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Running head: *Maternal perceptions of advice on sleep*

Maternal perceptions of advice on sleep in young children: how, what and when?

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Statement of Contribution

What is already known on this subject?

- Poor sleep is common in young children
- Young children's sleep quality can be affected by parental behaviours
- Parents lack knowledge of sleep in young children

What does this study add?

According to this study:

- It would be beneficial for professionals to work in partnership with parents when formulating advice
- Mothers want advice to appreciate individual differences, be free of stigma and manage expectations
- Mothers want advice both prenatally and throughout their child's development

Running head: Maternal perceptions of advice on sleep

Maternal perceptions of advice on sleep in young children: how, what and when?

Abstract

Objectives

Parental knowledge on sleep hygiene in children may be a contributing factor for sleep difficulties in pre-schoolers. As sleep is crucial for healthy development, it is important to understand how parental knowledge can be improved. The aim of this qualitative study was to develop an understanding of advice available in the United Kingdom (UK) on sleep in young children.

Design

The current study employed constructivist grounded theory methodology.

Methods

Participants were recruited via social media and a previously constructed participant database. Interviews were audio-recorded, transcribed and analysed.

Results

Fourteen mothers were interviewed independently, whilst one mother was interviewed together with her husband. Themes relating to how UK mothers wish advice on sleep to be formulated,

what they believe it should include and when they would like to receive it, were identified from the data. Specifically, this study suggests that UK mothers value experience and thus recommends that advice be made through collaboration projects involving both professionals and parents. It also suggests that advice should be readily available and given to expecting parents prior to the arrival of their baby as well as at regular follow-ups. In addition, the participating mothers wanted advice to be balanced and non-judgemental.

Conclusion

The current study looks at the views of mainly White British mothers currently residing within the UK. Thus, it may not represent the views of everyone in the UK. Nevertheless, it still makes important recommendations for practice. For example, relationships between health professionals and parents need to be improved and information on different sleeping practices widely dispersed.

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Introduction

Adequate sleep quality and duration is needed for healthy development. For example, prolonged sleep onset latency and difficulty sleeping alone are important predictors of anxiety and depression symptom severity in healthy pre-schoolers (Whalen, Gilbert, Barch, Luby & Belden, 2017) whilst poor sleep duration has been associated with future obesity in young children (Diethelm, Bolzenius, Cheng, Remer & Buyken, 2011). Moreover, poor sleep across the first six years of life is predictive of smaller brain volume at age seven (Kocevska et al., 2017).

Despite its importance, poor sleep is common in young children. A recent study in the United Kingdom (UK; Evison, Zouharová, Biello & Gardani, 2016) found that in a sample of 105 pre-schoolers, 50% had difficulties initiating or maintaining sleep. These difficulties not only affect the children's own sleep but may also affect the sleep obtained by their parents (Costa-Font & Flèche, 2017). In adults, poor sleep has been found to be associated with both depression (Zhai, Zhang & Zhang, 2015) and obesity (Wu, Zhai & Zhang, 2014). Thus, improving young children's sleep quality has the potential to benefit whole families.

Common paediatric sleep problems are behavioural rather than medical (Meltzer, Johnson, Crosette, Ramons & Mindell, 2010). For example, the most common subtypes of childhood chronic insomnia disorder are limit-setting sleep disorder and sleep-onset association disorder (American Academy of Sleep Medicine [AASM], 2014). The former occurs when a child refuses or stalls bedtime, often due to insufficient limit-setting by their parents, whilst the latter occurs when a child associates someone or something with sleep onset and cannot sleep without it (AASM, 2014). Thus, these disorders have a link with parental behaviours and/or the environment which parents have set up.

Unfortunately, UK mothers lack adequate sleep-related knowledge (Evison, et al., 2016) similar to what is reported in other countries such as the United States of America (McDowall, Campbell & Elder, 2016), New Zealand (Owens, Jones & Nash, 2011) and Iran (Afsharpaiman, Bagheri, Kolbadi, Amirsalari & Torkaman, 2015). This may lead to parents underestimating their children's sleep problems (Afsharpaiman et al., 2015), which ultimately decreases the likelihood of parents engaging in practices to improve their child's sleep (McDowall, Galland, Campbell & Elder, 2017). Consequently, this lack of parental knowledge may not only contribute to pre-schoolers' sleep problems but may also allow them to become chronic (Touchette et al., 2005).

However, it should be noted that individual differences exist in young children's sleep patterns (Acebo et al., 2005), some of which can be explained by chronotype, namely preferred timing for sleep and wake (Jafar et al., 2017). Chronotype is heritable (Kalmbach et al., 2016) and thus, although parental knowledge of sleep in young children may be an important factor in children's sleep quality, it is not the sole contributing factor. Nevertheless, it is a good starting point in improving young children's sleep as it can be easily targeted.

For example, parental knowledge can be improved through educational classes. Wilson, Miller, Bonuck, Lumeng and Chervin (2014) investigated the effect of a sleep education program on children's sleep quality. At 1-month follow-up, pre-schoolers' sleep behaviours were improved. However, the recruitment rate was poor and thus their sample may have only included motivated parents.

Parental knowledge may also be improved by circulating information in the form of advice. Evison et al. (2016) showed that the internet, as well as friends and family, are currently the most popular sources of advice in the UK, whilst seeking professional advice is less common. This is worrying, considering that lay knowledge on sleep in children appears to be low

(McDowall et al., 2016, Owens et al., 2011). Even more concerning is that one-third of the mothers, who identified their child as having a sleep problem in Evison et al. (2016), did not seek any advice.

To improve young children's sleep quality, an understanding of why parental knowledge is poor and why some parents do not seek advice needs to be developed. Due to cultural differences as well as differences in each country's healthcare system (Zwaanswijk, Verhaak, Bensing, Van der Ende & Verhulst, 2003), it may be important to consider individual countries separately.

Thus, through discussions with UK parents about their personal views and experiences, this study aims to develop an understanding of UK advice on sleep in young children and suggest ways in which it can be improved. This will help inform policymakers and resources within the UK National Health Service (NHS).

Method

Design

The study employed constructivist grounded theory (GT) methodology, which declares that individuals construct reality through assigning meaning to their experiences (Mills, Bonner, & Francis, 2006). Glaser and Strauss (1967) developed GT as a method of producing new models, which are 'grounded' in data obtained from participants, to capture the complexities of the participants' experiences. Thus, GT enabled the current study to develop a rich understanding of parental experiences of advice on sleep in young children.

Ethics

Local ethical approval was obtained. Informed consent was obtained from each participant prior to their interview in agreement with the study's ethical protocol.

