

Health visitors' assessments of parent–child relationships: A focus group study

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Abstract

Background: Health visitors (HVs), also known as public health nurses, in the UK provide a universal community-based service to preschool children and their parents. Since they have ongoing supportive contact with almost all mothers and young children they have opportunities to identify problems in the parent–infant relationship: for example during developmental screening, home visits and immunisation clinics. Research into the role of screening for problems in the parent–child relationship in early childhood is sparse and little is known about how such problems are currently identified in the community.

Objective: To explore the approaches taken by health visitors (HVs) to identifying problems in the parent–child relationship.

Design: Focus group study.

Setting: Glasgow, Scotland.

Participants: 24 health visitors sampled purposively.

Results: Multiple sources of information were used by health visitors in assessing parent–child relationships. These include use of known risk factors, knowledge of local norms, direct observations of behaviour, reflection on the relationship between the parent and health visitor, as well as more intuitive reactions. In many cases understanding difficulties in parent–child relationships involved piecing together a jigsaw over a considerable time span. Continuity of relationships appeared to be crucial in this task. Home visits were described as the most informative setting in which to develop an understanding of the parent–child relationship. Participants reported a lack of formal training in the assessment of parent–child relationships and were keen to obtain more training.

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Conclusions: Health visitors use complex strategies to integrate information about parent–child relationships. These strategies are acquired in a variety of ways, but receive little emphasis during basic professional training.

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Keywords: Child development; Community health nursing; Focus groups; Parenting

What is already known about the topic

- Difficulties in attunement between parent and child can have profound effects on aspects of cognitive and social functioning.
- Health visitors (public health nurses) are uniquely well placed to identify problems in the parent–infant relationship.
- Little is known about how problems in the parent–child relationship are currently identified in the community.

What this paper adds

- Multiple sources of information were used by health visitors in assessing parent–child relationships.
- In many cases understanding difficulties in parent–child relationships required continuity in the relationship between health visitors and families.
- Participants reported a lack of formal training in the assessment of parent–child relationships and were keen to obtain more training.

1. Introduction

There is a large body of literature on the crucial importance of parent–child interaction in the first years of life (Bailey et al., 2001; Goldberg, 2000). Difficulties in attunement between parent and child can have profound effects on aspects of cognitive and social functioning including stress responses and language development (Schore, 1997; Trevarthen, 2001). Research on post-natal depression has shown that children of depressed mothers may have lasting cognitive difficulties (Murray and Cooper, 1997) and behavioural problems (Morrell and Murray, 2003), and these are likely to be a consequence of difficulties in the early parent–child relationship. Harsh parenting is known to interact with child temperament in increasing risk for conduct disorder (Scaramella and Leve, 2004). Other problems in the child–parent relationship may arise from neuro-developmental disorders such as autism spectrum conditions which are characterised by distinctive patterns of social behaviour in the first year of life (Zwaigenbaum et al., 2005).

Health visitors (HVs), also known as public health or child health nurses, provide a near-universal community-based service to preschool children and their

parents in the United Kingdom (Hewitt et al., 1989), Ireland (Butler, 2007), the four Scandinavian nations (Ellefsen, 2001; Larsson et al., 1996; Hakulinen et al., 1999; Skovgaard et al., 2005), Australia (Briggs and Briggs, 2006), New Zealand (Wilson, 2001), the Netherlands, France and Italy (Kamerman and Kahn, 1993). Home visiting is a key component of services in these countries, but the number of visits and their timing varies between the nations (Kamerman and Kahn, 1993): clinic-based immunisation and child health surveillance services provided by nurses are more generally available. In contrast, Germany has a post-neonatal home visiting services provided by social workers and physician-led clinic-based child health services (Kamerman and Kahn, 1993; Wendt, 1999). Home visitation, often provided by nurses, is also provided to families perceived as vulnerable in many parts of the United States and Canada (Council on Child and Adolescent Health, 1998; Drummond et al., 2002; Duncan, 1992b; Powell, 1993).

Since they have ongoing supportive contact with parents and young children in a range of settings, HVs have a unique opportunity to identify both problems in the parent–infant relationship and child mental health problems, for example during developmental screening, home visits and immunisation clinics. One study exploring pathways to a UK child mental health service found that 82% of the parents of children under the age of seven had discussed their problems with HVs (Godfrey, 1995). HVs are the professionals most likely to identify and refer children with autism spectrum disorders (Chakrabarti and Fombonne, 2005). They have also been shown to recognise emotionally damaging family dynamics (Rushton, 2005) and a Swedish study (Aurelius and Nordberg, 1994) demonstrated that home visiting nurses are able to make valid assessments of the degree of psychological risk to infants during neonatal visits.

Service users have identified high levels of satisfaction with HV services and HVs are perceived as reliable, available and non stigmatising (O'Lunaigh, 2002). Parents of young children with psychiatric problems often state that the HV is the only person with whom they can discuss their problems (Godfrey, 1995).

There is substantial evidence that community-based nursing can have a major impact on the mental well being of children and young people. For example, in a 15 year follow up of a randomised trial of an intensive

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