'These places are like a godsend': a qualitative analysis of parents' experiences of health visiting outside the home and of children's centres services

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Abstract

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Background In 2011–2012, we carried out a programme of research to inform the Department of Health's strategy for strengthening health visiting services in England. Our research included a study of parents' views of their experiences with health visiting services in two geographical areas in England. Here, we draw upon data from this work to illustrate valuable aspects of family support outside the home reported in parents' accounts of their experiences of health visiting. We also explore the usefulness of relational autonomy as a theoretical lens for understanding the mechanisms through which this support operates.

Design We draw upon data from semi-structured interviews with 44 parents across two 'Early Implementer Sites' of the 'new service vision' in England. Our thematic analysis of the data was informed by grounded theory principles.

Findings and discussion Parents valued being able to attend child health clinics and group activities outside the home; this helped them to avoid social isolation and to identify, choose and use the forms of advice and support that best suited them. We suggest that health visiting outside the home and children's centres services may also foster parental autonomy, especially when this is understood in relational terms.

Conclusions Health visiting outside the home and children's centres services are an important complement to health visiting in the home; both dimensions of family support should be available in the community. Relational readings of autonomy can help illuminate the ways in which these services can foster (or undermine) parents' autonomy.

Background

As part of a broader research undertaking commissioned by the Department of Health's

Policy Research Programme, in 2012 we carried out a study of parents' views of health visiting services in two sites in England.¹ The study aimed to inform the implementation of

the new service vision for health visiting set out in the *Health visitor implementation plan 2011–2015: A call to action*², and it shed light on the relational and organizational features of health visiting that contribute to a provision that is perceived as enabling and supportive by parents. In this paper, we focus on one of the themes from our data analysis: the value for parents of drop-in child health clinics and group activities at children's centres.¹ Evidence on effective partnership working across statutory services for children is currently limited;³ community-based family support is often discussed and evaluated in the policy and social work literature^{4–6} but remains largely under-theorized in the health visiting literature.⁷ In view of this and of the on-going review of children's centres,⁸ below we examine our data on parents' experiences of community centre-based services through the theoretical lens of relational autonomy to explore the ways in which health visiting outside the home and children's centres services can complement health visiting in the home and contribute to effective support for parents and young children. We refer to 'health visiting services' inclusively, as in the NHS Operating Framework for England,⁹ which includes in this definition the leadership and delivery of the Healthy Child Programme for under 5-year-olds in collaboration with maternity services and children's social care.⁷ Although we focus here on the UK context, our discussion also has relevance for service provision in other countries whose health-care systems have similar public health nursing roles (e.g. Australia, Denmark, Finland, Ireland, New Zealand, Norway, Sweden and USA).

In 2011, the *Health visitor implementation plan 2011–2015*² set out the government's strategy to strengthen and rejuvenate health visiting services in England (for a review of progress, see Ref. 10). With some NHS trusts, designated as Early Implementer Sites (EISs), being responsible for leading the implementation of the new strategy, services began to be reorganized around four levels of 'family offer': 'community' and 'universal' levels for the fundamental health and social support needs of all families with

children under 5 years of age, and 'universal plus' and 'universal partnership plus' for families requiring additional support for health and parenting issues in the short or long term, respectively. Collaborating closely with other health-care professionals and community practitioners – including midwives, nursery nurses, general practitioners and staff at children's centres^{11,12} – health visitors lead and coordinate a variety of services for preschool children and their families across these four levels of 'family offer' to put into place an 'effective and high-quality preventive programme in childhood' as 'the foundation of a healthy society'.¹³ This collaboration can take various forms: health visitors can hold regular child health clinics at a local health centre or children's centre; they can be directly involved in children's centres activities (e.g. breast-feeding support groups) or even be based within a children's centre (for a recent collection of examples of successful approaches to integrated service delivery see Ref. 14). A recent narrative review of the literature on health visiting highlighted how research in this area is characterized by small-scale, single studies which are often under-theorized and do not really constitute a coherent body of work, with a noticeable paucity of research on key areas of health visiting including skillmix, teamworking and organizational arrangements.⁷ To contribute to understanding and theorizing the 'community' 'universal' and 'universal plus' dimensions of the health visiting 'family offer', we illustrate parents' accounts of their experiences of community centre-based services and suggest that relational readings of autonomy can offer further insights into the mechanisms through which health visiting outside the home and children's centres services play a role in effective family support.