Reflexivity

The authors believe that reality is fluid and thus that the experiences and views of the researchers ultimately affect the findings (Mills et al., 2006). Therefore, it is important for them to explicitly evaluate themselves. The first author has never been a parent nor has she ever personally sought sleep advice. Her lack of personal experience may have made it harder for her to understand ideas conveyed by the participants. For this not to hinder data collection, she constantly asked the participants to explain their statements.

The first author is 24 years old and thus is younger than the average parent of a pre-school child in the UK (Office for National Statistics, 2016; Scottish Government, 2017). This may have affected how the participants related to her. To overcome this potential issue, she worked on building rapport with the participants before commencing the interview. Throughout the interviews, all participants were eager to talk about their children and their parenting experiences.

The second author, who supervised the study, is a parent of a pre-school child and thus has personal experiences of parenting advice. This enabled her to contribute an additional layer of understanding during data analysis. Both authors have previously conducted a quantitative study on sleep in pre-school children and their parents.

This previous study had led them to believe that pre-schoolers are more likely to have poor sleep if they sleep in their parents' bed against their parents' wishes. This may have caused them to unconsciously judge the participants' situations. The authors consciously tried to avoid such judgements.

Due to the previous study, the authors also had the preconception that with increasing education, parents are more likely to seek unprofessional advice. Although information on the participants' education level was collected, the authors did not look at this until the interview was completed. Furthermore, a question asking the participants directly where they would seek parenting advice from was included in every interview to reduce the likelihood of assumptions being made. Throughout the study, the authors actively sought to update their fore-understandings.

Recruitment

Participants recruited based on their parents' experiences and opinions on advice given for sleep in young children within the UK rather than them belonging to a particular group within society (Smith, Flowers & Larkin, 2009). Therefore, the inclusion criteria were that a) participants had to reside within the UK and b) participants had to have a pre-school child (3 – 5 years old).

Recruitment (between March and May 2017) occurred via social media and a previously constructed participant database (participants had given consent to be contacted about future research).

Original GT studies continued data collection until data saturation occurred, namely until no new discoveries were being made (Glaser & Strauss, 1967). However, data collection is rarely exhaustive (Dey, 1999). Therefore, Dey (1999) coined the term 'theoretical sufficiency', which requires researchers to continue recruitment until the data describes the identified categories sufficiently (Dey, 1999). The current study used theoretical sufficiency to guide recruitment.

Participants received £6/hour and a Children's Good Sleep Guide (Glasgow Sleep Research Group).

Data collection

Semi-structured interviews with open-ended questions were employed. The interview schedule included approximately sixteen questions, beginning with questions about the bedtime routine to help participants relax. Examples of questions are as follows:

- What advice, if any, has a health professional given you about your child's sleep?
- Where should evidence-based advice about sleep be placed?

The schedule was used as a prompt to encourage discussion and was revised as themes were identified. For example, questions about bedtimes following the birth of siblings and about different sleeping practices were added after the fourth interview.

Interviews took place either over Skype or face-to-face depending on the participant's preference and availability. The first author undertook the interviews and audio recorded them with a digital voice recorder. Additionally, demographic information, such as the participant's age, highest educational level and employment status as well as their children's ages, was collected. As a measure of socio-economic status, participants were asked if they considered their household income to be low, medium or high.

Data analysis

Data analysis occurred in line with constructivist GT methodology and the principles underlying theoretical sufficiency. The interviews were transcribed verbatim. During transcription, any identifying information was removed and names were changed.

The first author manually coded the data to remain as close to it as possible (Saldaña, 2015). Data collection and analysis took place concurrently as encouraged in GT methodology (Charmaz, 2014).

During initial coding, line-by-line coding was employed and attention was paid to any similarities or differences between and within the transcripts. These codes were subsequently

transferred to a mind map. This resulted in the identification of categories, which grouped ideas from the line-by-line coding and is known as focused coding. Any related categories were subsequently combined, resulting in a higher level of abstraction (Charmaz, 2014).

A summary of the findings, containing no quotations, was sent to all participants. Throughout the current paper, this is referred to as a 'member check' (Thomas, 2017). Participants were encouraged to challenge the findings, and offer any new or opposing information. Any feedback provided was compared with the findings to determine whether there were any inconsistencies. If any inconsistencies were present, the authors planned to reconsider all transcripts in light of the information provided in the feedback.

Rigour

The first author has prior experience with qualitative data and has undertaken qualitative courses. Prior to commencing the study, she researched GT methodology and read recommended texts. The second author has experience in qualitative design and analysis.

A small sample of ethnically similar participants currently living in the UK was selected in order to not sacrifice quality for quantity (Yardley, 2000). Moreover, observations which conflicted with the investigator's understandings were sought out and analysed (Yardley, 2000). The majority of the participants were from areas within the UK where the first author had previously resided. Furthermore, the first author has worked with all social classes of individuals. Thus, she was knowledgeable in regard to the culture, environment and language of the participants.

Additionally, a member check was employed to give participants control in the interpretation of the data. This ensured that the findings reflected the participants' views (Thomas, 2017). The authors were careful when reading feedback as they were conscious that the participants

did not have knowledge of the other interviews. To increase transparency, data is presented verbatim from the interviews (Whittemore, Chase, & Mandle, 2001).

Results

Fifteen interviews (mean = 38.07 min, range = 22-50 min) were conducted. Fourteen mothers responded individually whilst one mother (participant 5m) responded with her husband (participant 5f). Seven interviews occurred over Skype.

Mean age of participants was 33.40 years (range = 21-43 years). Table 1 displays demographic information for the participating mothers. In total, thirty-two children were represented (Table 2). All children were under 12 years of age. Four mothers (27%) described at least one of their children as a poor sleeper whilst a further three (20%) mentioned that at least one of their children had previously slept poorly.

[insert Table 1]

[insert Table 2]

Using GT, a framework of parents' perceptions of how advice on sleep in children could be improved was developed. Three overarching categories were established, namely, *how* parents want advice to be formulated, *what* they want it to include and *when* they want to receive it (Figure 1).

[Insert Figure 1]

40% of the participants returned feedback. The feedback showed that the analysis was generally reflective of the participants' views. Thus, no major revisions were made. Information provided as feedback is marked with an asterisk (*).

How

All participants sought advice from friends and family, as they were ‘real people’ (Participant 11) who could speak from experience.

I have a couple of friends who’s kids are just ahead of ours...I’d maybe ask them first...just the fact that theirs are just that little stage ahead so you know they’ve just done that experience...

Participant 8

Participants preferred to seek advice from individuals who had or were facing similar difficulties. This might be because parents of children, who are not experiencing sleep difficulties, may be in a position to judge parents of poor sleepers. Specifically, the *what* subsection of the results shows that parents fear being judged for their child not sleeping.

