



**Parents or carers about their experience of maintaining the
healthcare needs of their children under 5 years old
December 2023 – February 2024 – Summary report**



Executive summary

Healthwatch Brighton and Hove (Healthwatch) were commissioned to speak to parents and carers, about their experience of accessing healthcare services on behalf of their child/ren aged five years and under. We aimed to connect with some lesser heard groups and worked with local VCSE partners to identify people from these groups.

These included:

- i. Parents with a child with special educational needs (SEN) and/or disability
- ii. LGBTQ+ parents
- iii. Parents from ethnic minorities; and
- iv. Fathers.

Healthwatch engaged with parents and carers through a survey distributed through partners, our own mailing list and through social media. The survey was mostly quantitative closed-end questions with two open-ended questions. This achieved 117 responses. We also carried out 19 interviews. All interviewees were asked to complete the survey prior to interview, to enable the interviewer to probe further and to find out some of the context and explanation behind the survey responses. The survey questions, interview discussion guides and interview summary template can all be found at Appendix B.

Analysis of the survey responses and interview narratives provided insight into the experience of parents accessing healthcare services for their young children. The **key findings** are shown below:

- Challenges with accessing appointments: booking GP and dental appointments.
- Lengthy waiting lists for specialist referral appointments and neuro-diverse assessments.
- Difficulties with attending services: due to having a child with special needs or feeling unwelcome or not catered for (e.g. dads, LGBTQ+ parents, or neuro-diverse families attending parent groups).

- The importance of good customer-service of staff: GP receptionists and consultants' secretaries, as well as healthcare staff including dentists being caring and thorough in treating children.
- Poor quality advice: from GPs and consultants and not responding to parents' concerns or taking their opinions into consideration.
- Costs associated with attending appointments and parenting support groups, including travel costs.
- Lack of available information: on parenting support groups, about emotional support etc. for new parents.
- Lack of consideration for emotional support offered to new parents, including dads.
- Support for emotional wellbeing either not tailored to specific need and/or not provided for long enough.
- Lack of joined up maternity services between hospital, GP, and community services (mid-wife and health visitors).
- The lack of awareness about what The CQC do and the benefits to parents of contacting them.

From the above findings, we proposed **recommendations** around the following themes. For the full list of recommendations please see *Section 7: Recommendations*.

- Access: improve access to appointments for GP, dental and specialist/referrals. Decrease waiting lists for neurodiverse assessments.
- Customer-service: improve flexibility and friendliness of reception staff
- Quality of care: Medical staff should take parents' views into account and all staff should be trained to respond to children with additional needs.
- Parent support services: improve access to support groups, including offering specific services for LGBTQ+ parents and neurodiverse families.
- Emotional support: ensure new parents, dads as well as mums, are asked about emotional as well as physical wellbeing and are signposted towards these services.

- **Joined-up care:** Ensure GPs and community services (midwives and health visitors) are made aware of challenging birth situations for new mums (and dads).
- **Inclusive services:** Ensure LGBTQ+ inclusion in maternity services; create opportunities for free services for parents from geographically deprived areas.
- **Better promotion of the CQC:** Ensure the general public know who they are, what they do and the reasons why service users should contact them.

Methodology

Healthwatch engaged with parents and carers through a survey distributed through partners, our own mailing list and through social media. The survey was mostly quantitative closed-end questions with two open-ended questions. This achieved 117 responses. We also carried out 19 interviews. All interviewees were asked to complete the survey prior to interview, to enable the interviewer to probe further and to find out some of the context and explanation behind the survey responses. The survey questions, interview discussion guides and interview summary template can all be found at Appendix B.

Working with already established partnerships

Healthwatch worked with the following VCSE organisations to connect with parents/carers from lesser heard groups.

- [Bridging Change](#)
A local VCSE which aims to create a more equal and diverse society with positive outcomes for Black Asian and minoritised ethnic people.
- [Sussex interpreting Services](#)
A local VCSE which works with service users from a minoritised ethnic background, and with English as a second language.
- [Amaze](#) and [PaCC](#).
Amaze is a local VCSE, which provides support to parents & carers of children & young people with special educational needs and disabilities in Brighton and Hove.