The concept of individual autonomy occupies a central place in moral and political philosophy and its dimensions and boundaries represent a key concern in biomedical ethics,^{15,16} where personal autonomy is a core principle alongside beneficence, non-maleficence and justice.¹⁷ In discussions around health and health-care, it is most often invoked to refer to

patients being in a position to make their own decisions in matters relating to their care.¹⁶ As a consequence, traditional autonomy theory as applied to the context of health-care ethics has often focused on the factors that interfere with autonomy, such as coercion, internal compulsion and ignorance.¹⁸ However, conceptualizations of autonomy which limit it to autonomous decision making are reductive and potentially misleading.¹⁶ As Sherwin points out, the narrow focus of this traditional understanding of autonomy 'obscures our need to consider questions of power, dominance, and privilege in our interpretations and responses to illness and other health-related matters as well as in our interpretations of the ideal of autonomy'¹⁹ (p. 31). In particular, the focus on individual decision making that can characterize narrow readings of autonomy obfuscates the social relationships in which the conditions for autonomous deliberation are embedded. Although autonomy and choice are interdependent, in this paper we do not discuss choice *per se*. Here, we wish to foreground the possible ways in which the conditions for autonomous choice may be enabled and fostered through health visiting practices outside the home and other support services at children's centres.

The need for *relational* (in the sense of *socially situated* or *contextualized* proposed by Sherwin¹⁹) conceptualizations of autonomy emerged from feminist critiques of the masculine character ideals permeating the concept, and from concerns about the inattention to oppressive social relationships fostered by individualistic and rationalistic understandings of autonomy.²⁰ The relevance of relational accounts of autonomy for clinical practice has been recently re-examined by Entwistle and colleagues, who have highlighted how these accounts 'de-emphasize independence and facilitate well-nuanced distinctions between forms of clinical communication that support and that undermine patients' autonomy. p. 741.¹⁶ Relational accounts of autonomy take into account the effects of social forces and practices on the circumstances that support or restrict an individual's ability to exercise choice autonomously. They highlight that

an agent requires a degree of self-trust and self-worth to be autonomous, which emphasizes the importance of self-identities and self-evaluations for autonomy.¹⁸ In our case, they can help us to shed light on how, by fostering parental self-trust and self-worth, health visiting practices outside the home and activities at children's centres can contribute to supporting parental autonomy.

Methods

We draw upon semi-structured interviews with parents who had experienced some sustained contact with the health visiting team – that is, beyond the first health visitor's visit or occasional or routine checks – at two EISs in England. Both EISs were located in socio-economically mixed geographical areas, including urban, suburban and rural locations, and both deprived districts and pockets of affluence. We interviewed a total of 44 parents (42 mothers and two fathers; eight telephone interviews, all the others face-to-face) of children aged between 0 and 5 years, recruited to the study with the help of the health visiting team (for participants' characteristics, see Table 1). All but one interview were audio-taped (one parent declined to be recorded and notes were taken during and immediately after the interview) and transcribed verbatim. Our data analysis was informed by grounded theory coding strategies:²¹ a preliminary phase of open coding (carried out by three researchers, including the authors, who met regularly to discuss early themes and impressions from the data) was followed by more focused coding, with revision of existing codes and addition of new ones. Memos were used throughout the analysis to capture ideas and insights into discussion and further elaboration. Codes were clustered under categories, and emerging themes were shared and discussed by team members for further insights (for example, early codes such as 'being listened to' and 'being given time' were clustered under the 'good experiences of care' category; these and other codes and categories led to discussion of the features of 'enabling