... if I was in the minority, I don’t think I would raise it [sleep problems] but because I know that none of them are great it’s easier to say.

Participant 4

I’m sure that people who don’t sleep don’t speak to us because they know we may give advice that they don’t want to hear...

Participant 5m

Another problem associated with relying on one’s own social network is that some parents do not want to give advice because they ‘don’t want to patronise other parents’ (Participant 13).

...you’re criticising parenting to help with something inherent ...sometimes they just have to try and figure it out themselves...

Participant 4

Thus, although social networks were seen as being useful, they have their limitations. Professional advice could potentially overcome these limitations. However, purely theoretical advice was seen as limiting by some, who preferred it if the professional was also a parent.

I love when doctors have actually had children... because they've been there, they are also a bit more understanding that might affect how I follow what they say...

Participant 7

In order to incorporate this experience into professional advice, it may be beneficial for professionals to work in collaboration with parents when formulating advice. This would ensure the practicability of advice given.

... it would be nice to make books which are made in collaboration with parents, the NHS and health workers ...

Participant 10

Nevertheless, it is important to note that not all participants wanted professionals to have had personal experiences.

I think that when you are a medical professional it doesn't matter as much whether you have had them [children] or not.

Participant 8

Participants were, however, almost of unanimous opinion that professionals did not have adequate objective knowledge in the area.

... They [health visitors] show absolutely no consistent training in sleep ... so I am quite sceptical about health visitors, I probably wouldn't have gone to them. I think if I had been really worried, I probably would have gone to my GP but I'm not entirely sure that GPs have very much training ...

Participant 1

Thus, professional advice does seem to need improvement so that parents trust it and are reassured that they are receiving robust evidence-based information.

The one thing that's missing ... information about whether any of the particular approaches to a baby's sleep have any evidence at all behind them...

Participant 1*

What

Appreciative of diversity. Participants wanted advice to consider family differences. For example, having a second child provides new challenges and changes how families can sleep. Specifically, it is 'harder to be disciplined about training when you have two' (Participant 7) and the second child often just has 'to go with the flow' (Participant 6).

Thus, they felt that advice should be available on different practices to suit diverse families. However, this was not currently the case, which was causing them to lie to professionals.

...we had asked for advice and they gave us to let him fall asleep by himself so we put him to bed before he's not asleep yet and then let him cry, I don't know how other parents cope but we tried it for 3 or 4 days and then we stopped because we couldn't take it...she [health visitor] came back and we said but...she kinda insisted on doing it again and I disagreed and said yes we will do it but never did ... she was well informed in what she was talking about but I guess she wasn't really keen to look at alternatives.

Participant 10

I probably wouldn't bring it up to a health visitor because... they have to give out the same information...if they [health visitors] were to ask, then I would say that I had no concern.

Participant 11

Moreover, some participants did not agree with professionals' stance against co-sleeping because they felt that everyone's sleep was improved when they slept together. They felt that if co-sleeping were to be encouraged, night times would become safer.

...you wouldn't be able to tell them [health visitors] that they [siblings] sleep in a bed, they would be like emm don't do that but he gets a great sleep.

Participant 3

... we got more sleep when she was in with us but you can't tell the health visitor that because you know they will string you up ... the thing is don't do it so everybody's scared of doing it, so they will sit up on the sofa which is actually more dangerous than lying down in your bed.

Participant 4

Conversely, some participants felt that co-sleeping negatively affected their own sleep quality, highlighting the diversity required in sleep advice due to individual differences.

... it's [co-sleeping] not feasible, ... it's not just that Hollywood kind of look of everyone just cuddling in and being nice... they are moving ... it's a busy night.

Participant 15

Thus, advice should be provided on different sleeping practices. The interviews suggested that this advice should 'guide' (Participant 13) and encourage parents to 'trust their instinct' (Participant 9). It should also encourage parents to not jump quickly between sleeping practices as sometimes they 'are not giving it a shot for long enough' (Participant 5m).

Help manage expectations. Additionally, according to participants, the expectation that young children should sleep well created much stigma towards parents whose children were having sleep difficulties. This was preventing them from seeking help.

... a lot of women, ... can't seek the help that they need a) because they are a bad parent and b) because the age of their child doesn't equal the age where they should be sleeping through the night...

Participant 12

...there is that stigma around that if you have a child that doesn't sleep...I find well I'll be judged for doing something not right, so best just not to mention it...

Participant 4

Although some of this judgement may only exist in the participants' heads, the following quotes suggest that some level of judgement does truly occur.

... most people who've got children who don't sleep, they don't sleep because they [the parents] don't like hearing them cry

Participant 5

...sort of every week when we saw them [grandparents], 'is he sleeping through yet, is he sleeping through yet' it's like well no, he's not sleeping through yet, he's 3 weeks old, he is not sleeping through ...and its often 'well emm Susan was sleeping through at 2 weeks old' and iit's like you were super lucky with Susan ...

Participant 12

The above quotes suggest that judgement is coming from others who have not faced the same difficulties and thus have too high expectations of all children. Too high expectations also appear to affect parents' perceptions of themselves.

It's about setting expectations that your baby will not sleep every night all night...if I had known that with my first child I would have been able to maybe not set so much pressure on myself.

Participant 15

Moreover 'if you've been told right from the beginning "right your baby may not sleep, we've got this session [educational class]" you are probably more likely to go' (Participant 4). Specifically, parents need to know that not all children are able to sleep straight away, but their child's sleep can be improved.

I think women expect that kids are not going to sleep well and so they just accept it as part of this is just life with a little kid, whereas I actually don't think it has to be that way...

Participant 7

The above quote is supported by participants normalising their children's sleep problems, as demonstrated below.

...so although I'd say she wakes up every 2 hours, it's not like 2 hours and then it's 10 minutes back to sleep its...its constant and yet I feel like I didn't have it as bad for her as I could have done...

Participant 4

Thus, although advice should help reassure parents that 'you can't put a timetable on' (Participant 12*) children sleeping through, it should also provide information on how to increase the likelihood of it happening.

When

Although the participants wanted information to be *provided prenatally*, they also wanted it to be *easily accessible throughout the child's development*.

Provided prenatally. Educational classes were, on the large, not seen as beneficial because parents are 'too busy, too tired to go to the sleep thing' (Participant 3).

... you couldn't attend, you wouldn't have space...and then the point when you desperately need it, you are just so sleep deprived that you just can't even tell people what your name is never mind get yourself out the house.

Participant 9

Instead, the participants felt that it would be better to 'wrap it in with...the antenatal classes' (Participant 9).

I would recommend getting the information out through antenatal groups rather than the health visitor because at the antenatal groups you actually have time to take away the information and read it.

