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Missing out or singling out? Parents' views on how health professionals should work with them now to get the best for their child in the future



Dr Joyce Marshall – Senior Lecturer, University of Huddersfield
 Prof Josephine Green – Mother and Infant Research Unit, University of York



Prof Helen Spiby – University of Nottingham

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INTRODUCTION

Pregnancy and the first years of life are important times for future child well-being. Early identification of families and children who might be likely to experience poorer outcomes could enable health professionals and parents to work together to promote each child's well-being. However, when the goal is *future* health and well-being, rather than a response to immediate needs this may not be obvious. If families are to be selected to receive personalised additional services based on the risk of poor outcomes then it is important that such an approach is acceptable to these families. However, there is a paucity of literature relating to what parents themselves think about the idea of receiving targeted additional preventative services now to improve children's health and well-being in the future.

AIM

To investigate parents' views about how health professionals should identify and work with families who may benefit from additional input to maximise their children's future health and well-being.

METHODS

Focus groups were carried out. Families were recruited from existing groups in Children's Centres and antenatal sessions, the majority of these in less affluent areas of three different towns in the North of England. Non-English speaking Pakistani parents were recruited through a specialist maternity co-ordinator. Focus groups were audio recorded, transcribed, translated and coded using the software package Nvivo. Comparative analysis was carried out using charts to highlight similarities and differences across key concepts as we sought to make sense of parents views and provide explanations.

RESULTS

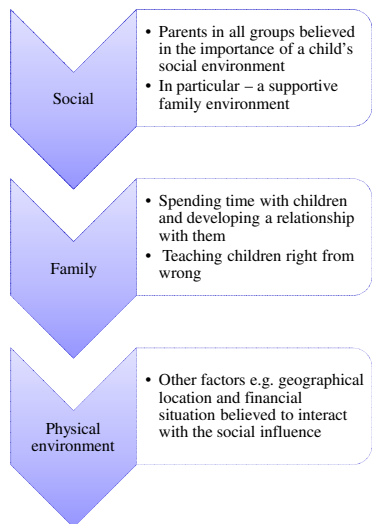
A total of 54 parents participated in 11 focus groups.

Future orientated thinking about child health and well-being

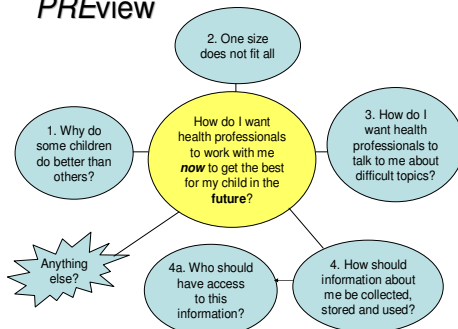
- Considered to be a 'good idea', but not easy.
- A process during which ideas could be modified, rather than a single event
- Face-to-face discussion important – existence of a relationship with health professional

Services available to all

- Parents felt everyone should have *access* to services
- Recognised that some people might need more support than others
- Felt that targeted services could result in missing out



PREview



Poster used to structure and facilitate focus groups

'Judging you'

- Parents were concerned that being offered services because they belonged to a group with an increased likelihood of poor outcomes would make them feel assessed, stereotyped and judged and that their abilities as parents were being questioned
- *'From like the stereotypical, oh you're a kind of young mum or you're a single parent. It's, it's hard to actually, cos you do constantly get judged...'*

Support

- All women (except pregnant Pakistani women) spoke of various ways in which they felt supported by attending a range of different groups
- They gained from social contact and prioritized real-life experiences
- Gained from peers but also valued the presence of a health professional – regular opportunistic contact they would not have otherwise had

Control

- Parents did not want to be told what to do. Input needed to be perceived as supportive – 'a gentle nudge in the right direction' leaving parents feeling they were in control and had choices
- Balanced information that was not 'wishy washy' explaining 'the pros and cons' to enable them to make their own decisions

CONCLUSIONS

- Access to free universal services for young children was highly valued.
- Parents recognised that not everyone would want or require the same services.
- Parents felt that they, rather than health professionals, were best placed to judge whether or not to access services.
- Groups were highly valued and offer a potential way to meet parents' needs in the context of diminishing resources.
- Parents were sensitive to the implication that the offer of targeted services meant that they were 'failing'; steering them towards universal services is likely to be more acceptable.
- Targeted additional services could be acceptable and welcome if health professionals introduce them sensitively, in the context of an existing relationship, providing parents are active participants.