Table 1 Characteristics of participants in the study

Distribution			
Site 1		Site 2	
19		25	
		Gender	
		42 F	2 M
Site 1	18 F	1 M	
Site 2	24 F	1 M	
		Ethnic origin	
		White British	White
		41	2
			Mixed
			1
Site 1	17	2	—
Site 2	24	—	1
		Age	
		25-34yo	
		≤24 yo	25-34 yo
		9	25
			≥35 yo
			10
Site 1	5	12	2
Site 2	4	13	8
		Number of children (the on-going pregnancies not included)	
		1 child	2 children
		18	15
			3 or more children
			11
Site 1	6	6	7
Site 2	12	9	4
		Living with partner	
		Yes	No
		34	8
			Not known
			1
Site 1	14	4	—
Site 2	20	8	1

relationships' as an analytical theme). Prominent themes and those that had specific relevance to the policy questions underpinning the study were foregrounded and developed in the study report.¹ In this paper, we further develop a theme from the original study relating to parents' experiences of the support they received from health visitors, their teams and children's centres' staff beyond the home visits. The study

was approved by the relevant ethics committee (Ref. No. 12/NE/0067). To preserve participant anonymity, we use pseudonyms throughout the paper and provide very little organizational detail about the teams, the services they provide and any identifiable aspects of parents' experiences.

Findings

Our wider study illuminated various aspects of health visiting practice that parents considered crucial to their feeling supported.¹ More specifically, it drew attention to the value and characteristics of one-to-one relationships with health visitors and other early years workers which were perceived as supportive and enabling (for example, the importance of feeling 'known' and listened to); the potentially long-lasting effects of unsatisfactory experiences with health visiting services (for example, feeling judged about parenting approaches or lifestyle choices); and the importance of the backstage work that health visitors did to ensure effective coordination of care and support (for a more extensive discussion of the wider study findings see Ref. 1). When discussing the aspects of health visiting that they had found valuable, parents commented extensively on the support they were offered outside the home and the ways in which this had proved important to them. Although we asked parents about their experiences with the health visitor and the health visiting team, it emerged from our data that boundaries between teams and services were not necessarily known by parents or even relevant to them. With a view to illuminating the potential mechanisms through which community-based support for families provided by health visitors and other early years workers operates, in this paper we focus upon this aspect of parents' experience of support. Firstly, we discuss how engagement in activities at community centres helped parents to avoid becoming isolated and enabled them to identify, choose and use the forms of help that best suited them; secondly, we utilize the theoretical lens of relational autonomy to

understand in more depth how health visiting practice and other activities in community and children's centres may be supporting parents.

Meeting other parents who are 'going through the same things'

Most parents attended either a health centre or their local children's centre for child health clinics (better known by parents as 'baby clinics') and, in the case of children's centres, also for other activities such as parent and baby/toddler groups, baby massage classes, 'messy play' groups, breast-feeding support groups. Several participants stressed how useful they found being able to access these centres and activities to connect with other parents (mainly mothers). Roxanne, for example, commented on how attending the children's centre helped her to feel less isolated; contact with other mothers and with professionals who could answer her questions had been 'a big help' for her:

But the children's centres I think are really good. When you have a baby it can be sometimes quite a lonely time. [...] if you haven't had any other children and you haven't had a lot of experience you can kind of be like, 'Help, what do I do?' Or if your friends haven't got children as well, it's just nice to have the support and to know that other people are going through the same things that you are, and to have people to answer any questions however silly you might think they are. It's been a big help for us. (Roxanne, mother of one)

Knowing that other people were 'going through the same things' and being able to access a range of tips and suggestions for coping with everyday problems proved helpful also for Lynda:

...you kind of got a different perspective of everything. Like, you get different tips and different ways of doing things and you're not alone because there are other parents that are out there that do find things a little difficult. (Lynda, mother of two)

This sense of not being alone and the opportunity to compare notes and normalize one's experience applied also to more specific maternal issues. Breast-feeding can prove difficult

and stressful to new mothers. Naomi, a mother of one, found informal advice from other mothers helpful in coping with her breast-feeding problems:

It gives you a bit of confidence with regards to breastfeeding to know that if you are having problems, you're not the only one. Some support and advice on a professional level from the health visitors has been useful, but also informally, just meeting other mums and chatting to them and just knowing that you're all going through the same thing, because nobody tells you if you're doing it right or you're doing it wrong, but to know that you're kind of doing it the same way as everybody else.... (Naomi, mother of one)

The possibility for socialization that the children's centres offered was generally appreciated by mothers. Meeting other parents allowed for the sharing of 'informal' advice and reassured these mothers that they were not the only parents who were finding looking after their young child challenging at times. These forms of reassurance (particularly when complemented by the reassurance and praise provided by health visiting practitioners in one-to-one encounters) were perceived by parents as directly helpful. In addition, they have the potential to positively influence parents' perceptions of self and of their new or renewed parent identities, thus also supporting autonomous agency.