Participant 4

Readily accessible throughout child's development. They also wanted to receive updates throughout their child's development because 'children's ...sleeping habits change a lot' (Participant 14). However, this was currently lacking.

The health visiting team gave the pack out then it stops and you don't really, you don't necessarily see them until aged 4are not getting any leaflets through the door... I think there's a relationship gap.

Participant 15

Nowadays, advice from family members was also seen as being less readily available than it was in the past.

...individual families, mother, father and children are very isolated whereas in the past you would have had help from granny and great granny all in the same sort of house.

Participant 5f

The interviews suggested that the internet is filling the gap created by both a lack of contact with professionals and family members.

They say it takes a village to bring up a child...your village now is Facebook.

Participant 15

The internet has 'made everything far more accessible' (Participant 11), especially at night when you are 'absolutely exhausted and you just want to give up' (Participant 2). However, it also has its limitations.

...when I look at the internet ... you end up more overwhelmed and discouraged because you see more like negative stories I fear or too much conflicting information.

Participant 7

...forums I also think is a can of worms sometimes... because you can have lots of opinionated people there, not necessarily giving the right advice.

Participant 13

Thus, good professional advice needs to be as readily available, which is currently not the case, perhaps because 'resources are stretched' (Participant 8).

I don't think there's enough appointments available ...so trying to get an appointment is nigh on impossible if it's within 2 weeks.

Participant 12

Moreover, participants did not want to visit their general practitioner because of 'the worry that it wasn't serious enough or that it was a waste of their time' (Participant 8).

To increase the accessibility of professional advice, participants suggested that leaflets should be distributed at 'all community hub areas' (Participant 3). Additionally, phone-in sessions would allow parents to speak directly to professionals.

...have a little slot [on the radio]... where they [parents] ask questions and they kind of get advice from a healthcare professional...

Participant 12

Summary

The findings suggest that professionals should work on developing better advice on sleep in young children in partnership with parents. The advice should describe different pathways to

support good sleep quality in a clear, non-judgemental manner. Parents should be encouraged to select a pathway that suits their family and to stick to it for a considerable amount of time. Additionally, advice should help manage expectations and be given prenatally as well as at regular follow-ups. It should also be easily accessible whenever needed.

Discussion

This study aimed to develop an understanding of UK advice on sleep in young children and suggest ways in which it can be improved. Using grounded theory methodology, the current study identifies *how* mothers want advice to be formulated, *what* they want it to include and *when* they want to receive it.

How

In support of Geinger, Vandebroek and Roets (2014), this study shows that mothers value advice that comes from experience, whether it comes from friends, family members or healthcare professionals. Specifically, participants would only seek advice from friends or family who have had similar experiences. Moreover, similar to Baruch (1981), the current findings suggest that some parents feel that childless professionals are unable to understand family life and thus, cannot offer effective advice. Although not all participants felt this way, the current study suggests that if experience were to be incorporated into advice through professionals working in collaboration with parents, then some parents may be more likely to trust and implement professional advice.

Furthermore, the current study suggests that parents may not seek professional advice as they are aware that doctors lack knowledge in paediatric sleep (“Top doctor”, 2017) due to a lack of training (Ersu, 2017). Thus, professionals’ knowledge on sleep needs to be increased so that professionals are able to give evidence-based advice and that parents trust them.

Moreover, similar to previous literature (e.g. Francis, 2012; Wilikins, 2006), the current study highlights an almost default sense of judgement surrounding parenting, which may prevent parents from seeking or giving advice. This judgement may come from the tradition of ‘mother blaming’, in which the mother is blamed for both the actions and health of their children (Jackson & Mannix, 2004). Parents fear this judgement and thus do not seek advice. Moreover, the current awareness of the problems associated with this blame culture may explain why parents do not want to give advice as they do not want to be seen as colluding in it. Thus, measures need to be taken to both reduce mother blaming and encourage parents to give non-judgemental, good quality advice.

What

Previously, there has been a disproportionate emphasis on the negative side of co-sleeping and a lack of robust research (Mileva-Seitz, Bakermans-Kranenburg, Battaini & Luijk, 2016). Unsurprisingly, co-sleeping is currently stigmatised in the West (Nasatir-Hilty, 2014). This study suggests that mothers want to see a change in both the research conducted and advice provided. Specifically, they seem to want advice to be supported by robust evidence, to consider individual differences and be free of stigma. For example, consistent with Ward (2015), this study suggests that some families may sleep better when co-sleeping. Thus, it may be too simplistic to solely view co-sleeping as a negative practice.

Co-sleeping refers to a parent and child sleeping in close proximity and can be separated into room-sharing, e.g. when a parent and child sleep in the same area but on different surfaces and bed-sharing, e.g. when a parent and child sleep on the same bed (Infant Sleep Information Source, 2016). Although not explicitly asked, most participants referred to the child sleeping in the parental bed when discussing co-sleeping.

The estimated prevalence of co-sleeping in Scotland and England is 19.9% and 29.4% respectively (Mileva-Seitz et al., 2016). However, it may be more common than presented as, in support of Ward (2015), the current study shows that it is occurring covertly due to the associated stigma. Since co-sleeping is dangerous if not practised safely, professionals need to be able to engage in open discussions with parents about it. Specifically, co-sleeping has been related to sudden infant death syndrome (SIDS, Lavalley & Scannell, 2017). However, evidence on co-sleeping and SIDS is limited by small samples (Russel & Ball, 2015) and by studies combining bed-sharing with sofa-sleeping, i.e. when a parent sleeps with their child on a sofa (Lavalley & Scannell, 2017).

Although sofa-sleeping is more dangerous than bed-sharing (Blair et al., 2009), this study suggests that stigma associated with co-sleeping may lead parents to sit on a sofa with their young child during night awakenings to avoid co-sleeping. Due to tiredness, they may ultimately fall asleep on the sofa (Blair et al., 2009). Thus, discussing co-sleeping in a positive light may prevent more dangerous practices from occurring.

Other risk factors for SIDS include smoking and co-sleeping with someone under the influence of alcohol (Blabey & Gessner, 2009). However, routine bed-sharing, in the absence of smoking, has been shown to not increase the risk of SIDS (Vennemann et al, 2012). Additionally, breastfeeding is protective against SIDS (Task Force on SIDS, 2016) and often occurs in combination with bed-sharing (Ball et al., 2016).

Thus, when practised safely, co-sleeping may be an appropriate and beneficial practice for some families. Consequently, as recommended by the National Institute for Health and Care Excellence (NICE, 2014), parents should receive balanced information on different sleep practices. Some of the current participants, who discussed advice being one-sided, had a child born after these guidelines were formulated, suggesting that the guidelines are not being

implemented. If the guidelines were to be followed, parents may be happier to seek advice on sleep from professionals and thus parental knowledge may be improved.