PaCC, the Parent Carers' Council, hosted by Amaze, offers support to parent carers of children with additional needs to receive the best care from the health and social care services available to them.

- [Mothers Uncovered.](#)

This local VCSE supports women in matrescence, a term meaning the transition of a woman into motherhood. Recorded figures show post-natal illness affects up to 100,000 women in the UK every year. However, many are unable to admit to feelings of depression, anxiety and loneliness and suffer in silence. Mothers Uncovered provides the opportunity for mothers to come together and talk about these painful experiences in a relaxed facilitated environment.

- [East Brighton Food Cooperation](#)

A local VCSE which co-produces a daily meals on wheels service across the more deprived areas of East Brighton. EBFC helps prevent malnutrition and social isolation, through tailored meals that consider dietary requirements and offering social contact with recipients.

- [Maternity Voices Partnership Sussex](#)

An NHS working group that brings together a team of service users and their families, commissioners, and providers (midwives and doctors) to work together to review and contribute to the development of local maternity care using lived experience to contribute to transforming maternity care.

Participant profile

Healthwatch Brighton and Hove always aims to recruit a diverse group of people within our projects, including those who represent a range of ages, sexual identity, and ethnic diversity. Note that in this study we deliberately recruited a high proportion of women to fulfil the objectives of the research.

For complete information on the profiles of survey respondents and interviewees, please see Appendix A. This also includes information on the gender and age of parents' children. A summary follows below:

Survey

Our survey received 117 respondents and 53% (62 people) responded to our demographic questions. Of those who answered these demographic questions, the majority (81%, 50) were women, with 97% (60 people) identifying as the same gender as they were assigned at birth. Most parents (81%, 50) were heterosexual/straight. Survey respondents aged from 25 to 51 years old with the majority (47%, 27 people) between the age of 30–39 years old.

The survey was distributed Sussex-wide, with the majority from Brighton and Hove (46%); 31% from West Sussex and 23% from East Sussex. While most parents (77%, 47) did not have long-term conditions, 16% of parents did. The majority of parents (82%, 51) were “white” and most parents (51%, 31) defined themselves as having “no religion”. Most parents (69%, 42) did not have additional responsibility for caring for someone other than their children. However, a high minority of 26% (16 people) cared for someone else.

Interviews

The CQC were also keen to hear from a diverse group of parents and as such, Healthwatch proposed that we would try to enlist parents by working with Voluntary, community and social enterprises (VCSE) partner organisations where possible. The CQC set a minimum of 15 interviews. However, we were able to conduct 19 interviews. Having purposefully selected parents for interview that represented a diverse data set, the percentages for diversity are higher than average.

From the 19 interviews we conducted, ages ranged from 28 to 46 years. Most interviewees were from Brighton (9 parents) with 6 parents from East Sussex and 4 from West Sussex. The majority of interviewees (16) were heterosexual. Most interviewees (14) did not have a long-term condition. Most of our interviewees (15) identified as “white”, with four identifying as “non-white”. The majority of interviewees (12) had “no religion”. Most parents did not provide care for anyone other than their children.

Findings/key themes

The following are findings from the collated experiences of both survey respondents and the 19 interviewees.

