

Article

Caregiver Perceptions, Knowledge, and Reported Barriers: Supporting Language Development in Children Under Five

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Abstract

Caregivers' knowledge of language milestones and active engagement in responsive interactions are critical predictors of children's long-term literacy and communication outcomes. Qualitative inquiry that captures caregivers' personal perspectives and systemic barriers is essential in order to fully understand how these language-rich environments are created. This study examines caregivers' perceptions of their natural everyday interactions with children under five, exploring their knowledge of resources and barriers to accessing speech–language support services. Eight primary caregivers of at least one child aged under five participated. After completing a brief demographic questionnaire each participant engaged in a semi-structured interview focused on their perceptions and knowledge of supporting children's language development through everyday verbal interactions and navigating barriers to services. Data were analyzed using reflexive thematic analysis. Findings highlight the new insights that emerge when caregivers are asked to reflect on how they create language-rich environments. Participants valued Early Childhood Education (ECE) networks as a key source of information but reported a lack of reliable, accessible guidelines on language developmental milestones. Caregivers also expressed a need for practical strategies to enhance everyday interactions. Despite sample size limitations, these findings highlight challenges faced by caregivers and the critical need for further qualitative inquiry into how caregivers' perceptions shape communication-supportive practices.

Keywords: caregiver perceptions; everyday interactions; communication skills; early language development; supportive services

1. Introduction

Early caregiver–child interactions are positively associated with developing language skills in young children (Coffey & Snedeker, 2026; Loi et al., 2017). An existing longitudinal study showed that both the amount and quality (diversity and complexity) of caregiver language input across 18–42 months predicted children's later vocabulary development (Rowe, 2012). A study of children who are hard of hearing further demonstrated that the quality of caregiver linguistic input at 18 months (e.g., proportion of high-level vs. directing utterances) accounted for unique variance in language outcomes at 3 years (Ambrose et al., 2015). A recent meta-analysis reported small-to-medium correlations between multiple caregiver speech measures (utterances, word tokens, word types, and mean length utterance “MLU”) and children's language outcomes, showing that these associations are reliable across different groups of children and study designs (Coffey & Snedeker, 2026). Syntheses of recent evidence show that both how much and how well caregivers talk to children



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affect children's vocabulary and grammar, including for infants and toddlers on the autism spectrum (Coffey & Snedeker, 2026; Swanson, 2020).

Although early interactions between children and their caregivers are widely recognized as important for language development, this literature is largely caregiver input-focused and leaves important questions unanswered about how caregivers themselves understand and experience these everyday interactions. Several studies have examined caregivers' perspectives on their interactions with young children, their knowledge of child development, and their role in supporting language development (Bornstein et al., 2020; Gibson et al., 2020; Johnston & Wong, 2002; Levickis et al., 2020; Newbury et al., 2025; Ronski et al., 2011; Swanson, 2020). Many of these studies use quantitative methods to examine specific populations, demographic factors, or intervention impacts on child language development (Huber et al., 2023; Johnston & Wong, 2002; Newbury et al., 2025; Ronski et al., 2011; Van Hees, 2011; Weisleder & Fernald, 2013). However, there remains a gap in qualitative research that explores caregivers' own understanding and experiences in depth. The current study uses reflexive thematic analysis (RTA) of semi-structured interviews to provide a more in-depth exploration of caregivers' perceptions, knowledge, and reported barriers in their everyday interactions with their children, offering new insights into caregiver understanding of child language and support needs.

1.1. Language Nutrition and Everyday Interactions

The term "language nutrition" has been used to describe children's exposure to rich, high-quality, and high-quantity input in the context of responsive everyday interactions (e.g., talking, reading, and shared play) (Zauche et al., 2017). Research has emphasized that everyday conversations, play, and shared activities allow caregivers to model language, social, and cultural participation (Gibson et al., 2020; Swanson, 2020). Evidence-based strategies for language nutrition include following the child's interests, using child-directed speech, and creating back-and-forth exchanges during play and shared reading (Lenhart & Lingel, 2023; The Hanen Centre, 2025). Child-directed speech, commonly termed "parentese", employs higher-pitched and slower speech to enhance infant attention and word recognition (Huber et al., 2023; Johnston & Wong, 2002). The Hanen Centre's "4 Ss" framework provides a structured approach to enhance caregiver-child spoken interactions and support child language development, encompassing four key principles: Say Less, which involves employing concise, simple sentences to match the child's language level; Stress, which entails deliberately emphasizing important or novel vocabulary through intonation; Go Slow, which advocates a deliberate, measured speaking pace to facilitate comprehension; and Show, which integrates purposeful gestures, pointing, and visual cues to reinforce verbal input (Lowry, 2024).

These approaches can benefit all children, including children exposed to multiple languages, by strengthening home language foundations that facilitate second-language acquisition (Lowry, 2024). Child-centered interactions help sustain children's engagement and are associated with gains in vocabulary and early print knowledge (Mol et al., 2009; Mol & Bus, 2011). Responsive exchanges between caregivers and their children strengthen emotional bonds and link conversational skills with later literacy development; however, caregivers' awareness and use of child-centered interactions can vary with education, socioeconomic context, culture, and prior experience (Bornstein et al., 2020; Weisleder & Fernald, 2013).

1.2. Critical Literature Gaps

At least three key gaps emerge from the existing literature. First, most studies of caregiver-implemented communication interventions emphasize child outcomes and family

demographics, while giving very limited attention to how caregivers themselves make sense of their interactions and strategies. A scoping review of caregiver-implemented interventions for children aged 0–48 months found substantial variability and inconsistent reporting of caregiver characteristics, however, with almost no research examining how caregivers understand their role or interpret the strategies they are taught (Finestack et al., 2022). Similarly, a South African study with isiXhosa-speaking caregivers concluded that, although caregivers could accurately report their children’s language difficulties, there is still very little research on how caregivers from non-Western, non-English-speaking communities perceive their role in supporting language development (Bentley, 2019).

Gibson et al.’s (2020) national online survey of around 500 New Zealand parents/caregivers examined their knowledge and beliefs about child language development and how these related to demographic factors. Parents with higher education tended to show more accurate knowledge about child language development; however, the sample was skewed toward relatively high-SES, predominantly New Zealand European families, limiting insights into equity and diversity. The study relied primarily on Likert-scale items, which provided limited in-depth information about how caregivers formed their beliefs. Early childhood educators and health professionals were frequently identified as key information sources, but many caregivers still showed gaps in their understanding of how specific caregiver–child interactions support language development.