Lorraine's description below captures a view of the children's centre as a friendly and welcoming environment, which was a common thread throughout our data:

It's just meeting other people and you can talk about everything and getting out of the house, really, because it was all a bit scary to begin with, knowing what to do and how to do things, and actually getting out of the house. But yeah, so we came here and met our two friends that we do everything with, so if I hadn't had this facility then we wouldn't have obviously made them friends. The baby group was just nice because you could see that your baby was the same as everyone else's baby, just a bit louder. (Lorraine, mother of one)

Having somewhere to go to meet other people and distance oneself from the stress of the home was perceived as beneficial by Lorraine,

and other mothers – like May, below – pointed out how this was particularly valuable for single parents:

... these places are like a godsend, because if you are a single parent you don't have loads of money to go and do stuff... I go to all these things because it gets me out of the house. I'm not just sitting around on my own. You meet other people. (May, mother of one)

Louise lived with her partner and their four children, but she echoed May's comments, above, having met several single mothers at the centre:

... a lot of the women I speak to would be on their own and I think it was invaluable for them [...] to have somewhere to go for starters and to know that when they got here they were welcome no matter who they were, what they do or anything like that, you know, how their lives were, you were all the same in this room. [...] You weren't being judged, nothing like that. You come here, have a natter, have a laugh and you're all welcome, [...] and I think that's important, you know? Because you don't get a lot of people who don't judge you and they don't here. (Louise, mother of four)

By allowing parents to spend time and share their experiences with other parents in an environment where social asymmetries are not foregrounded – in Louise's words, 'you were all the same in this room' – children's centres may also be contributing to supporting parents' self-confidence. They can represent spaces where parents can come to terms with their new identities unconstrained by pre-existing experiences of being judged or criticized by others. Not only do health visiting teams often have a role in coordinating how these spaces operate, but through their work at the 'community' level of the family offer they also contribute to ensuring parents are aware of their availability and able to access them. Health visitors and other members of the health visiting team are ideally placed to suggest and gently encourage attendance at the centre, and this can prove particularly helpful when a mother is experiencing mood difficulties and acute isolation. Denise, a mother of one, told us that she had felt

extremely isolated having moved to the area shortly before the birth of her baby. She had finally shared her sense of loneliness with her health visitor at a 12-week routine visit. It was through the support of health visitor and family support worker that she was able to access and make the most of her local children's centre:

Because I went through a stage where I didn't want to go out of the house. [...] I was nervous to come down here on my own to the [baby class]. [...] [The family support worker] met me at my house and actually walked me down here [...] and she came in with me. [...] Without that I would never have got out and I wouldn't have got the friends that I've got now so... (Denise, mother of one)

Mothers who feel isolated or overwhelmed by their transition to being a parent might not feel able to seek support themselves. At the 'community' level, health visiting ensures that information about support in the community is available to all mothers and that parents who need additional encouragement to access these resources receive it promptly.

Identifying and developing more satisfactory relationships with health professionals

Routine weight, health and developmental checks for young children are usually carried out by health visitors at child health clinics. These most often operate as drop-in clinics and are hosted within a health centre or a children's centre. Regular clinics – regardless of frequency – were important to parents as they represented an easily accessible point of contact with the service when there were health concerns or needs for reassurance and/or advice. Together with group activities at children's centres, clinics also enabled parents to seek alternative sources of advice when they were not entirely satisfied with the support they had already received. Most participants in our study were happy with the health visitor they saw more regularly and the advice and help they provided. Occasionally, however, unsatisfactory interactions led parents to seek alterna-

tive sources of advice or to form a relationship with another member of the health visiting team. In view of the long-lasting effects of unsatisfactory interactions with health visiting services,¹ this finding – although relevant to a minority of parents in our study – is worthy of attention. Child health clinics and group activities at children's centre can offer parents the opportunity to have more informal contact with various members of the health visiting team. This can encourage them to explore new relationships with health visiting practitioners and to identify and cultivate more satisfactory forms of interaction between advice and support. Florence, a mother of two, found consulting some of the health visitors at the child health clinic unhelpful because she found their advice restrictive. At one of the group activities, however, Florence had met health visitor Sharon, whose advice to the group she trusted and respected. From that point onwards, when concerned about her daughter's health, she would approach Sharon:

Well, it's because I talked to my partner about it and I was saying, 'Oh, we could go to the clinic, but then you don't know who you're going to get at the clinic, or I could talk to Sharon because I'd seen her that many times at the group that I knew that she was, like, a decent person. She wasn't someone who is full of misinformation or that kind of thing, which you do get. I mean, you get that in all jobs though, there's going to be people who don't have as much information as others. I knew she was good so I kind of trusted her enough to mention it to her. (Florence, mother of two)

Here, the group acted as a catalyst for Florence to be able to identify a practitioner she felt she could trust. Having found the advice she had received from other members of the health visiting teams unhelpful in the past, it proved useful to her to meet a professional she felt she could approach when she had a serious concern. Like many other health-care workers, health visitors face incredible work pressures and cannot always accommodate changes in allocation of cases on the basis of parental preference alone. However, in some cases, it is

possible for parents to develop supportive relationships with practitioners with whom they feel more in tune. Susanne, below, appreciated the advice she received from the health visitor she saw at home visits, but she found more reassurance in consulting a second health visitor – Melissa – she had met at one of the groups at her local centre:

As I said, I felt really supported with the group here and they do seem quite a close-knit group. I think that my health visitor in particular was new, so in that respect I felt possibly that she maybe she wasn't as experienced, but then I think that she is a mum herself so that's all the experience that you need really. And so that is one of the reasons that I quite liked Melissa [a different health visitor]. Because, as I said, she is a little bit more experienced, and I just felt that they'd been there before and could give you a little bit more reassurance. (Susanne, mother of one)

Mother of one Lydia also said she found the whole team at the clinic very kind and supportive, although perhaps too focused on encouraging breast-feeding. She preferred the approach of one particular professional – Terry – she had met at the child health clinic. In the quote below, Lydia explains how at her local child health clinic she would ask to see Terry to have her queries addressed:

And then I became attached to one particular health visitor who I saw each week. And she was helping me through it all, so the original health visitor who I saw I didn't see any longer because the other one kind of took over; because we'd sort of got a bond together and anything I needed I preferred to see her, which was nice. [...] when I went over to the desk to ask for [my daughter] to be weighed I'd ask if Terry was there, because the other ones, they were all lovely but they tended to talk mostly about breast-feeding and there were other things that I wanted to talk about. (Lydia, mother of one)

Lydia here refers to Terry as a health visitor; however, later in her interview, she explained that Terry was, in fact, a nursery nurse. Her story is an example of how access to the wider health visiting team can maximize opportunities for developing effective relationships with

different members of the team. As well as contributing to making parents feel more supported in their parenting role, these opportunities can also enable them to rehearse agency and judgement, thus supporting autonomy. We discuss this to greater length below.

Discussion

Our analysis suggests that activities at community centres involving, or integrated with, health visiting provision can counteract social isolation and promote access to other services through contact with other parents and health visiting practitioners within environments that can be perceived by parents as welcoming and non-judgemental. They can also enable the development and consolidation of more effective relationships with members of the health visiting team other than those encountered through routine allocation. Our study showed that where parents had had prior unsatisfactory encounters with the service, they had sometimes become reluctant to continue to engage with it or generally sceptical and negative towards it.¹ Informal encounters with members of the health visiting team at group activities or at routine checks at the child health clinic allowed some parents in our study to exercise agency in identifying forms of support that felt more in tune with their lifestyles and health choices. Whilst we are in no way suggesting that group activities can or should replace home visits or outreach programmes, our findings highlight some of the mechanisms through which they contribute to effective early years support for families. In this sense, they point to the importance for policymakers of ensuring that health visiting and early years services are able to offer an adequate combination of home-based and community centre-based support. Of course, attendance at group activities might not appeal to all parents, especially to those who are already socially isolated, or find social situations intimidating due to cultural or language barriers, or complex social problems such as substance addiction or domestic violence. However, these activities

can significantly contribute to the health promoting support to which health visiting services aspire.