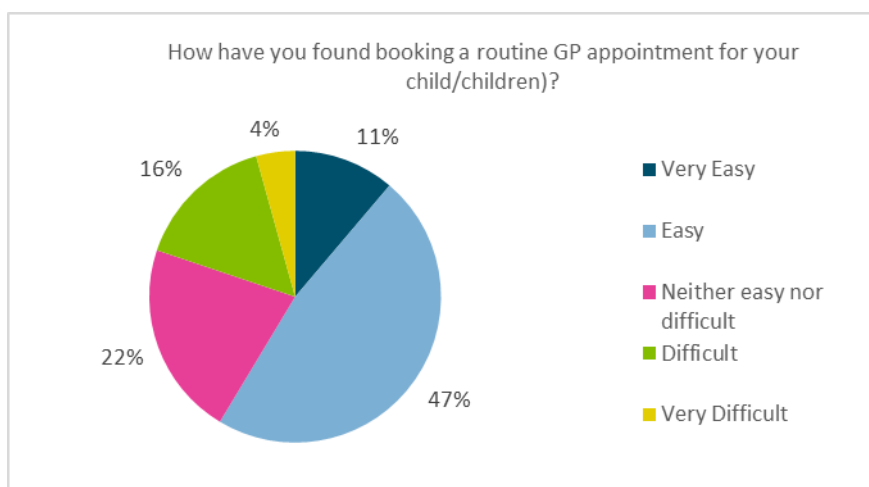
Findings are divided by themes that arose from the analysis. They are presented broadly in the order they were explored in the survey questionnaire and interviews. Each theme firstly presents the findings from 117 survey responses. These are mostly quantitative, using percentages (and numbers of participants) for each question. Charts and tables are used to visually represent the data. Survey responses are followed by findings from the interviews, which are mostly qualitative and include direct quotes, in speech marks, from interviewees.

A. GP Services access

This section covers access to routine GP appointments (those booked in advance), and appointments classified as urgent as they are booked on the day of need.

Routine appointments

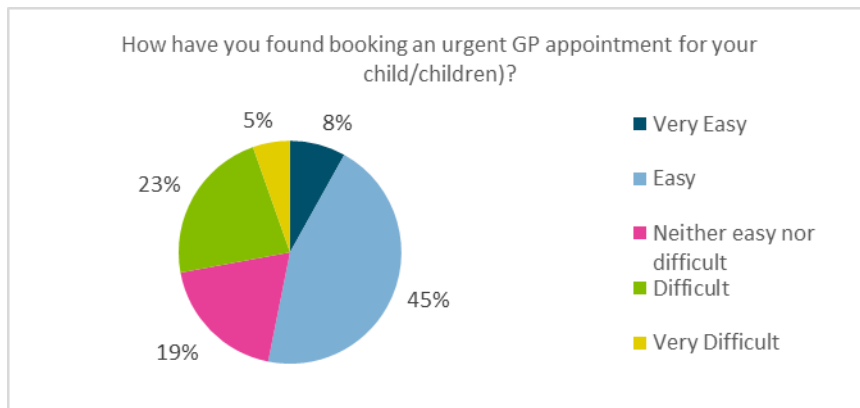
Survey respondents were asked to think about their overall experience as regards to caring for their child/children and how easy they had found booking a routine GP appointment (including for child immunisation).



Most **survey** respondents found it either easy or very easy (59%). However, one fifth of respondents (20%), found booking an appointment to be difficult or very difficult.

Urgent appointments

Survey respondents were asked to think about their overall experience of booking an urgent GP appointment.



Just over half of **survey** respondents (53%, 59 people) found it either easy or very easy to book an urgent GP appointment. However, 28% (31 people) found booking an appointment to be difficult or very difficult.

There were notably more people who found it difficult to book an urgent appointment compared to those that found it difficult to book a routine appointment.

Interviewees

The following reflects the experiences of the 19 parents we **interviewed** and provides some context of the survey findings given above.

Good experience:

Interviewees who found booking an appointment (either routine or urgent) easy to do, said it was easy to get through to the surgery, and they were able to get an appointment *on the same day* as the booking was made. Other reasons that made access easy, was the friendliness of staff, the convenience of the appointment time and in some cases, seeing the GP or nurse in person. However, some interviewees who found it easy to access their surgery were happy to receive a phone call from the GP too. One person received a mixture of remote and in person contact with the GP and

commented that they were contacted “out of hours” which added to their positive experience.