Across contexts, surveys are frequently used by researchers to measure caregivers’ knowledge or beliefs. While survey studies can quantify what caregivers report knowing or doing, they often treat beliefs and practices as static “knowledge scores” rather than exploring in depth how caregivers understand their role, interpret intervention strategies, and navigate everyday constraints in supporting children’s communication. Surveys seldom explore where these beliefs come from or the practical barriers that shape caregiver understanding; this is a second gap in the literature. Swanson’s (2020) review of caregiver speech and language development in infants and toddlers with autism spectrum disorder emphasized that caregivers play a powerful and variable role in shaping children’s language outcomes. Swanson highlighted limitations of common methods for measuring caregiver contributions, which often rely on brief tasks or global summary scores. The value of qualitative research in this area is illustrated by a cross-cultural qualitative study of families from diverse racial and ethnic backgrounds seeking access to autism services showed that caregivers’ beliefs, priorities, and information sources were closely intertwined with cultural norms, previous experiences with health and education systems, and community-level narratives and factors that are difficult to capture in standard survey formats (Stahmer et al., 2019).

Romski et al. (2011) examined parents’ perceptions of their toddlers’ communication development before and after participation in parent-coached language interventions, showing that augmented interventions can improve both children’s communication and parents’ perceptions of success but providing limited detail on how families navigated access to services or waiting times. Intervention studies show promise but still have limited generalizability, for example, Huber et al. (2023) found that parent coaching increased parent–child conversational turns at 14 months and led to more advanced vocabulary and expressive language through 30 months. However, participants in this study were English-speaking families in one context, limiting conclusions for multilingual and diverse populations. Newbury et al. (2025), analyzing Growing Up in New Zealand data for the children at preschool age, reported that maternal ethnicity was associated with lower mother-reported language scores for Māori, Pacific, Other Asian, and Middle Eastern, Latin American, and African (MELAA) compared to New Zealand European mothers, even after accounting for other influencing variables. Some SES-related variables were excluded from

their regression models to avoid multicollinearity, which may have obscured potential intersectional effects between ethnicity and socioeconomic disadvantage. The reliance on parent report for assessing children's language in this and other studies raises questions about possible reporting bias.

The third gap in knowledge relates to the narrow range of communities represented in published research. A small number of qualitative studies place caregivers' own stories and reflections at the center, and these are mostly limited to specific diagnoses or regions, leaving many communities and everyday experiences under-represented. The isiXhosa caregiver study, for instance, explicitly calls for qualitative research investigating the views of caregivers from under-represented communities regarding their children's language and their role as caregivers in supporting language development (Bentley, 2019). Cross-cultural 'caregiver voices' studies in autism show that rich, context-specific insights only emerge when caregivers' reflections are foregrounded, yet such work remains comparatively rare (Stahmer et al., 2019). The need for culturally responsive service provision for children with speech/language concerns and their families has been highlighted within New Zealand and internationally (Gillon & Macfarlane, 2017; Kohere-Smiller et al., 2025; McAlister et al., 2026; Mixson et al., 2023). Qualitative research that examines caregivers' perceptions and knowledge about child language development and perceived barriers to accessing services across more diverse family contexts would provide speech-language therapists with practical information about families' priorities and the adaptations needed to offer culturally responsive services. Such work would extend existing context-specific insights and help determine how these needs apply to families from a wider range of cultural and educational backgrounds.

1.3. Significance and Aim of the Study

Caregivers are a child's first and most enduring teachers, and the quality of everyday caregiver-child interactions shapes the foundation of early communication and language development. Speech-language therapists/pathologists (SLTs/SLPs) and other allied health professionals increasingly recognize the value of a holistic approach to practice, one that centers family involvement and seeks to understand the broader context of a child's life, needs, and environment. By working in partnership with families rather than in isolation, clinicians are better positioned to identify how caregivers can meaningfully support their child's communication within everyday routines and relationships (Bentley, 2019). Beyond language development, research on early childhood education also shows that structural factors and parents' beliefs shape how families engage with services. For example, in Germany, early childhood education attendance was influenced not only by family and contextual characteristics but also by parents' personal beliefs about childcare and education (Pietropoli & Triventi, 2023). Within New Zealand and elsewhere, families can face long waitlists for publicly funded services and unequal access to early childhood education, making it harder to obtain timely support for children's speech and language needs (Newbury et al., 2025; Pietropoli & Triventi, 2023).

This study responds to these challenges by centering caregivers' own voices to clarify what they know, what they prioritize, and what support they want from services, offering practical guidance for SLTs/SLPs, early childhood services, and educators as they design resources and practices that fit families' everyday lives. This study examines caregivers' views of their everyday interactions with young children, their knowledge of strategies for creating a language-rich environment and sources of guidance, and the barriers they experience in accessing speech-language support services. It addresses three questions: (1) How do caregivers see the role of their everyday interactions in supporting their young children's communication, responsiveness and engagement? (2) What do caregivers

know about strategies for creating a language-rich environment for their children, and what sources of information or guidance have shaped this knowledge? (3) What barriers do caregivers experience in accessing speech–language support services, and how do these affect their ability to support their children’s language development in everyday interactions?

2. Materials and Methods

2.1. Participants

This study recruited eight primary caregivers of children under five years of age residing across the North and South Islands of New Zealand. Initial recruitment yielded eleven potential participants; however, three did not return consent forms or complete the interviews, resulting in a final sample of eight participants. All caregivers held at least a Level 6 tertiary qualification (New Zealand Qualifications Authority, 2026), indicating a high level of education, and all children attended some form of ECE (see details in Table 1). Although small, the sample size aligns with an exploratory qualitative approach designed to capture rich, nuanced data. Despite efforts to recruit participants from a range of backgrounds, the final sample were well educated, and their young children were all participating in early childhood education. Hence, this research cannot be generalized to the wider population of families with diverse socioeconomic and educational backgrounds.

Table 1. Caregiver demographic characteristics.

