- There is a need for a broader approach to parental information in the first 1000 days. This should include improved availability of information and signposting to support with wider social concerns including employment, finances and housing. This should also extend to increased promotion of information on free or low cost activities for families in the first 1000 days.
- The information needs of fathers must be considered and addressed.
- Targeted resources are needed for families with specific information needs, for example parents whose children are born prematurely.
- Wider family members and particularly grandparents represent an additional population group that could benefit from targeted information on the importance of the first 1000 days.

## Frontline professionals

- Frontline services should, as far as possible provide continuity of care. This is key for building trusting relationships.
- Services need to ensure they are providing consistent advice in the first 1000 days. Parents we spoke to reported feeling that when the midwife or health visitor they saw changed frequently they began to receive contradictory advice.
- Professionals need to be sensitive to the fact that parents can be experiencing a mix of emotions when they discover they are going to have a baby.
- Frontline professionals must ensure the information and support they provide to families is non-judgemental and not seen to be criticising established parenting practices.
- Frontline professionals and particularly health visitors need to probe further when asking about a parent's mental wellbeing. Health professionals should also be following up on any advice they give to a parent and see if, for example, an appointment has been made or medication taken.
- Frontline professionals must assess the individual needs of each family in the first 1000 days and not assume that a parent who already has children needs less support.
- Frontline professionals should be alert to the possible impact of a lack of support from family and friends on parents resilience.
- Frontline professionals need to ensure that fathers feel part of discussions with health professionals during the first 1000 days.
- Frontline professionals have an important role in providing signposting to wider community support, including Third Sector services.

## National and Local Policy

- The First 1000 Days Collaborative approach to promoting systems change in local areas has a role in delivering greater continuity of care for families.
- Local and national policy leads need to identify approaches to increasing the capacity of mental health support services in the first 1000 days across the spectrum of need. This could include exploring the feasibility of specialist mental health midwifery and health visitor roles.
- National and local policy leaders should support Third Sector services to be fully recognised within local care systems in the first 1000 days.
- There is a need to ensure antenatal classes are accessible to families and cover topics that meet parents' needs. These classes are a key opportunity for preparing parents for labour and parenthood which is not currently being maximised.
- Any proposed service developments that seek to build conversations about ACEs into work with families in the first 1000 days should be developed in partnership with parents and thoroughly evaluated to understand their effectiveness and impact.