In support of Rudzik and Ball (2016), this study suggests that advice should also help manage expectations. Similar to Wilkens (2006), this study has highlighted that existing advice can create idealistic expectations, decreasing the likelihood of parents seeking help. Thus, individual differences within children's ability to sleep should be publicised in order to reduce the stigma surrounding a child not sleeping. .

Simultaneously, advice should inform parents that children's sleep quality can be improved. Specifically, the current study and previous literature (e.g. Afsharpaiman et al., 2015; Honaker & Meltzer, 2016) suggest that some parents are not recognising their child's poor sleep as being problematic. This may be due to a limited awareness of the negative consequences of poor sleep (Afsharpaiman et al., 2015) or to parents normalising sleep problems by only discussing their child's sleep with other struggling parents. As professionals expect parents to raise concerns about sleep with them, this might be preventing children's sleep problems from being treated (Honaker & Melzter, 2016).

When

Similar to previous research (e.g. Barnes et al., 2008; Deave, Johnson & Ingram, 2008), the present study shows that parents want to receive advice prenatally. Specifically, the current participants believed that parents would not attend educational classes after their child's birth due to a lack of time and energy. This may explain the poor recruitment rate in Wilson et al. (2014). However, take-up was found to be high for a British sleep course aimed at parents of children with learning disabilities (Stuttard, Beresford, Clarke, Beechan & Curtis, 2015). It may be the case that parents of children with learning disabilities are more likely to attend educational classes than parents of typically developing children.

Since antenatal classes usually focus on the birth, the ‘Having a Baby’ antenatal program was created (Svensson, Barclay, & Cooke 2009), which concentrates more on parenting issues. It includes problem-solving activities as well as sessions with new parents who speak about their experiences (Svensson, et al., 2009). Svensson et al. (2009) showed that this program significantly improved parental knowledge and perceived maternal self-efficacy compared to a regular program. Moreover, the current findings suggest that its content would be welcomed by parents. In addition to providing parenting advice, antenatal classes should give parents time to bond with other parents, which was suggested in Barimani, Vikström, Rosander, Forslund and Berlin (2017) and is supported by the current findings.

However, limited time is available prenatally (Renkert & Nutbean, 2001). Moreover, the current study suggests that parents also want to receive information throughout their child’s development. Thus, leaflets could be easily used to expand on the information which was given prenatally. Leaflets have been shown to be effective at increasing parental knowledge (Russell, Whitmore, Burrows & Ball, 2015) as well as at improving young children’s sleep quality (Eckerberg, 2002).

Additionally, professional advice could be made more accessible through increasing the online presence of professionals (Moorhead et al., 2013). Specifically, as shown in the current study and previous research (Evison et al., 2017; Moore, Milligan & Goff, 2014), mothers are already using the internet for parenting advice. If professionals were to capitalise on this trend, they may improve both the clarity and reliability of online advice and reduce the judgemental attitude currently present (Moorhead et al., 2013).

Limitations

A previous study found differences in the use of educational classes between low and high-income parents (Holloway & Pimlott-Wilson, 2014). Thus, the current study may not represent the views and experiences of parents from deprived areas in the UK.

Moreover, the current study, similar to previous literature (Zaidman-Zait & Hall, 2015), under-represents fathers and thus their views also remain unknown. Zaidman-Zait and Hall (2015) showed that similar to mothers, fathers were also affected by their child's sleep. However, in the UK it is likely that mothers are the ones that ultimately seek advice for their children's sleep as it is mothers who commonly switch to part time work in order to take care of their children whilst fathers tend to become the main breadwinners (Norman, Elliot & Fargan, 2013). Nevertheless, the incidence of fathers who are primary caregivers is increasing in the UK (Norman et al., 2013) and thus their experiences of seeking advice on their children's sleep warrants investigation.

Cultural differences may also affect how generalizable the current results are. Specifically, due to differences in each country's healthcare system (Zwaanswijk et al., 2003), parents outwith the UK may have completely different experiences of professional advice on sleep. Furthermore, there are substantial differences in young children's sleep patterns across cultures (Mindell, Sadeh, Wiegand, How & Goh, 2010), which may also affect what advice is given and how parents perceive the advice. For example, Mindell et al. (2010) found children from Asia to have later bedtimes than children from Oceania, North America and Europe. Thus, the current study should not be generalised to other countries and cultures.

On a similar note, it should be noted that not all of the participants were White British nor did they all live within the same area of the UK. However, no differences in perceptions were found between the White British participants residing in Scotland and the other two participants. This

is likely because all had lived for many years within the United Kingdom and suggests that despite differences, the current sample was homogenous in regards to the research question.

Implications for practice

Policy makers and professionals should consider the current findings to improve advice given to parents. Materials currently exist, which could immediately be made more readily available in the UK, for example, the ‘Having a Baby’ program (Svensson et al., 2009) and the leaflets developed by Russell et al. (2015), which contain balanced information on different sleeping practices. In addition, health professionals’ knowledge could be increased through sleep education programmes, which have previously been shown to be effective (Ersu et al., 2017).

The current study supports Barnes et al. (2008) as it suggests that UK parents want non-judgemental conversations about parenting to begin during pregnancy and to continue throughout their child’s development. As Barnes et al. (2008) found similar themes across parenting issues; the current findings may also be generalizable to other types of parenting advice.

Future research

This study has highlighted parents’ desire for professionals to consider parental views and experiences in order to determine which sleeping practices are safe and result in good sleep outcomes for the entire family. The National Institute for Health and Care Excellence (2014) previously reached a similar conclusion.

Moreover, the current study suggests that because advice is seen as being standardised, parents do not think professionals are interested in individual experiences. It would be useful for future research to determine what health professionals actually think.

Conclusion

This study has highlighted issues with current advice on sleep in young children, according to a sample of UK parents. It suggests that parents may not seek advice for their children's poor sleep because they fear being judged and believe they already know what professionals would say. This study makes suggestions to health professionals and policy makers on the formation, delivery and content of sleep advice in young children. Future research should consult parents to investigate different sleeping practices holistically.