Caregiver	Relation to Child	Ethnicity	Academic Qualification	Home Language	Child’s Age (Years; Months)
C1	Mother	NZ European	Master’s degree	English	2; 1
C2	Mother	NZ European	Bachelor’s degree	English	3; 6
C3	Mother	NZ European	Graduate diploma	English	4; 9
C4	Mother	NZ European	PhD	English	1; 2
C5	Mother	Māori	Master’s degree	English and Te Reo Māori	0; 9
C6	Mother	Sri Lankan	Bachelor’s degree	Tamil and English	2; 4
C7	Father	Pakistani	Graduate diploma	Urdu, Punjabi, Arabic and English	2; 11
C8	Cousin	Bangladeshi	Graduate diploma	Bengali only	1; 0

2.2. Recruitment Process

Following ethical approval from the University of Auckland Human Participants Ethics Committee (UAHPEC29175), on 5 May 2025, participants were recruited through purposive sampling (Palinkas et al., 2015). Recruitment flyers were displayed on notice boards across the University of Auckland campus and distributed through SLT/SLP professional networks, and emails were sent to kindergartens and early learning centers throughout New Zealand. Caregivers who expressed interest contacted the researchers via email and were provided with the participant information sheet and consent form. After providing written consent, participants were offered a choice of interview format, including Zoom, in person at the University of Auckland campus, or at a mutually convenient public location; however, all interviews were ultimately conducted online via Zoom. Participants received a NZ\$20 voucher upon completion of the interview. No prior relationship existed between participants and the research team.

2.3. Procedure

Prior to their interviews, caregivers completed a demographic questionnaire (Table 1). The primary researcher then arranged a suitable interview time and shared a Zoom meeting link. Semi-structured interviews were conducted by the first author using a topic guide out-

lining key areas for discussion, fostering a collaborative and reciprocal exchange between researcher and participant (Galletta, 2020; Jennings, 2005). Each interview lasted 45–50 min and was conducted in English. With participants' prior consent, the interview was audio-recorded and transcribed verbatim by the first author, including pauses and disfluencies (Poland, 1995). Zoom transcripts were manually reviewed and edited to ensure accuracy. All transcripts were anonymized by removing names, locations, and other identifying details, and participants were assigned codes (C1–C8) for analysis and reporting.

2.4. Interview Protocols

The semi-structured interview was organized into three sections that aligned with the study aims: caregivers' perceptions of everyday interactions, their knowledge and sources of guidance about supporting children's communication and language development, and the barriers and supports they encountered in accessing speech–language services and using interaction strategies in daily routines. Prior to data collection, the interview guide (Appendix A) was reviewed by the research team to ensure prompts were clear and relevant. In the interview, caregivers were first invited to describe how they see their everyday interactions with their child and what they consider to be a "good" interaction. The second section focused on caregivers' knowledge and information sources, including where they had found guidance about how to interact with their children. The final section explored the wider conditions that shape these interactions by asking about practical barriers, support, and service experiences. Together, these sections provided a coherent structure for examining the beliefs and lived experiences that influence caregivers' everyday interactions (for interview prompts, see Appendix A). The interview process remained flexible throughout data collection. For example, when early interviews brought up a new barrier, the interviewer adapted the prompts to ask about this in subsequent interviews. While the interview guide contained broad questions about culture, services, and interaction, it was not used as a checklist. Rather, topics were discussed as they naturally arose, so the depth of focus on specific areas varied based on each caregiver's personal experiences.

2.5. Coding Framework Development

The coding framework was built through an iterative process consistent with RTA. To begin, the first author read each interview transcript line by line, generating initial codes that highlighted meaningful aspects of caregivers' perceptions, knowledge, and reported barriers. These initial codes were then reviewed collectively by the research team, who worked together to clarify meanings, eliminate duplication, and organize related codes into preliminary categories guided by the research questions. This process involved a coding framework and engaging in reflexive dialogue as a team, discussing and refining the researchers' understanding of the data collaboratively rather than seeking consensus or verifying agreement. The coding framework served as a flexible tool for organizing ideas, rather than a rigid codebook. The research team brought clinical and research experience in SLT/SLP and child development, which shaped both the interview focus, coding, and interpretive lens. The research team included a student speech–language therapist with an education background, a senior speech–language therapist/academic whose primary area of interest is child speech, language, communication needs and family support, and an experienced audiologist/academic with qualitative and quantitative research experience that includes child hearing and communication difficulties and impacts on families and education. Reflexive dialogue allowed the researchers to bring their own subjectivity to the data, and collaborative discussion represented an interpretive engagement with the data, rather than using consensus as a substitute for reliability (Braun & Clarke, 2021). The

researchers maintained an audit trail of decisions and reflections throughout coding and theme development to ensure interpretations were deeply explored.

2.6. Data Analysis

Data were analyzed using the six-phase framework developed by Braun and Clarke (2006): (1) familiarizing with the data; (2) generating initial codes; (3) searching for themes; (4) reviewing themes; (5) defining and naming themes; and (6) producing the report (Braun & Clarke, 2006). The analysis utilized a contextualist epistemological framework (Wilson, 2025), positioning caregivers' accounts as reflecting their subjective realities while acknowledging that these realities are socially, culturally, and educationally situated. An inductive approach was adopted, with theme generation driven by participant data rather than pre-existing theoretical frameworks or researcher expectations. Analysis was conducted at both semantic (explicit) and latent (conceptual) levels (Braun et al., 2019); coding captured explicit, surface-level realities reported by caregivers, while further interpretive work identified underlying systemic barriers, assumptions, and emotional strains implicit in caregivers' accounts.

Codes were organized into tables and color-coded notes to help identify patterns. Codes that shared similar ideas were iteratively brought together to form broader themes, which were then reviewed and refined until they clearly captured the range of experiences and perspectives described by participants. Each theme was carefully defined and named to reflect its core meaning. We engaged in ongoing reflexive discussion about how backgrounds and expectations might influence theme development and sought to foreground caregivers' own meanings in our analytic decisions. Each researcher engaged reflexively with the developing themes, and these interpretations were then discussed and refined collaboratively as a team until they were considered to meaningfully represent the dataset. The themes, subthemes and elements identified through this process are presented in Tables 2–4.

Table 2. Theme 1: Caregivers' perceptions, with subthemes interaction responsiveness and strategies for creating a language-rich environment.

Theme 1: Perceptions	Analytic Summary	Illustrative Quotes
Subtheme: Interaction responsiveness		
Simple responses, language and calm demeanor	Changed tone to softer and calmer when speaking to the child	"I have changed a lot in how I speak to her. I am a lot... softer. I'm a lot calmer" (C3)
	Used child-directed speech ("child voice/parentese")	"I have, like, child voice sometimes coming out from me. When you are playing with the kids, you know, that happens" (C2)
	Used simple language aligned to child's age	"I will try to answer with a simple answer. That is probably more aligned to, like, his age" (C4)
	Spoke slowly using fewest words possible	"The slower I speak, and... the least amount of words I could almost use, helps them understand a bit better" (C6)
Face-to-face and eye contact	Getting to child's eye level to support engagement and ensure child is hearing and seeing	"Trying to get to their eye level... they show directness, like, to their face, and I started to make sure that my son is also hearing me properly" (C7)
	Interpreting child's eye contact and smiles as communication and responding appropriately	"Eye contact and smiles. As the adult, you are... you are interpreting that as communication and responding to it appropriately" (C5)
Taking time to listen and interest in child's interests	Active listening: snapping out of one's own tasks to give child full focus	"Listening to understand, not just listening to hear... if I recognize that the youngest is getting a little bit frustrated, then I completely snap out of what I am doing, and give him that focus" (C1)
	Showing interest in child's activities based on guidance from an educator colleague	"If you do not show interest in your kids' activity, they will not show any interest in your activity as well. So now I try to show interest in their each and every activity and their interest" (C6)

Table 2. Cont.