The GP is “very good at seeing or calling back on the day if an emergency.” *Mother of four-year-old.*

Booking for routine vaccinations was easy: “I was just given a time and a date to go for these which was convenient” and surgery staff appeared “friendly and competent.” *Father of one-year-old.*

“I made an initial call, after 8am, saw the GP in person, who made the referral to an eye specialist.” *Mother of four-year-old.*

“Think I’m quite lucky compared to other mums. We have had access to everything.” She has “called up at 2.30pm and got an appointment at 4.00pm”. The surgery has “friendly, customer facing (reception) staff.” *Mother of child below one-years-old.*

“Our experience of GP services has been very positive- access is easy and when we call up, we have had a quick response in most cases.” *Father of four-year-old.*

Poor experience

Interviewees who found it difficult to book an appointment (routine or urgent) explained their experiences. These parents complained that it was very difficult to get through on the phone to book an appointment, that when they did the reception staff were not helpful and acted as barriers to the booking system. Several people mentioned the challenge of having to call at a certain time (usually 8/8.30am) and even when they did this would not guarantee an appointment on the same day. One interviewee felt that the lack of permanent staff at the surgery contributed to the problems.

Where the call was an urgent one, some parents explained the surgery would try to arrange an appointment for them on the same day. However, even in an urgent case, some parents had experienced difficulties seeing a GP on the same day.



“Called at lunchtime with an urgent reason, to be told no appointments that day.” The interviewee mentioned increased use of locums, which she thinks contributes to delays and inefficiencies. *Mum of five-year-old.*

“I may need to redial 50 or 60 times to get through...Sometimes I just walk into the surgery to request an appointment.” *Mother of two-year-old speaking about needing to make an urgent appointment that day.*

“We were forced to move from our existing nearby GP practice without our consent because it was ‘over-subscribed.’ We now have to attend a practice that is 5 miles away, and my wife [who] does not drive, has to take two buses with our children to attend the new practice.” *Father of one-year-old and five-year-old.*

“Trying to get past the reception to see the GP is very difficult...can spend an hour on the phone...in urgent cases I can usually get seen the same evening [but] if it’s non-urgent I can wait 6-12 weeks!” *Mother of two-year-old and five-year-old.*

“I have to get up at 8am and get to the phone for an appointment.” *Mother of three-year-old.*

Case Study Interviewee IR07 – Mother of child under one and another child of two-years-old

Mother IR07 told us about her mixed experience of booking appointments (routine and urgent) at her GP practice. The service “is very easy, quick, and attentive. I have sent over pictures with an email and had an instant response” to her concerns. However, one of the receptionists at the GP surgery is “really obstructive and unhelpful”.

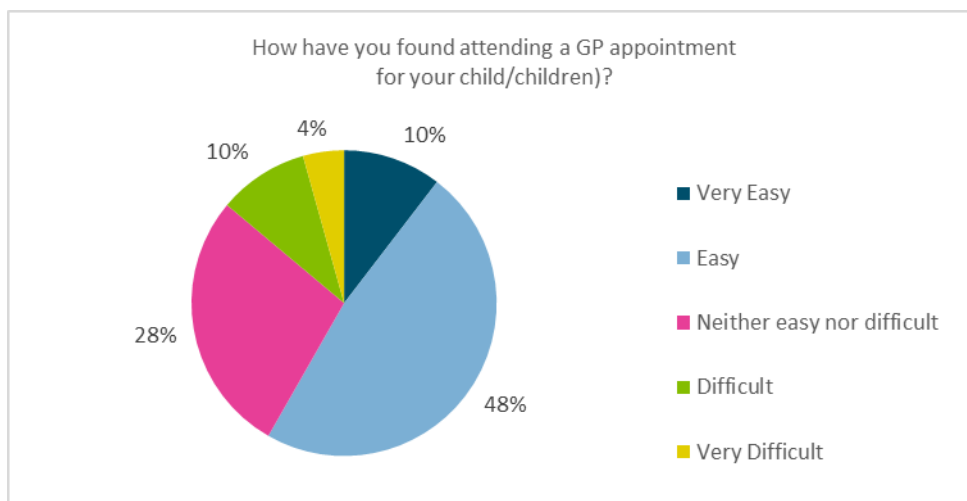
“The hardest part that I’ve had is just getting through to reception, and then it kind of depends on who you get through to! Provided that the obstructive lady doesn’t answer, it is SO fast, SO helpful.”

B. GP Services – Attending appointments

All appointments (both routine and urgent)

While the previous section was about accessing and booking appointments, this section focuses on attending appointments and by inference it also covers the quality of the care within the appointment.