References

- Acebo, C., Sadeh, A., Seifer, R., Tzischinsky, O., Hafer, A., & Carskadon, M. A. (2005). Sleep/wake patterns derived from activity monitoring and maternal report for healthy 1-to 5-year-old children. *Sleep*, 28(12), 1568-1577. doi: 10.1093/sleep/28.12.1568
- Afsharpaiman, S., Bagheri Hagh, A., Kolbadi Nejad, M., Amirsalari, S., Torkaman, M. (2015). Sleep Problems Under-Reported by Parents in Iranian Children. *Acta Medica Iranica*, 53(9), 582-584.
- American Academy of Sleep Medicine. (2014). Chronic Insomnia Disorder. In *International classification of Sleep Disorders* (3rd ed., pp. 21-41). Darien, IL: American Academy of Sleep Medicine.
- Ball, H. L., Howel, D., Bryant, A., Best, E., Russell, C., & Ward- Platt, M. (2016). Bed-sharing by breastfeeding mothers: who bed- shares and what is the relationship with breastfeeding duration? *Acta Paediatrica*, 105(6), 628-634. doi: 10.1111/apa.13354
- Barimani, M., Vikström, A., Rosander, M., Forslund F, K., & Berlin, A. (2017). Facilitating and inhibiting factors in transition to parenthood—ways in which health professionals can support parents. *Scandinavian Journal of Caring Sciences*. Advance Online Publication. doi: 10.1111/scs.12367
- Barnes, M., Pratt, J., Finlayson, K., Courtney, M., Pitt, B., & Knight, C. (2008). Learning about baby: what new mothers would like to know. *The Journal of perinatal education*, 17(3), 33-41. doi: 10.1624/105812408X329584
- Baruch, G. (1981). Moral tales: parents' stories of encounters with the health professions. *Sociology of Health & Illness*, 3(3), 275-295. doi: 10.1111/1467-9566.ep10486851

- Blabey, M. H., & Gessner, B. D. (2009). Infant bed-sharing practices and associated risk factors among births and infant deaths in Alaska. *Public health reports*, 124(4), 527-534. doi: 10.1177/003335490912400409
- Blair, P. S., Sidebotham, P., Evason-Coombe, C., Edmonds, M., Heckstall-Smith, E. M., & Fleming, P. (2009). Hazardous cosleeping environments and risk factors amenable to change: case-control study of SIDS in south west England. *Bmj*, 339, b3666. doi: 10.1136/bmj.b3666
- Charmaz, K. (2014). *Constructing grounded theory*. (2nd ed.) Los Angeles: SAGE Publications.
- Costa-Font, J., & Flèche, S. (2017). *Parental sleep and employment: evidence from a British cohort study*. CEP Discussion Papers, CEPDP1467. Centre for Economic Performance, London School of Economics and Political Science, London, UK.
- Deave, T., Johnson, D., & Ingram, J. (2008). Transition to parenthood: the needs of parents in pregnancy and early parenthood. *BMC pregnancy and Childbirth*, 8(1), 30-41. doi: 10.1186/1471-2393-8-30
- Dey, I. (1999). *Grounding grounded theory*. San Diego: Academic Press.
- Diethelm, K., Bolzenius, K., Cheng, G., Remer, T., & Buyken, A. E. (2011). Longitudinal associations between reported sleep duration in early childhood and the development of body mass index, fat mass index and fat free mass index until age 7. *International Journal of Pediatric Obesity*, 6, e114-e123. doi: 10.3109/17477166.2011.566338
- Eckerberg, B. (2002). Treatment of sleep problems in families with small children: is written information enough? *Acta Paediatrica*, 91(8), 952-959. doi: 10.1111/j.1651-2227.2002.tb02861.x

Ersu, R., Boran, P., Akin, Y., Bozaykut, A., Ay, P., & Sami, A. (2017). Effectiveness of a sleep education program for pediatricians. *Pediatrics International*, 59(3), 280-285. doi: 10.1111/ped.13147

Evison, R., Zouharová, V., Biello, S. & Gardani, M. (2016). *Sleeping practices in pre-school children: sleep location and maternal knowledge*. J Sleep Research S1 1-401.

Smith, J.A., Flower P. and Larkin M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: Sage.

Francis, A. (2012). Stigma in an era of medicalisation and anxious parenting: how proximity and culpability shape middle- class parents' experiences of disgrace. *Sociology of health & illness*, 34(6), 927-942. doi: 10.1111/j.1467-9566.2011.01445.x

Geinger, F., Vandebroek, M., & Roets, G. (2014). Parenting as a performance: Parents as consumers and (de) constructors of mythic parenting and childhood ideals. *Childhood*, 21(4), 488-501. doi: 10.1177/0907568213496657

Glaser, B.G., & Strass, A.L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine Press

Holloway, S. L., & Pimlott-Wilson, H. (2014). "Any Advice is Welcome Isn't it?": Neoliberal Parenting Education, *Local Mothering Cultures, and Social Class*. *Environment and Planning A*, 46(1), 94-111. doi: 10.1068/a45457

Honaker, S. M., & Meltzer, L. J. (2016). Sleep in pediatric primary care: a review of the literature. *Sleep medicine reviews*, 25, 31-39. doi: 10.1016/j.smrv.2015.01.004

Infant Sleep Information Source (2016). *Definitions of Terms Used on This Site*. Retrieved June 27, 2017 from: https://www.isisonline.org.uk/hcp/research_evidence/definitions/

- Jackson, D., & Mannix, J. (2004). Giving voice to the burden of blame: A feminist study of mothers' experiences of mother blaming. *International journal of nursing practice*, *10*(4), 150-158. doi: 10.1111/j.1440-172X.2004.00474.x
- Jafar, N. K., Tham, E. K., Eng, D. Z., Goh, D. Y., Teoh, O. H., Lee, Y. S., ... & Gooley, J. J. (2017). The association between chronotype and sleep problems in preschool children. *Sleep Medicine*, *30*, 240-244. doi: 10.1016/j.sleep.2016.11.015
- Jagosh, J., Bush, P. L., Salsberg, J., Macaulay, A. C., Greenhalgh, T., Wong, G., ... & Pluye, P. (2015). A realist evaluation of community-based participatory research: partnership synergy, trust building and related ripple effects. *BMC Public Health*, *15*(1), 725-736. doi: 10.1186/s12889-015-1949-1
- Kalmbach, D. A., Schneider, L. D., Cheung, J., Bertrand, S. J., Kariharan, T., Pack, A. I., & Gehrman, P. R. (2016). Genetic basis of chronotype in humans: Insights from three landmark GWAS. *Sleep*, *40*(2), zsw048. doi: 10.1093/sleep/zsw048
- Kocevska, D., Muetzel, R. L., Luik, A. I., Luijk, M. P., Jaddoe, V. W., Verhulst, F. C., ... & Tiemeier, H. (2017). The Developmental Course of Sleep Disturbances Across Childhood Relates to Brain Morphology at Age 7: The Generation R Study. *Sleep*, *40*(1), zsw022. doi: 10.1093/sleep/zsw022
- Lavallee, L., & Scannell, M. (2017). Infant bed-sharing: supporting parents to make an informed decision. *Nursing Standard*, *31*(30), 42-51. doi: 10.7748/ns.2017.e10427
- McDowall, P. S., Campbell, A. C., Elder, D. E. (2016). Parent Knowledge of child sleep: a pilot study in a children's hospital cohort. *Sleep Medicine*. *21*, 57-62. doi: 10.1016/j.sleep.2016.01.014