Theme 1: Perceptions	Analytic Summary	Illustrative Quotes
Mutual enjoyment	Having small, fully focused moments of connection doing something mutually enjoyable	<i>"Just having small moments of the day where you are just fully focused on them. . . times of connection. And it is easier to do that when you are doing something that is sort of mutually enjoyable" (C5)</i>
Subtheme: Strategies for creating a language-rich environment		
Openness and friendship	Wanting children to share everything; being their best friend	<i>"I want to make sure that the kids are. . . they share everything with me. I am their best friend" (C2)</i>
	Creating safety in all interactions including discipline	<i>"But you also need to feel safe. It is the key" (C3)</i>
	Creating openness so children always feel they can talk	<i>"I do not ever want my kids not to be able to. . . turn around to me and say, look, I couldn't talk to you" (C1)</i>
Quality time and conversation opportunities	Wanting lots of conversations	<i>"I want them to grow well in a sense that I want to. . . have lots, and lots of conversations" (C2)</i>
	Using daily routines (dressing, cereal, setting table) to build independence through conversation	<i>"We are trying to build some independence with him. . . he can dress himself and. . . make his cereal in the morning. . . often he will talk, kind of, to us about what we are doing" (C4)</i>
	Narrating daily activities (breakfast, chair, food) and engaging in back-and-forth babbling	<i>"Narrating what we are doing. . . if we are having breakfast. Talking about putting her into the chair. . . if she is, like, babbling away. Then I will babble back, and we will have a bit of back and forth" (C5)</i> <i>"Right from when they are. . . a baby, talking to them, narrating your everyday world. . . When you are driving, you tell them what you are doing. . . Just, like, being a sports commentator with your day" (C8)</i>
Bilingual interaction	Spoke Tamil instinctively but also English purposely in intergenerational household	<i>"Everybody, by default, speaks Tamil instinctively. But we also speak English purposely to her" (C6)</i>
	Spoke English while simultaneously translating into Urdu (mother tongue)	<i>"I am speaking English, but at the same time, I'm also translating for them in Urdu, which is my. . . my mother tongue" (C7)</i>
	Children speak both Urdu and English; emotions are expressed in English	<i>"My son started to speak a little bit of. . . our Urdu language, but both of them speaks English with me, and even when they are sad or they are happy, they are sharing emotions, all of that is in English" (C7)</i>
Developing confidence and independence	Not shutting down their child's communication; encouraging confidence to express feelings	<i>"We do not sort of shut anything down. . . confident to communicate whatever they are feeling" (C5)</i>
Navigating negotiating	Every activity involves discussion and negotiation, especially during transitions	<i>"Every single thing that we need to do is a discussion. And a negotiation most of the time, especially transitioning. . . from the lounge to the car" (C8)</i>
	Giving advance warnings and choices during transitions and daily routines	<i>"I do like to give little warnings. . . conversations would be, like. . . Okay, 10 min until. . . teeth brushing. . . Please, can you go and choose your clothes for the day? So, giving my youngest the option, as opposed to just saying, right, let's go and get dressed"(C1)</i>

Table 3. Theme 2: Caregiver's knowledge with subthemes guidance and understanding of child development.

Theme 2: Knowledge	Analytic Summary	Illustrative Quotes
Subtheme: Guidance		
ECE/playcentre support	Seeks guidance from ECE teacher who spends most of the day with the child	<i>"Generally, I'd go to the ECE teacher first, because they're the ones that spend most of the day. . . with him" (C4)</i>
	Relies on preschool teachers as primary guidance source after moving to New Zealand without family support	<i>"Yeah, so we don't have any friends or family here. We have. . . we do have some friends, but not family. So, that kind of support we are not having here. So only the teachers, I will say, only the. . . Preschool teachers, yes" (C6)</i>
	Uses Playcentre to gain "pointers" and to learn from other mums in the environment	<i>"[Playcentre provides] some good, like, kind of pointers, and whatnot. Um, and it's been handy being at Play Centre, so you can kind of bounce off other mums" (C7)</i>

Table 3. Cont.