By facilitating socialization with other parents and the exploration of new relationships with health visiting practitioners, activities at community centres can actively support parental autonomy. This is particularly evident if we understand autonomy relationally, that is, if we foreground the social relations that contribute to making decision making possible rather than focus purely on decision making itself. Broadly speaking, relational readings of autonomy can 'encourage us to look behind and beyond decision situations in which patients are (or might be) presented with options relating to their health care, and to see a broader range of ways in which health services can constrain or undermine' – or, we would add, support – 'patients' autonomy'²² (p. 26). The two dimensions of engagement with early years and health visiting support outside the home discussed in this paper encourage parents' autonomy by fostering self-trust and creating the conditions for practising autonomy skills. Connecting with other parents helped participants in our study to cope with the challenges of parenthood and feel less lonely. By providing friendly and non-judgemental spaces where informal communication with staff and other parents is possible and where parents (mostly mothers, in our sample) can share experiences and common difficulties with parenthood, community centres can positively influence parents' sense of individual self-worth. Due to the self-selecting nature of our sample, we do not know whether other parents found group activities intimidating, or perhaps stigmatizing. However, where peer environments are experienced as non-judgemental, they can positively influence self-worth and therefore prove enabling for parents from disadvantaged groups (especially single mothers) who may be experiencing social discrimination or stigmatization in their daily lives. Also, child health clinics and group activities at children's centres made it possible for parents to identify the health visiting team worker with whom they trusted, or felt most

comfortable and 'in tune'. Activities in community centres that foster more satisfactory relationships with health visiting practitioners can enable parents to distance themselves from forms of professional advice that are perceived as uncomfortable or undermining – and, in this sense, oppressive – and to pursue interactions that are more likely to build and reinforce self-trust. As Entwistle and Cribb point out when discussing relational autonomy in the context of the care of long-term conditions: '...health services structures and the particularities of healthcare encounters (including relationships with staff) are themselves influential contexts for patients. They can have significant implications for who patients can be and what they can do within them'²² (p. 36). Professional advice that more closely matches, or is more welcoming of, parental lifestyles and views on childrearing and feeding is also likely to create more conducive conditions to practising judging, evaluating, and trusting one's judgment as a parent, which all reinforce parental autonomous agency. Although our discussion focuses on relational autonomy, other theoretical tools – such as theories of social capital and social support,^{23–26} self-efficacy²⁷ and self-determination theory²⁸ – might also contribute, in analogous ways, to richer conceptualizations of health and social care for young children and their families. We call for health visiting research to engage to a greater extent with these theoretical lenses to generate more robust and critical analyses of its own practices.

We acknowledge that parents volunteering to participate in our study are most likely to be those who have had positive experiences with the service and that the ethnic background of our sample is very homogenous. Our data are unlikely to capture the experiences of parents who have stopped engaging with the services following negative experiences or of those from ethnic minorities. However, our analysis offers useful insights into the experiences of parents who are willing to engage with services in areas where implementation of the new service vision is already in progress.

Conclusions

By illuminating the mechanisms through which community centre-based early years and health visiting provision contributes to effective family support, our analysis underscores the complementarity and potential for mutual reinforcement of home visits and health visiting and other early years support outside the home. At present, budget cuts to local authorities raise significant challenges for the sustainability of community spaces in which support can be accessed by parents in the ways explored in this paper.²⁹ Policymakers, commissioners, and health visiting service managers therefore need to be mindful of the importance, for the health and well-being of families with young children, of ensuring that effective combinations of different forms of early years and health visiting support are available in the community.

When concerns around the physical and psychological safety of a child are *not* an issue, health visitors and their teams, in collaboration with early years staff at children's centres, aim to enable parents to make healthy choices for themselves and for their children's health and well-being in the respect and support of people's autonomy.^{30,31} We suggest that relational readings of autonomy can illuminate the ways in which health visiting and children's centres services can promote parents' self-trust and self-worth, foster the development of non-oppressive relationships with peers and/or health-care professionals and enable the rehearsing of agency, thus supporting parental autonomy. We therefore suggest that health visiting research would benefit from applying this theoretical lens, along with other potentially complementary lenses, to the study of its own practices and of early childhood services inside and outside the home.

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Conflicts of interest

None.

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