Survey respondents were asked to think about their overall experience of attending either a routine or an urgent GP appointment, either remotely or in-person for their child/children. Two people said this did not apply to them i.e. they had not attended any GP appointments with their child/ren. Therefore, the chart below shows results from 115 respondents who had attended a GP appointment.



Over half of all **survey respondents** found attending an appointment either easy or very easy (58%, 57 people). One third of respondents (27%, 32 people) found it neither easy nor difficult and a smaller number (14%, 16 people) found attending an appointment to be difficult or very difficult.

Interviewees

Speaking to interviewees provided further detail on the reasons for these responses.

Good experience

Interviewees who found attending an appointment easy explained that the good quality of care made it a positive experience. In each case, appointments were in person, which may have added to the overall positive experience. Interviewees commented on medical staff being

attentive, thorough, and responsive to their child's needs, taking the parent's concern seriously, and sometimes making an extra effort to provide care.



“Whether it’s been a GP or a nurse for immunisations, they have been SO good – so quick, so responsive, so attentive, they haven’t dismissed me... I feel like the care from them has been really great.” *Mother of two-year-old.*

“It really stood out to me how helpful they were. I have to say, I know the doctor made time to see me, it was out of hours and there was no one left at the surgery at that time but because of what was going on at the time [STREP child deaths scare] he made an extra effort”. *Mother of four-year-old.*

GP is “always very thorough...always takes it very seriously...really good.” *Mother of two-year-old.*

“My experience of our GP and Surgery is mostly positive overall – very helpful when being seen and GP is very natural around babies and children.” *Mother of one-year-old.*

When we had a vaccine appointment “the nurse was amazing – so good and quick at her job.” *Mother of three-year-old.*

Poor experience

Interviewees who had poorer experiences of attending appointments complained that the GP could be dismissive of their concerns about their child's health, or inexperienced in dealing with their child's condition. One parent felt the service was affected by seeing a different doctor each time. One parent had a poor experience during the Covid lockdown.



“Although caring, the doctor appeared inexperienced in dealing with our child's ear infection. We did not receive the right advice, and unsure as to whether the nature of

my child's problem was fully understood." *Mother of four-year-old.*

"There's no easy access to health visitors any more...my youngest has [an issue that] the nursery noticed but the surgery just brushed me off. I always feel rushed – the GP just didn't listen to my concern." *Mother of five-year-old and two-year-old.*

"Every time I go to the GP now it seems I have to fight – 90% of time they don't seem completely sure what is wrong." For example, suspected scarlet fever was ignored until Mum pushed, and turned out child was positive for scarlet fever. *Mother of three-year-old.*

"You always see a different doctor, unlike the nurses with whom we have a nice relationship." *Mother of two-year-old and child under one-years-old.*

Case Study Interviewee IR01 – Mother of three-year-old and five-year-old.

Mother IR01 told us about several poor experiences she had had with her GP surgery. During lockdown she took her youngest to see the GP. She was concerned about how lethargic her child was and with the context that her child had been a premature baby. The GP agreed to see her child in the car park. Mum IR01 felt this was both an inappropriate location as well as feeling that her child was being given a "poor assessment". Mum IR01 was told to go to the hospital and the by the time she arrived her child "was unconscious and very sick".

Mother IR01 had another poor experience with her older child who "complained of abdominal pains". The mother saw the locum GP at the surgery. The doctor "*was very dismissive and didn't listen to my concerns. They wouldn't prescribe anything to help.*"

As a result, "*I've lost faith in the GP's ability to assess.*"

Case Study – Interviewee IR19 – Mother of three-year-old.

Mother IR19 shares an experience with us regarding trying to get treatment for her child. She explains how her own background, of having a history of anxiety, should have been taken into consideration by the GP who consulted her on her child's condition. Her experience also demonstrates a lack of caring by the GP and an unwillingness to take the mother's concerns seriously, especially when the resulting diagnosis proved the mother had been correct in her concern.