Theme 2: Knowledge	Analytic Summary	Illustrative Quotes
Guidance from other parents	Watches older parents and friends, observes what works, and adds effective strategies to her “toolbox”	<i>“You do watch those older members of your, um, families and your friends, and you watch them with their children, and you see the results, and I mean, I’ve got a couple of mum parents now, and, you know, I look. . . when they deliver, um, their communications to their children, and they get. . . I was like, okay, that was actually quite. . . successful” (C1)</i>
	Learns by observing and “adding to toolbox” rather than actively seeking formal advice	<i>“Add that to your little toolbox and think where you can use it. But yeah, it’s. . . it is, it’s. . . it. . . I think it all comes down to observing. Um, observing and recognizing what you see, and putting that into scenarios and situations where you might be able to use them” (C1)</i>
	Values being around extended family who parent in ways she admires (“people who are doing it right”)	<i>“I think proximity to people who are doing it right is a good thing” (C3)</i>
Social media	Watches videos and TikToks from other mums for ideas	<i>“I’ll definitely watch a vid. . . I watch videos, and oh, TikTok’s, actually. I watch a lot of. . . TikTok’s of other mums” (C8)</i>
	Uses online research, podcasts, and social media; recognises “going down the social media rabbit hole” and picking up “little things” from what other parents do	<i>“I’ve done a lot of research online, and I listened to a few odd, um. . . podcasts, um. . . I suppose I’m probably very naughty going down, like, the social media rabbit hole. You know how you see. . . Yeah, you see how, um, what other parents do? Sometimes with, um, boys, you’re like, oh, okay, maybe I’ll try that avenue, see how that works. I guess I just pick up little things from. . . I suppose different things I see all the time” (C7)</i>
	Worries that social media talk about diagnoses may trigger self-diagnosis and anxiety about her own child	<i>“I think the problem is that, because, you know, a lot of parents will be like, oh, my son or my daughter did this, this, or this, and this and then they would diagnose this, like, you know, autistic or ADHD, and then you’d be like, oh. . . Like, my child does that, but are they this, or are they that. You know?” (C7)</i>
	Follows a speech–language therapist on Instagram and experiences the content as highly relevant and trustworthy	<i>“I quite like, um, XX, who’s a speech and language therapist, and she does heaps on Instagram. And it’s like she’s in my house, because. . . everything she posts, I think, yeah, that’s exactly what’s happening here. XX, I think? She’s amazing, and I, like, trust. I don’t even know her or anything, but I really trust what she says” (C8)</i>
Subtheme: Understanding of child development		
Children absorb everything	Sees children as “little sponges” who learn from everything in their environment	<i>“They’re little sponges at this age, and they learn really quickly, and so they learn from everything in their environment. So, by seeing, um, and by watching us, like, what we demonstrate, because, you know, if you say a swear word, that they’re, like, they’re on it” (C4)</i>
	Observes children imitating religious greetings seen at the Mosque	<i>“They are saying what we call salam, so they are bringing their hands out first to reach out to, uh, say salam, it means peace, greetings to them. And uh. . . yeah, I mean, they’re doing this by themselves, even because they might be seeing me practicing, so they’re just following that kind of a practice” (C7)</i>
Modelling and respectful communication for children to mirror	Believes children mirror what they see at home, daycare, and school; emphasises respectful communication as a model	<i>“Monkey sees, monkey does. Um. . . If you’re doing it, they’re going to be doing it. They mirror what they see at daycare, they mirror what they see at school, um. . . And then. . . and then there’s, like, that expectation that we have as parents in what we want, um, or how we want our children to be communicating. So, it’s. . . To me, it’s showing them respect when I’m talking to them, and. . . And by them observing and listening, it’s. . . they then get that education, and then they can then take it forwards” (C1)</i>
Learning through observation and reflection	Frame parenting as development-informed and consciously adapt communication style	<i>Um, so. . . I guess knowing a bit more about, sort of, child development and language development. Um, and then having worked with, like, a range of children I guess that really feeds into how I’ve then. . . chosen to parent, and sort of my parenting and communication style with the kids” (C5)</i>
Different approaches from own parents/generational differences	As Māori caregiver, contrasts her more interaction-rich, development-informed parenting with her own upbringing of “go play” and “don’t talk to the adults”	<i>“Growing up, my parents talked to me, but I guess, like, I guess generationally. . . Um, there was, like, a difference in parenting, sort of, styles, and so we were more like, “go play”. Like, “don’t talk to the adults”, sort of thing (C5)</i>
	As an immigrant daughter of Sri Lankan parents, intentionally rejects punitive, authoritarian style in favour of safe, emotionally open interactions	<i>“You both feel safe to express, and even if you have negative emotion, nobody’s questioning how the other person feels about them. I’m really big on this, because I had. . . as the immigrant daughter, you know, who moved to New Zealand, I have quite a different upbringing. It was very, very punitive, it was very authoritarian, and I do it very differently with her” (C6)</i>
	Experiences pushback from extended family who criticise her child as “too confident”, but attributes this to cultural and generational differences	<i>“I had a lot of pushbacks from other people in the family who were like, oh, “She’s too confident!” And I’m like, no. Now, this isn’t Sri Lanka” (C6)</i>

Table 4. Theme 3: Reported barriers with subthemes access to resources while waiting for services and worries about what is normal.

Theme 3: Reported Barriers	Analytic Summary	Illustrative Quotes
Subtheme: Access to resources while waiting for services		
Gaps accessing resources	Caregiver experiences a gap between being put on a waitlist and receiving any concrete support, relying instead on informal TikTok content and feeling that official services (for example, Plunket) offer little practical guidance	<i>"There's lots of stuff on TikTok, but there's nothing really official. There's, I mean. . . When I talked to Plunket about her. . . being so hard to parent. They don't really suggest anything. They put me on a waitlist for a parenting class, but that was about 6 months ago" (C8)</i>
	Caregiver perceives long wait times as lost chances to support their child earlier, and expresses a wish for timelier access to intervention, even while acknowledging that delay does not automatically mean long-term harm	<i>"I feel like the longer you wait. . . Almost like, you know, the more opportunity you miss, like, not saying that then your kid will be delayed or anything, like, further down the line, but it's just. . . It would be nice to have that opportunity to help develop a little bit earlier" (C8)</i>
	Caregiver highlights that many families cannot afford private speech therapy, emphasising inequity in access to timely support/resources when public services have long waitlists	<i>"[Support, I am resources should] not cost an arm and a leg, because a lot of families can't afford private speech therapists" (C5)</i>
	The caregiver argues that interaction-focused programmes should be widely available to all parents, so that support is not limited only to those already on SLT/SLP waitlists	<i>"Yeah. . . I always think, like, um. . . having, like, those Hanon strategies, like, just in any parent's pocket is really, really helpful, just, you know, to think about. How, you know, to think about things from, like, your child's perspective, to be able to get down to their level, sort of. . . Practice that sort of art of following their lead, and, like, trying to experience the world from their point of view. Um, I think it would be awesome if more parents, sort of had access to. . . to those strategies, not just our kiddies who turn up on our, sort of, SLT waitlist, because I think it's so beneficial" (C5)</i>
	The caregiver wants guidance/extra support that clearly distinguishes between situations that will likely resolve on their own and those that require proactive action and extra support, including practical ideas to try at home	<i>"Something just to give the guidance of, actually, this is a bit quite normal. You don't need to take any proactive action. It will sort itself out, versus these are the types of things that, actually, you do need to be proactive and. . . Maybe reach out, like, here's things that you could try at home, but then here's. . . at what point you need to reach out for extra support" (C4)</i>
Subtheme: Worries about what is normal		
Lack of clear information on milestone development	Caregiver feels existing milestone resources are too broad or not user-friendly, and wants a clear, reassuring resource that normalises variation (for example, later word counts) so they know when not to worry	<i>"I feel like it would be nice if someone could write something what is normal when the child is starting to talk, I don't know, like a book, or. . . Um, because I know there's a few good books out there. But it'd be nice if someone actually could write a book just to be like, okay. It's normal if your child doesn't have 50 words by the time they're two" (C7)</i>
	Caregiver reflects on their own child's behaviour and acknowledges a lack of discussion surrounding what is expected or typical in more challenging child behaviour	<i>"Yeah, I think I didn't really. . . rea. . . I didn't really realize, just. . . and I don't know if it. . . if it's just XX or not, but. . . Toddlers are just really crazy, and I don't think I realize the crazy stuff that they do, and no one really talks about it" (C8)</i>
	The caregiver discusses a need for a resource or service that can provide guidance or reassurance on what is "normal" for a caregiver's specific child development or behaviour questions, but that also highlights when you should seek out additional support	<i>"Yeah, so maybe something just to give the guidance of, actually, this is a bit, quite normal. . . You don't need to take any proactive action. It will sort itself out, versus these are the types of things that actually you do need to be proactive and. . . Maybe reach out, like, here's things that you could try at home, but then here's. . . at what point you need to reach out for extra support" (C4)</i>

3. Results

This study explored caregivers' perspectives on their everyday interactions and views on communication/language development, as well as the barriers in information and support services within New Zealand. RTA of the eight caregiver interviews generated three overarching themes that together capture both the systemic and interpersonal dimensions of caregivers' understanding and viewpoints about everyday interactions:

Theme 1: Perceptions (subthemes: interaction responsiveness, strategies for creating a language-rich environment).