- McDowall, P. S., Galland, B. C., Campbell, A. J., & Elder, D. E. (2017). Parent knowledge of children's sleep: A systematic review. *Sleep medicine reviews*, *31*, 39-47. doi: 10.1016/j.smrv.2016.01.002
- Meltzer, L. J., Johnson, C., Crosette, J., Ramos, M., & Mindell, J. A. (2010). Prevalence of diagnosed sleep disorders in pediatric primary care practices. *Pediatrics*, *125*(6), e1410-e1418. doi: 10.1542/peds.2009-2725
- Mileva-Seitz, V. R., Bakermans-Kranenburg, M. J., Battaini, C., Luijk, M. P. (2017). Parent-child bed-sharing: The good, the bad, and the burden of evidence. *Sleep Medicine Reviews*, *32*, 4-27. doi: 10.1016/j.smrv.2016.03.003
- Mills, J., Bonner, A., & Francis, K. (2006). The development of constructivist grounded theory. *International journal of qualitative methods*, *5*(1), 25-35. doi: 10.1177/160940690600500103
- Mindell, J. A., Sadeh, A., Wiegand, B., How, T. H., & Goh, D. Y. (2010). Cross-cultural differences in infant and toddler sleep. *Sleep medicine*, *11*(3), 274-280.
- Moore, A. P., Milligan, P., & Goff, L. M. (2014). An online survey of knowledge of the weaning guidelines, advice from health visitors and other factors that influence weaning timing in UK mothers. *Maternal & child nutrition*, *10*(3), 410-421. doi: 10.1111/j.1740-8709.2012.00424.x
- Moorhead, S. A., Hazlett, D. E., Harrison, L., Carroll, J. K., Irwin, A., & Hoving, C. (2013). A new dimension of health care: systematic review of the uses, benefits, and limitations of social media for health communication. *Journal of medical Internet research*, *15*(4), e85. doi: 10.2196/jmir.1933

- Nasatir-Hilty, S. E. (2014). *Cosleeping: A Universal Human Phenomenon* (Senior Project). Retrieved from <http://digitalcommons.calpoly.edu/cgi/viewcontent.cgi?article=1150&context=socssp>
- National Institute for Health and Care Excellence (NICE). (2014). *Postnatal Care Update Stakeholder Comments and Responses*. Retrieved July 9, 2017 from <https://www.nice.org.uk/guidance/cg37/documents/postnatal-careupdate-stakeholder-comments-and-responses2>
- Norman, H., Elliot, M., & Fagan, C. (2014). Which fathers are the most involved in taking care of their toddlers in the UK? An investigation of the predictors of paternal involvement. *Community, Work & Family*, 17(2), 163-180. doi: 10.1080/13668803.2013.862361
- Office for National Statistics. (2016). *Birth by parent's characteristics in England and Wales: 2015*. Retrieved July 1, 2017, from <http://www.ons.gov.uk/ons/rel/rdit2/internet-access-households-and-individuals/2013/stb-ia-2013.html>
- Owens, J.A., Jones, C., Nash, R.. (2011) Caregivers' knowledge, behaviour and attitudes regarding healthy sleep in young children. *Journal of Clinical Sleep Medicine*, 7(4), 345-350. doi: 10.5664/JCSM.1186
- Renkert, S., & Nutbeam, D. (2001). Opportunities to improve maternal health literacy through antenatal education: an exploratory study. *Health Promotion International*, 16(4), 381-388. doi: 10.1093/heapro/16.4.381
- Rudzik, A.E. and Ball, H.L. (2016). Exploring maternal perceptions of infant sleep and feeding method among mothers in the United Kingdom: a qualitative focus group study. *Maternal and child health journal*.,20 (1), 33-40. doi: 10.1007/s10995-015-1798-7

- Russell, C. K., Whitmore, M., Burrows, D., & Ball, H. L. (2015). Where might my baby sleep? Design and evaluation of a novel discussion tool for parent education. *International journal of birth and parenting education*, 2(2), 11-15.
- Sadeh A, Mindell JA, Luedtke K, Wiegand B. (2009). Sleep and sleep ecology in the first 3 years: a web-based study. *Journal of Sleep Research*, 18(1), 60–73. doi: 10.1111/j.1365-2869.2008.00699.x
- Saldaña, J. (2015). *The coding manual for qualitative researchers*. Sage. (pp. 28-29)
- Scottish Government (2017). *Summary: Age Demographics*. Retrieved July, 6 2017, from <http://www.gov.scot/Topics/People/Equality/Equalities/DataGrid/Age/AgePopMig>
- Stuttard, L., Beresford, B., Clarke, S., Beecham, J., & Curtis, J. (2015). A preliminary investigation into the effectiveness of a group-delivered sleep management intervention for parents of children with intellectual disabilities. *Journal of Intellectual Disabilities*, 19(4), 342-355. doi: 10.1177/1744629515576610
- Svensson, J., Barclay, L., & Cooke, M. (2009). Randomised-controlled trial of two antenatal education programmes. *Midwifery*, 25(2), 114-125. doi: 10.1016/j.midw.2006.12.012
- Task Force on Sudden Infant Death Syndrome. (2016). SIDS and other sleep-related infant deaths: Updated 2016 recommendations for a safe infant sleeping environment. *Pediatrics*, e20162938. doi: 10.1542/peds.2016-2938
- Thomas, D. R. (2017). Feedback from research participants: are member checks useful in qualitative research? *Qualitative Research in Psychology*, 14(1), 23-41. doi: 10.1080/14780887.2016.1219435
- Top doctor calls for children's sleep to be part of public health agenda (2017, March 6)
- Retrieved from

<http://www.uhs.nhs.uk/AboutTheTrust/Newsandpublications/Latestnews/2017/March-2017/Top-doctor-calls-for-childrens-sleep-to-be-part-of-public-health-agenda.aspx>,

Touchette, É., Petit, D., Paquet, J., Boivin, M., Japel, C., Tremblay, R. E., & Montplaisir, J. Y. (2005). Factors associated with fragmented sleep at night across early childhood. *Archives of pediatrics & adolescent medicine*, 159(3), 242-249. doi: 10.1001/archpedi.159.3.242

Vennemann, M. M., Hense, H. W., Bajanowski, T., Blair, P. S., Complojer, C., Moon, R. Y., & Kiechl-Kohlendorfer, U. (2012). Bed sharing and the risk of sudden infant death syndrome: can we resolve the debate? *The Journal of pediatrics*, 160(1), 44-48. doi: 10.1016/j.jpeds.2011.06.052