"Last year, I thought my son had scarlet fever. He had a temperature and rash, and I called the GP. He wouldn't see us. He asked me if I was 'sure that you haven't any little beasties in the house?' This sent me into a panic as I suffer from anxiety. As a result, I cleaned the house from top to bottom! After a few more days, I was still concerned, and I rang the doctors again. This time, I was given a next day appointment. The SAME GP now confirmed that it WAS scarlet fever!"

"I have a history of anxiety and depression. When you are not listened to by the GP, it can send you right back. People in power need to consider both parent and child at the same time – taking the parent's background into account when talking to them about their child's condition."

"It's not good not having an assigned GP as this doesn't help them to understand the context of both parent and patient."

Case Study – Interviewee IR 03 – Mother of four-year-old.

Mother had difficulty during lockdown when child was first born, as "most of these services were cancelled during lockdown". She is also chronically ill and finds it very difficult to access services generally as she finds it hard to get out of the house. She was referred to BrightPIP mental health charity via the Health Visitor. The service offered three telephone sessions with a psychiatrist which she found was "good and made access easier as it was

via telephone". The service is also free. However, there was no follow-up service provided and she would have liked (and felt she needed) additional support. She is currently being assessed for neurodiversity and generally suffers from poor mental and physical health. She does try to participate in WhatsApp groups but overall access to health services is difficult.

Case Study – Interviewee IR10 – Mother of four-year-old.

"The mental health services have never met my needs. I have previously been on toxic mental health medication. I have suffered from mental health issues since childhood and I believe I have ADHD. I have been referred a few years ago to a neurologist (at a hospital outside Sussex) but there was no firm diagnosis made or any follow-up."

"The Brighton-based 'rapid response mental health team' have not been supportive when I have encountered mental health crises. I am still waiting for a formal mental assessment to identify appropriate mental health support but I think I am low priority."

After birth, Mum IR10 had support from the Perinatal Mental Health team after the birth. However, she believes that she was misdiagnosed with post-natal depression and that her depression actually related to her struggle to 'create a life around her new family' and the death of a close relative around the time of her child's birth. She was placed on CBT courses with other post-natal depression mothers and she asserted that "putting me in a PND box was not appropriate". Mum IR10 feels that mental health services need to be more "joined up" in order to effectively support the multiple mental health issues she asserts she has. She believes the services are "very fragmented" and comments:

"I am one person and one body and should be seen as such by the various agencies and medical teams that attend me."

Currently, Mum IR10 pays privately for a therapist to help her manage her own “neurodivergency” and has done since a year after her child’s birth. This was recommended by friends.

Case study – Interviewee IR15

Mother with five-year-old and two-year-old.

Mother IR15 spoke to us about two different experiences she had with each of her children, both of whom have different conditions whereby it was necessary to visit the hospital emergency department.

“Getting the right information seems to depend on where you go. I am midway between Brighton and Worthing and can use either. However, the advice is not always the same or consistent.

“My youngest has an immune condition and we have visited Worthing several times. The staff at Worthing said everything was fine and there was nothing to worry about. However, the one time we decided to go to Brighton, the staff there referred us to a specialist immediately and came up with a plan. There was only three weeks between referral and seeing the specialist. We had one and a half-hour appointment with the specialist and they did a thorough examination and they listened to the history of everything before providing us with advice.

“I didn’t feel listened to in Worthing, so will now always go to Brighton.

“I and my other child have the same condition and I know to be concerned if I recognise symptoms showing in my child. We initially visited Worthing but they just didn’t seem concerned and I felt like I was wasting their time. The GP we saw there, admitted they didn’t know enough about the condition and the appointment lasted no more than 10 minutes. We had to go back to our GP and start again.

“My confidence in Paediatrics at Worthing is zero. I would possibly go to Worthing if a child broke their arm, but not for a more complicated problem.

“Sometimes I feel caught in a battle between services.”

Conclusion

Healthwatch Brighton and Hove (Healthwatch) were commissioned to speak to parents and carers, about their experience of accessing healthcare services on behalf of their child/ren aged five years and under. We aimed to connect with some lesser heard groups. These included parents with a child with special needs; LGBTQ+ parents; parents from ethnic minorities; and fathers. We worked with local VCSE partners to identify people from these groups.