Theme 2: Knowledge (subthemes: guidance, understanding of child development).

Theme 3: Reported barriers (subtheme: access to resources while waiting for services; worries about what is “normal”).

Across the three themes, caregivers described how they try to be responsive in their everyday interactions, the specific strategies they used to support their children’s communication, and how they understand and create language-rich environments, drawing on a range of guidance and information sources. They also reported the barriers and supports that affected their ability to sustain these interactions in daily life. Participants further reflected on how these factors shaped their children’s opportunities for language development. Quotations from the caregivers are marked by “C” (1–8).

3.1. Theme 1: Perceptions

Theme 1 includes caregivers’ perceptions of everyday interactions with their children, that is, their views and interpretations of what makes these interactions responsive and supportive, with two subthemes, “interaction responsiveness” and “strategies for creating language-rich environment”. Under interaction responsiveness, caregivers described adapting their tone, language complexity, and pace to children’s developmental levels and emphasized eye contact, getting down to the child’s level, and taking time to listen as markers of a “good” interaction. Under strategies for creating a language-rich environment, caregivers talked about openness and friendship in relationships, making space for quality time and conversation opportunities in daily routines, supporting children’s confidence and independence, and navigating and negotiating during mealtimes, dressing, car trips, and other everyday activities. Bilingual caregivers talked about making deliberate choices around when and how to use each language (see Table 2).

3.2. Theme 2: Knowledge

Theme 2, “knowledge”, refers to where caregivers get ideas for interacting with their children and how they understand children’s learning. There are two subthemes, “guidance” and “understanding of child development”.

Under guidance, caregivers said they learn a lot from ECE and Playcenter, including guidance from teachers and “pointers” they pick up from being around other parents. They also learn by watching more experienced parents and family members, noticing what seems to work and adding those ideas to their own “toolbox”. Social media, videos, podcasts, and content shared by SLTs/SLPs provided caregivers with additional strategies and ideas, although some participants expressed concerns that online content and discussions about developmental diagnoses could generate unnecessary anxiety.

Regarding child development, caregivers described children as “little sponges” who notice and absorb everything around them. They described how children copy what they see at home, in ECE, and in the community, and how they tried to model respectful ways of talking and relating. Caregivers said they are deliberately parenting differently from how they were raised, moving away from “strict” or “don’t talk to adults” styles towards more talk, explanation, and emotional openness, even when this clashes with older family members’ expectations (see Table 3).

3.3. Theme 3: Reported Barriers

Theme 3 focused on “reported barriers” to accessing speech–language services, including difficulty obtaining resources while awaiting referrals and uncertainty about what counts as typical development, with two subthemes, “access to resources while waiting for services” and “worries about what is [normal]”. Caregivers described being highly motivated to support their children’s language through talk and play but found that long waits for services, usually with no interim support or practical advice, created barriers where they

lacked clear guidance. Under access to resources while waiting for services, families talked about missed opportunities to support development earlier and described relying on informal sources, such as TikTok, when no “official” information was available. Under worries about what is “normal”, caregivers reported a lack of clear, reassuring information about typical variation in language development and wanted help to distinguish between patterns likely to resolve and situations requiring earlier action and specific language strategies to try at home. Financial constraints further limited access to private speech–language therapy, reinforcing inequities, and several caregivers argued that interaction-focused programmes (e.g., the Hanen programme) should be freely available to all parents, rather than only those parents whose children have already entered SLT/SLP services (see Table 4).

4. Discussion

This study explored how caregivers perceive and navigate their crucial role in early communication development while facing barriers in accessing appropriate speech–language support services. A key finding is that the caregivers knew the importance of everyday interactions for their children and actively looked for practical ways to build language-rich environments. However, major challenges made it hard for them to maintain these quality interactions. Research on caregiver language has evolved significantly since the “30-Million-Word Gap” study (Hart & Risley, 1995). For example, higher caregiver education levels are associated with better quality as well as greater quantity of language input (Rowe, 2012) and caregiver education can counter the negative effects of lower socio-economic status (Sultana et al., 2020).

This study provides an exploratory qualitative account of relatively well-educated New Zealand caregivers’ perceptions and experiences. Despite this advantage, the participants still struggled to find timely, accessible, and trustworthy guidance and clinical support. This research demonstrates the importance of listening to caregivers to understand how communication strategies work in real life. While our specific findings cannot be broadly generalized, they clearly show that having a higher level of education does not equate with a caregiver having specialised clinical or other knowledge of child language. This highlights a strong need for accessible communication guidance and proactive parental education (Sultana & Purdy, 2024). The following sections explore these real-life experiences across three main themes, beginning with how caregivers view their daily interactions.

4.1. Theme 1: Perceptions

Caregivers’ perceptions of their children’s communication actively informed their interactional behaviors, with participants describing both instinctive adjustments and deliberate strategies aimed at developing their children’s language skills. These accounts reflect the interactive dimension of caregiver input, which Rowe and Snow (2020) describe as one of three key qualities of caregiver language that support children’s early language learning alongside the linguistic and conceptual dimensions that support early language development. Specifically, caregivers’ responsiveness, their ability to facilitate turn-taking, and their sensitivity to their child’s communicative cues in everyday interactions are identified as core features of high-quality language input. For example, one participant reported deliberately slowing their speech and using fewer words when talking to their child, believing this made it easier for their child to understand. This approach aligns with research on cognitive processing. Haake et al. (2014) found that speaking slowly helps children understand language better. It reduces the mental effort needed to process what they hear. However, this benefit is not the same for all children. For harder tasks, speaking slowly only helped children who already had stronger memory skills. This means that slowing down works best when a child is just beginning to understand something new.

