

Review: Public health nurses' concerns in preschool-aged children's health check-ups

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Language is a tricky thing, particularly when aiming to engage people in voluntary activities for purposes of health improvement. In the reviewed study, Finnish parents are invited to accept 15 'health check-ups' for their pre-school children for purposes of health guidance, advice and support. These check-ups may lead to referral to a specialist service if public health nurses (PHNs) or the parents identify concerns. In England, health visitors are mandated to offer parents just five universal contacts as part of the Healthy Child Programme (HCP), which are described as 'crucial connection points where health visitors and their teams have powerful opportunities to support families, leading to better outcomes for children' (Department of Health, Public Health England, 2014: 11). Referral to specialist services is part of English health visitors' remit as well, but they are more often likely to offer additional provision themselves, to meet needs identified by parents or professionals. This means that the actual service delivered varies considerably, as needs differ between families – but the five universal contacts provide a minimum baseline.

Finland and England are both part of the developed world, with comparatively low infant mortality and high life expectancy (Organization for Economic Co-operation and Development (OECD) *Health Statistics*, 2015), yet interest in the preventive potential of the early years remains high. This reviewed small and useful study has shown a clear shift in the thinking and focus of PHNs' check-ups in Finland, mirroring scientific understanding about the impact of adverse childhood experiences on later health. The Harvard Centre on the Developing Child (2011) identifies infants' need for (1) a stable and responsive environment of relationships, (2) safe and supportive environments and (3) sound and appropriate nutrition as the fundamental 'foundations' upon which infants' later health is built. Yet these foundations can be undermined by psychosocial stress, poor parental mental health, strains on parenting and relationships, financial difficulties and a wide range of other everyday concerns; so the shift in PHNs' thinking is justified.

Creating an atmosphere in which parents feel safe to talk about intimate and potentially threatening issues takes considerable skill and care. The reviewed study finds that parents

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may state that everything is fine, because 'private family matters' are not discussed with outsiders; or professionals may notice something that otherwise-absorbed parents have not considered to be an issue. Care is needed to surmount such everyday barriers to accepting health care at an early, effective stage. Taking a health-creating salutogenic approach (Cowley et al., 2014), which includes a focus on positive language, is one way of reducing stigma and keeping parents' interest in the potential for support from health professionals. It is disappointing, therefore, that the rationale for focusing on 'concerns' in this paper was not explained. Perhaps the term was meant to indicate 'caring about', but the common use of the phrases 'cause for concern' or 'child of concern' in the safeguarding lexicon means that such a focus may create unintended barriers and reduce trust between parent and professional. Or perhaps the term 'concern', so potentially fraught in English, has no such negative connotations when translated into Finnish? Such are the challenges of sharing international research!

References

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Emeritus Professor Dame Sarah Cowley worked in the NHS for 28 years before moving to King's College London in 1992. During 20 years as an academic, she led programmes of preparation for health visitors and district nurses, and carried out research reflecting her interest in health visiting, public health and positive health, especially in relation to needs assessment, families and the social environment. She retired from King's in 2012, but remains active as a trustee for the Institute of Health Visiting.