Healthwatch engaged with parents and carers through a survey that achieved 117 responses. We also carried out 19 interviews which provided some context and explanation behind the survey responses. There was a range of experiences across the parents we engaged with, some having accessed services easily and found the service to be of good quality and provide appropriate care and advice, others experiencing the opposite.

Parents from the lesser heard groups also had mixed experiences, with some having the same success or challenge as other parents we spoke to. However, it is recognised that parents from these lesser heard groups found accessing some services harder than other parents and sometimes their specific needs go unrecognised. Consequently, healthcare providers need to provide opportunities for tailored services for these groups, specific training to healthcare staff to enable appropriate care, as well as provide information to parents from these groups, about the specific services available to them.

Some additional observations were as follows:

- There was a higher than expected number of parents (28%) who found it difficult to access urgent GP appointments. This suggests

that due to difficulties gaining a routine appointment, these became urgent.

- Many parents spoke about the lack of signposting for new parents (to parent support groups for example). These provide vital early support for parents. Considering a huge majority of our parents (81%) felt they needed this support, it should be recognised that an increase in these services, as well as wider publicity, may prevent the need for accessing more formal emotional support later on.
- A surprising number of parents (29%) found attending these support groups difficult. Therefore, making these groups more accessible to all parents is important in light of the above comment.
- A large majority of those that sought emotional support found it to be helpful. Therefore, where formal support is sought, it should be easily accessible. This is in contrast to 24% of our parents who had sought this service but had been unable to access it.
- Some parents mentioned that medical staff had not paid attention to their view on what was wrong with their child. Often this related to hereditary conditions and family context. It is worth noting that time could be saved, and a more accurate diagnosis made, if medical staff responded to parents with interest and respect.
- In a similar vein, better joined up services between hospital, GP and community (midwives and health visitors) would avoid service users re-telling their story (of a difficult birth for example) as well as alerting community services to provide proactive support to vulnerable parents.
- Speaking to parents from lesser heard groups, demonstrated that not all of these parents will undergo negative experiences of the healthcare services. However, this doesn't negate the benefit of tailored services as well as the important by-product of enabling connections between parents within these groups.
- Many parents talked about lengthy waiting lists. It goes without saying that to decrease waiting times for specialist services and neuro-diversity assessments, would enable parents to get the help they need for their child and in some cases, reduce the call on

healthcare services as a result. 30% of our parents had not been able to access these services.

- The majority of parents we heard from were affected by the cost of living crisis, including impacting on their ability to provide food (60%) and clothing (75%) for their children. Considering this context, the need for free and accessible services is more important than ever. This is in stark contrast to our survey findings where 50% of parents were paying for parenting support services they attended.
- Although most of the parents (77%) we spoke to had heard of the CQC, many were unsure about the role of the organisation, or the benefit to parents of contacting them. If the CQC plan to work more closely with parents, they need to promote themselves clearly and widely, demonstrating the benefits to parents of contacting them (as opposed to contacting the healthcare provider, in the case of a complaint). It would be beneficial to promote the organisation through GP surgeries, hospital departments and the staff within to help them promote themselves.
- While it is recognised the CQC have limited ability to increase waiting lists or create additional services, through their fundamental standards they have influence on the provision of these services. These can be summed up in the five standards of Safe, Effective, Caring, Responsive and Well-Led provision of services.¹ If this influence is successful, it can be shared with parents through better promotion of the CQC.

¹ <https://www.theaccessgroup.com/en-gb/blog/cqc-standards-the-cqc-fundamental-standards-and-cqc-5-standards/#:~:text=The%20CQC%205%20Standards%20are,each%20of%20the%205%20Standards.>

Recommendations

These recommendations are based on the findings from the survey and the interviews we conducted with parents. Our first set of recommendations are for the health and social care services. By implication, they are also for the CQC in light of inspections and ongoing monitoring of these services.² We have placed these recommendations under sub-headings according to the type of service. Our second set of recommendations concern improving the CQC's relationship with the service user as suggested by interviewed parents.