Consistent with the idea of slowing down speech, Huber et al. (2023) found improvements in vocabulary in children followed from age 18 to 30 months when caregivers received coaching focused on use of parentese and turn-taking. This contrasts somewhat with Rowe's (2012) finding that the number and variety of words at 18 to 42 months impact vocabulary development. Rowe (2012) found that hearing a wide variety of words is far more important for a child's long-term language development and that simply shortening sentences is not enough; children need to be exposed to rich and varied vocabulary as they develop. Rowe (2012) found that how much caregivers talked mattered most when children were around 18 months old, while the richness and variety of the words used became more important from about 30 months onwards. These findings suggest that speaking slowly can help children in the early stages of language learning (Haake et al., 2014) but over time, caregivers should also use a wider and richer vocabulary as their child grows (Rowe, 2012).

Another participant described consciously adopting a softer and calmer tone in the belief that this vocal quality increased the child's motivation to engage and respond. This observation is consistent with evidence from the prosody literature, which demonstrates that the affective and melodic qualities of child-directed speech including warmth of tone and gentle pitch modulation function not only as attention-attracting cues, but also as motivational signals that facilitate sustained communicative engagement and support word-to-meaning mapping (Soderstrom & Bortfeld, 2021). This further supports the position advanced by Rowe and Snow (2020) that *how a caregiver speaks to a child* is as clinically significant as *what they say*, with the affective quality of the interaction shaping both the child's motivation to communicate and the richness of the input received.

Bilingual caregivers in this study also described thoughtful decisions about when and how to use each of their languages during everyday interactions with their children, reflecting De Houwer's (2007) concept of active family language policies. Specifically, two caregivers reported alternating between their mother tongue and English depending on the context, for example, using their first language for emotional connection and storytelling, while using English during play with toys. These patterns align with findings from Winstone et al. (2021) from their observational study of 318 low-income Mexican American families. The researchers focused on specific interactive behaviors, including elaborating, acknowledging, and maintaining appropriate vocal tones. They found that these behaviors either supported or hindered a child's expressive vocabulary in both Spanish and English, highlighting clearly that the quality of caregiver interaction across both languages matters significantly for dual vocabulary development. The present study extends this understanding into the New Zealand context, illustrating how bilingual caregivers from culturally and linguistically diverse backgrounds navigate complex linguistic decisions, often without formal guidance or accessible community support networks.

4.2. Theme 2: Knowledge

Caregivers in this study did more than just use the interaction strategies described in Theme 1. They also actively built their understanding of child language development. They did not rely on a single source of information. Instead, they drew upon multiple sources of knowledge. For example, observations from formal environments, such as ECE settings and playcentres, provided foundational support and professional feedback. Three caregivers stated that ECE teachers and playcenters are reliable sources of information, reflecting the recognized role of these settings in supporting children's language and communication development (Education Review Office | Te Ihuwaka, 2024; Ministry of Education, 2017).

Social media was another key source of knowledge for caregivers in this study. Social media emerged as a complex source of information for caregivers in this study. It served as a practical tool, a source of anxiety, and a platform for professional guidance. Two caregivers described watching TikToks and videos from other mothers to get everyday parenting ideas. Another caregiver talked about browsing social media, listening to podcasts, and “picking up little things” from what other parents do. One caregiver explained that they follow a speech–language therapist on Instagram and really trust her advice, even though they have never met in person. They felt that the therapist’s posts described exactly what was happening in her own home. These examples show how caregivers use social media as an informal way of learning from other parents, especially when they want practical, relatable strategies rather than formal clinical advice. This pattern is consistent with work showing that parents often turn to digital media and online communities for support and guidance in their parenting practices (Lupton et al., 2016). Mertens et al.’s (2024) systematic review exploring use of social media for parenting advice found that the motivation to seek information on social media was primarily in the domains of health information (e.g., autism spectrum disorder) and medicine (e.g., vaccinations). Very few of the identified studies examined trust in or credibility of social media information; however, they noted that young parents showed a high level of trust in digital information and opinions provided by other parents.

Although caregivers in the current study found value in social media, this also created worry. One caregiver described how posts about autism and Attention Deficit Hyperactive Disorder (ADHD) led them to question their own children. This reflects research showing that, while social media can increase access to health information and peer support, it can also expose users to unreliable or misleading diagnostic content, which may contribute to worry or confusion about health issues (Moorhead et al., 2013). Given this mix of practical ideas, worry, and strong trust in professional accounts, these patterns point to new opportunities to explore better ways to support caregivers in the future. Social media now plays such a visible role in caregivers’ everyday decision-making—further research is needed to understand how best to support caregivers in navigating online information about child communication.

Three caregivers described how they updated their knowledge to fit the needs of the current era, rather than simply following what had been done in the past. They felt that some ideas from their own upbringing no longer matched what children need today, so they made conscious changes to their parenting and communication. This pattern reflects wider shifts in parenting and early education, where adults increasingly adapt their practices to align with contemporary child development research and developmentally appropriate practice (National Association for the Education of Young Children, 2020).

Caregivers in this study did not learn about language development only from formal advice. They learned mainly by watching their own children closely and taking part in everyday routines with them. These accounts align with Rogoff et al.’s (2003) idea of learning through observation and participation, where knowledge grows through active involvement in everyday life rather than through formal instruction alone. By paying careful attention to their children’s communicative behaviors, caregivers developed understandings that were firmly grounded in daily interactions and in their own family contexts.

Caregivers highlighted their child’s individuality as the main lens they used to understand that child’s development. Four caregivers described gaining knowledge through carefully observing, imitating, and responding to their children’s unique communicative cues. This process is consistent with Bandura’s (1977) theory of observational learning, which highlights the importance of observation and modelling in learning and development. Caregivers’ descriptions suggest that knowledge about language development was

shaped primarily through direct engagement with their own child. Rather than relying solely on developmental norms or expert guidance, they interpreted language development in ways that reflected their child's distinct characteristics, abilities, and needs. This child centred approach highlights how caregiver knowledge is often constructed through lived experience and close relationships with children (De Houwer, 2007). Despite these strengths, caregivers also reported several barriers that made it difficult to support their children's language development as fully as they wished.

