



RESEARCH

INFORMATION

The Parental Advice and Unscheduled Care (Parachute) Study: How social support influences new parents' responses to infant illness and decisions to access



AIMS

This project sought to understand how social support shapes new parents' responses to infant illness and their decisions to access urgent and unscheduled care. It examined how informal networks and NHS services influence parental uncertainty, trust, and navigation of urgent and unscheduled care systems during the first year of life.



KEY FINDINGS

- New parents experience infant illness as a period of heightened uncertainty, and social support is central to how they interpret symptoms and make decisions about accessing urgent and unscheduled care during the first year of life
- Informal personal networks, particularly other parents, help interpret symptoms and provide reassurance, shaping decisions about whether to manage illness at home or seek urgent and unscheduled care



- Trust in NHS services can be actively built through predictability, familiarity, and positive interactions, shaping how parents navigate urgent and unscheduled care and supporting access to the 'right care, right place'
- While health visitors provide direct emotional support, their primary contribution lies in modelling appropriate use of urgent and unscheduled care and expanding parents' support networks by encouraging them to seek help and linking them to other services during early and routine contacts
- Parents who trusted that services were available and accessible felt more confident waiting and monitoring symptoms, and were more likely to manage illness at home before seeking care



WHAT DID THE STUDY INVOLVE?

Eighteen parents (10 mothers and 8 fathers) of infants under one year were recruited through parenting charities across Scotland; all were interviewed individually except for one couple. Interviews included personal network mapping, discussion of recent illness experiences, and responses to two realistic illness scenarios. Data were analysed to identify patterns in how parents interpret symptoms and make decisions about seeking care. Parents also contributed to the study design, including the development of interview questions.



WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

The study found that parents rely on emotional support (reassurance) and appraisal support (help interpreting symptoms) from others when responding to childhood illness, with decisions about urgent and unscheduled care shaped by the availability of social support rather than symptoms alone. These findings show that parental responses are socially mediated, and that health visitors play a key role by linking parents to additional support and modelling appropriate use of urgent and unscheduled care.



WHAT IMPACT COULD THE FINDINGS HAVE?

Parents and families: The findings show that increasing parents' trust in services reduces uncertainty and anxiety during childhood illness and increases confidence to manage minor illness independently. Parents with limited support, particularly from their own mother and other parents, may lack reassurance to reduce anxiety, increasing reliance on urgent and unscheduled care. Support can be strengthened by actively linking parents with other parents and services, expanding the help available when a child is unwell.

Practice implications: In general practice, addressing emotional reassurance alongside clinical assessment may help resolve uncertainty and reduce escalation. Clearer and more consistent reception roles, supported by uniform titles such as care navigator, appropriate training, and clear explanation to parents, may strengthen trust and reduce uncertainty at the point of access. When trusted, health visitors are a key source of emotional and appraisal support. Their primary contribution, however, lies in expanding the support available to parents by linking them to services and resources they may not otherwise access. In doing so, they also model appropriate use of urgent and unscheduled care. Fathers were often a first source of support for mothers but only included the health visitor in their networks if they had met them. Including fathers in the first visit may therefore expand the mothers' support indirectly, as fathers can contact the health visitor if concerned about the mother or baby.

Policy implications: The study shows how trust can be actively created within NHS services to support parents to access the right care in the right place. Clearer and more predictable access arrangements in general practice may reduce unnecessary escalation. As the Universal Health Visiting Pathway is refreshed, there is an opportunity to consider expanding the 11–14-day window for the first health visiting contact. This could help capture more fathers before their return to work and increase the likelihood that part-time staff can deliver the visit, supporting continuity of care.



HOW WILL THE OUTCOMES BE DISSEMINATED?

Study outcomes will be shared with parents, practitioners, and policymakers through a combination of academic, professional, and practice-focused outputs. Findings will be disseminated via peer-reviewed publications, presentations to health visiting, general practice, and urgent care audiences, and through accessible summaries shared with parenting organisations and third-sector partners. Policy-relevant findings will be shared with NHS and Scottish Government stakeholders, and learning will be incorporated into health visiting education and professional development to improve social support, trust, and use of urgent and unscheduled care.



CONCLUSION

This study shows that new parents' decisions about responding to infant illness and accessing urgent and unscheduled care are shaped less by symptoms alone and more by uncertainty, anxiety, and the availability of social support. Trust in both personal networks and NHS services increases parents' perceived support, which reduces anxiety and builds confidence to manage minor illness independently and to wait for symptoms to change before seeking care. Health visiting plays a distinctive role in this process by providing reassurance, expanding parents' support networks, and modelling how urgent and unscheduled care can be accessed and used appropriately. In practice, this suggests that providing earlier reassurance, strengthening parents' support networks, and ensuring services are easy to access and feel predictable could help parents feel more confident managing minor illness on their own, and reduce avoidable escalation to accident and emergency departments.



RESEARCH TEAM & CONTACT



Mr Christopher Sweeney, Dr Larry
Doi, Dr Elaine Haycock-Stuart



cjsweeney122@gmail.com

University of Edinburgh



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