Recommendations for the Health and Social Care Services – in line with CQC fundamental standards

GP Services

- Improve access to GP appointments. Ensuring the telephone number is easy to get through to and there is someone to answer the phone. Providing same-day appointments for urgent appointments. Provide a call-back service when the phone line is particularly busy.
- Improve the customer-service at GP practices, including training reception staff to be polite and helpful to service users.
- Improve the quality of care in GP appointments, ensuring staff are friendly, attentive, and respond to the child's condition and take the parent's concerns seriously.
- Improve the consistency of care for GP patients i.e. ensuring patients have access to the same doctor.
- Ensure healthcare staff in GP practices are trained in all conditions and provide peer-to-peer support to widen knowledge of less well-known conditions.
- When caring for a child, take the family context into account e.g. anxiety in the family, other conditions, neurodiversity in parents.
- Promote better understanding (through training) of complex needs and neurodiversity.

² See <https://www.bma.org.uk/advice-and-support/gp-practices/the-cqc/what-the-cqc-do#:~:text=The%20role%20of%20the%20CQC,that%20standards%20are%20being%20met>.

- Provide separate sessions for parents with children who have special needs, to make it easier for these families to attend appointments.

Dental practices

- Improve access to services, enabling every service user to be able to access a dental appointment annually.
- Improve the quality of care – ensuring all staff are kind and caring, particularly towards children, and especially when it is the first dental appointment for the child.
- Improve the customer service of reception staff, allowing flexibility around parents arriving late when appointments are immediately after school. Also, allowing for appointments to be postponed for unforeseeable reasons such as illness (instead of de-registering patients as a consequence).

Specialist / Referrals

- Decrease the waiting times for referrals to specialist services.
- Decrease the waiting times for CAMHS assessments.
- Improve the quality of care – ensuring all staff take parents seriously and respond appropriately to their concerns.
- Support the above with staff training.

Parent Support services

- Increase access to free services for all parents, and particularly those on a lower income.
- Provide specific services for LGBTQ+ parents and neurodiverse families.
- Decrease the barriers to access, by ensuring information on parenting support services is provided to all new parents (via the GP and midwife).
- Provide better access to these services for parents with multiple births (twins etc.).

Emotional support for parents

- Ensure all new parents are provided information on emotional support services (via GP and midwife).
- Ensure parents have access to a 'safe' place to discuss any emotional support they might need.

- Ensure GPs are aware of any challenging birth situations for new mums and ask about any emotional support needed.
- Provide longer-term emotional support and an alternative to CBT through the Wellbeing Service.
- Provide specific support for neurodiverse parents; parents who have experienced trauma; and LGBTQ+ parents.
- Treat the whole person rather than specific conditions.
- Ensure emotional support is available to fathers as well as mothers.
- Ensure GPs are aware to ask about fathers need for support as well as mothers.

Other services

- Joined up maternity services between hospital, GP, and community services (health visitors and midwives).
- LGBTQ+ inclusion in maternity services.
- Provide training and encourage LGBTQ+ inclusion in all areas of health services.
- Provide consistency of care between hospital settings (for example, Brighton and Worthing), providing the right information and ensuring staff are listening to parents about the concerns they have for their child.
- Provide training to all staff on anti-racism behaviour.

Cost of living

- Create more opportunities for free services and consider different geographical areas of deprivation.

CQC Guidelines

- Provide guidance for all of the above in line with the CQC's Fundamental Standards.³

³ <https://www.cqc.org.uk/about-us/fundamental-standards>

Recommendations for improving the CQC's relationship with the service user as suggested by interviewed parents.

- Better promotion of the CQC. Ensure the general public know who they are, what they do and the reasons why service users should contact them.
- Use a variety of methods to reach out to parents. For example, distribute surveys and invite parents to take part in interviews and discussion groups.
- Share information with parents and carers and ask for their opinion, via a parent's portal.
- Use both online and face-to-face methods of contact.
- Partner with health services (GP, hospitals) to help promote the CQC. Ensure all health services display the CQC rating and locate information on how to access the CQC (next to the rating).