4.3. Theme 3: Reported Barriers

Caregivers described significant barriers in the support systems surrounding early language development. They described how these barriers limited their ability to act on their child-centered knowledge and to provide consistent, language-rich experiences at home. Two interconnected subthemes emerged: gaps in access to practical resources while waiting for services, and ongoing worries about what counts as "normal" development. Caregivers frequently described feeling "stuck" while they waited for speech-language services, with little guidance about what they could do in the meantime to support their child. Six caregivers talked about gaps in accessible, practical resources during this waiting period and noted that they often received minimal information beyond confirmation that they were on a waitlist. For many families, these prolonged waits for early intervention created a sense of stagnation and uncertainty, making it harder to maintain confidence and to consistently use language-supportive strategies at home. These experiences mirror wider evidence that long waits for support are a significant reported barrier, particularly in New Zealand (average early intervention wait: 126 days, up to 183 days in some regions) (NZEI Te Riu Roa, 2024). Prolonged waits are also linked to delayed diagnoses and interventions for child development (Miller et al., 2008) and family stress (Farver et al., 2006), which can reduce caregivers' capacity to provide a developmentally supportive home environment. Immigrant caregivers or those geographically separated from extended family frequently report limited social support and face additional barriers to accessing services, making culturally and linguistically tailored, community-based resources essential to improve engagement and outcomes (Rojas et al., 2022). The absence of these traditional, informal safety nets places a heavier burden on isolated caregivers and underscores the critical need for accessible, culturally responsive community supports that provide practical guidance for families to use immediately while they wait for formal services. Although our study sample was too small to comment on cultural or family differences, participants were from a range of different ethnic backgrounds that included indigenous Māori and more recent immigrant communities and consistently noted a need for more support.

A second subtheme centred on caregivers' worries about what counts as typical language development. Three participants described feeling unsure about developmental milestones and wanting clearer information about what they should expect at different ages. Without accessible, trustworthy guidance, they questioned whether their child's progress was "normal", which increased anxiety and made it more difficult to judge when to seek help or how urgently support was needed. These worries show how a lack of clear information can undermine caregivers' confidence and add emotional strain to their everyday decision-making about their child's language development. A lack of clear information creates uncertainty and increases risk and parenting stress (Choi, 2025), which can subsequently hinder early childhood development and strain family dynamics (Pan et al., 2025).

Caregivers not only described barriers—they also proposed concrete approaches they felt would help them in practice. These approaches included having simple, trustworthy "while you wait" resources instead of relying on informal TikTok content, wider access

to low-cost interaction-focused programs for all parents (not just for those waiting for speech–language therapy support), and clearer guidance that distinguishes concerns likely to resolve on their own from situations needing proactive action and extra support, with practical ideas to try at home. Caregivers also emphasized the importance of user-friendly milestone and behavior resources that normalize variation and explain what is typically expected, alongside brief, accessible services where they can ask personalized “Is this normal?” questions and be advised when to seek further support.

Golinkoff et al. (2019) argued that denying disparities in early language input (the “word gap”) has serious consequences, and highlighted the importance of high-quality, child-directed speech for language and later school achievement. The current study highlights how caregivers from relatively privileged backgrounds, with access to education and early childhood education, were aware of this importance of high-quality, child-directed speech, but were struggling to access resources to enable them to provide this support for their children.

4.4. Limitations and Future Directions

This study presents an exploratory qualitative account of the perceptions of a relatively well-educated group of New Zealand caregivers. These findings are context-bound, limiting transferability of findings to caregivers with different educational backgrounds or those without ECE access. A larger and more diverse would be provide broader and more robust evidence to inform service development.

Although caregivers came from a range of cultural backgrounds (e.g., New Zealand European, Māori, Sri Lankan, Pakistani, and Bangladeshi), our analysis did not examine cultural differences in depth, and the small numbers within each group prevent us from drawing culture-specific conclusions. The inclusion of bilingual and multigenerational households is a strength of the study—insights from bilingual caregivers encourage future research to explore how caregiver histories and cultural backgrounds shape language-supportive practices across different communities and in households where multiple languages are spoken. International research has highlighted the complexity of language practices in multigenerational households (Gong et al., 2025). This is important given the global rise in multigenerational households, largely driven by economic factors, in countries such as the United States (Cohn et al., 2022). Generational differences in parenting approaches and beliefs about language should be explored more systematically with a larger, more diverse sample.

The ways in which caregivers manage long wait times for SLT/SLP services and the supports they find most useful during these periods could also be investigated in more depth, which would inform development of resources and service models that better meet caregivers’ needs. This is important given the likelihood of ongoing restricted access to publicly funded services for some communities.

Despite the study’s limitations, the findings provide rich insights into caregivers’ perspectives, highlighting patterns of thinking that can serve as a foundation for future research aimed at shaping professional practices and guidance around everyday caregiver–child interactions and support for families attempting to access SLT/SLP services. More research is needed to determine how caregivers can engage with social media and other online information when they are worried about their child’s development, in a way that enables them to judge credibility of online sources and also guides them appropriately so that they know when and how to seek professional support. This area of research should consider the impact of demographic factors such as caregiver age and source of information (e.g., professionals or professional bodies, other parents) (Mertens et al., 2024) on caregivers’ utilization of and trust in social media.

5. Conclusions

This current study provides an initial qualitative exploration of how caregivers perceive, understand and approach their everyday interactions with children under five. Caregivers described strong awareness of interaction strategies that support language environments and saw ECE staff, other parents, and online resources as central guides. At the same time, they reported uncertainty about typical milestones, limited guidance while waiting for services, and financial barriers to private support, emphasising the need for accessible, professionally endorsed resources and more proactive information provision during wait time.

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Abbreviations

The following abbreviations are used in this manuscript:

RTA	Reflexive Thematic Analysis
ECE	Early Childhood Education
SLT/SLP	Speech-language Therapist/Pathologist

Appendix A. Interview Prompt Questions

Is it possible to tell me about your favourite things to do with your child?

Can you describe your interactions with your child during daily routines? (e.g., during play, how do you talk to them? Reading?)

- Engagement at mealtimes, in the morning, bathtime, etc.
- Responding to your child's questions
- What makes a good interaction between you and your child? Why?

Knowledge of how to interact and child development:

Can you share with me your understanding of how children develop communication and language skills?

- Types of interactions that help teach young children to communicate
- Communication challenges

Where have you found guidance for how to interact with your child?

Culture/community/family members/books/social media.

Maybe: What role does culture or family play in how you interact with your child?

- Community/Role models.

Challenges in accessing and using supporting services

warm-up—What do you expect from your interactions with your child?

- Their response/behaviour
- Strategies for engagement

Is there any support or resources that you think would be helpful for your interactions?
(Even in hindsight)

- Helpful topics?
- Is it possible to tell me more about challenges that you have experienced in accessing services?
- Do you feel like there are gaps in support in New Zealand?

Final Q, is there anything you would like to add or talk about? Do you have any concerns about your child's communication?

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