Ward, T. C. S. (2015). Reasons for mother–infant bed-sharing: A systematic narrative synthesis of the literature and implications for future research. *Maternal and child health journal*, 19(3), 675-690. doi: 10.1007/s10995-014-1557-1

Whalen, D. J., Gilbert, K. E., Barch, D. M., Luby, J. L., & Belden, A. C. (2017). Variation in common preschool sleep problems as an early predictor for depression and anxiety symptom severity across time. *Journal of Child Psychology and Psychiatry*, 58(2), 151-159. doi: 10.1111/jcpp.12639

Whittemore, R., Chase, S. K., & Mandle, C. L. (2001). Validity in qualitative research. *Qualitative health research*, 11(4), 522-537. doi: 10.1177/104973201129119299

Wilkins, C. (2006). A qualitative study exploring the support needs of first-time mothers on their journey towards intuitive parenting. *Midwifery*, 22(2), 169-180. doi: 10.1016/j.midw.2005.07.001

- Wilson, K. E., Miller, A. L., Bonuck, K., Lumeng, J.C., Chervin, R.D. (2014). Evaluation of a Sleep Education Program for Low-Income Preschool Children and Their Families. *Sleep*, 37(6), 1117-1125. doi: 10.5665/sleep.3774
- Wu, Y., Zhai, L., & Zhang, D. (2014). Sleep duration and obesity among adults: a meta-analysis of prospective studies. *Sleep medicine*, 15(12), 1456-1462. doi: 10.1016/j.sleep.2014.07.018
- Zhai, L., Zhang, H., & Zhang, D. (2015). Sleep duration and depression among adults: a meta-analysis of prospective studies. *Depression and anxiety*, 32(9), 664-670. doi: 10.1002/da.22386
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and health*, 15(2), 215-228. doi: 10.1080/08870440008400302
- Zaidman- Zait, A., & Hall, W. A. (2015). Children's night waking among toddlers: relationships with mothers' and fathers' parenting approaches and children's behavioural difficulties. *Journal of advanced nursing*, 71(7), 1639-1649. doi: 10.1111/jan.12636
- Zwaanswijk, M., Verhaak, P. F., Bensing, J. M., Van der Ende, J., & Verhulst, F. C. (2003). Help seeking for emotional and behavioural problems in children and adolescents. *European child & adolescent psychiatry*, 12(4), 153-161. doi: 10.1007/s00787-003-0322-6

Tables and Figures

Table 1. Participant information

		Number of mothers
Location in the UK	South East of England	1
	West central belt of Scotland	9
	North East of Scotland	5
Ethnicity	White British	14
	Mixed ethnic group	1
Highest education level	College	2
	Undergraduate	9
	Masters	3
	PhD	1
Estimated household income	Low	1
	Average	10
	High	4
Currently employed	No	4
	Yes	11

Table 2. Distribution of children and their ages among participants

Participant	Infants (0-12 months)	Toddlers (1-3 years)	Pre-schoolers (3-5 years)	Primary-School aged children (5-12 years)
1	0	0	1	1
2	0	0	1	0
3	0	1	1	0
4	0	0	2	0
5m, 5f	0	1	1	0
6	0	0	1	1
7	0	0	1	2
8	0	1	1	1
9	0	0	1	2
10	0	0	1	0
11	0	1	1	0
12	1	0	1	0
13	0	0	1	2
14	0	0	1	0
15	1	0	1	1
Total	2	4	16	10

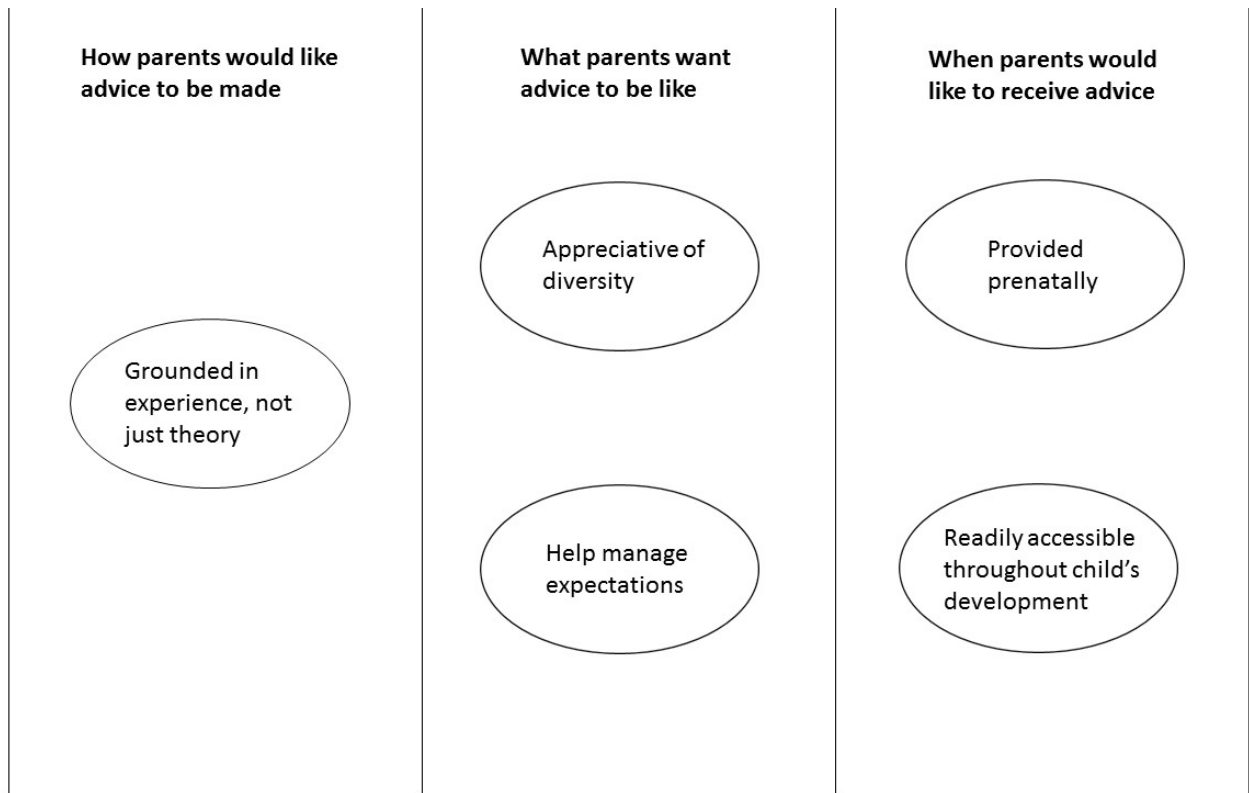


Figure 1. Categories identified from the analysis indicating how, what and when parents would like to receive advice.