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Schools-based health interventions: Mums and babies in the classroom and different responses from teachers and health workers

Many studies that have shown the worth of inter-professional cooperation within children's services (Anderson-Butcher and Ashton 2004; Hafford-Letchfield and Spatcher 2007; Larivaara and Taanila 2004; Hafford-Letchfield and Spatcher 2007; Larivaara and Taanila 2004; Leurs et al. 2005; Rider et al. 2008; Comellas 2006; Seden 2008). Some studies however, have highlighted challenges that also exist: inter-professional communication (Anderson-Butcher et al. 2006); building cross-agency networks; (Brenner 2007); different understandings of service-user need (Stone et al. 2006); differences of professional habitus (Spratt et al. 2006); and cultural variations between professional groups (Clarke et al. 2007).

I consider one example of a school-based intervention in which inter-professional tensions demonstrated differences of understandings of programme purpose and of professional remit between classroom teachers and family health visitors.

A case study

During the 2007/8 school year an initiative ran in eight Liverpool schools that involved parents (all mothers) from the community local to a school, bringing their babies (all under one year in age) into a classroom to talk to pupils about aspects of their baby's care and development. The programme, aimed mainly at Year 6 pupils was normally located within the personal, social and health education (PSHE) strand of the national curriculum.

At each session, a combination of professionals was present. Typically these were: a classroom teacher; a family health visitor; and a worker from a consultancy who was present to support the parent.

Pupils would be invited to ask questions that had been prepared ahead of each visit. The parent/carer would answer the question when it was about the baby specifically. The classroom teacher or family health practitioner might also help with more general or extended questions. Questions would normally reflect earlier class work on such topics as health, infant development, growth, diet, behaviour etc., although questions might also go off at tangents that would be encouraged or discouraged at the discretion of the professionals who were present.

A defining characteristic of the programme was its inter-professional aspect. This operated at two related levels. At the managerial and strategic level the consortium was comprised of senior education, health and other specialist professionals. At the operational level classroom teachers, family health practitioners and parent/carer support professionals worked alongside of one another during classroom sessions with pupils

A great experience for parents

Research interviews revealed that parents had gained greatly from the experience of being involved. The benefits they cited included: a greater sense of self-worth through having been approached to participate; improved self-confidence in communicating with teachers; improved confidence in the practical and emotional skills associated with parenting; improved focus upon their baby in terms of noticing changes and celebrating milestones; raised profile within the local community (in some cases); feelings of pride and satisfaction in being able to make an important contribution to the life of the school; feelings of validation in instances where a parent had been previously

affected by anxieties about the baby or by low self-esteem.

Differences in perspective amongst professionals

Whilst parents gave consistent positive assessments of the programme those from the professionals involved were more searching. Certainly, some tensions were apparent in the different perspectives of classroom teachers and health professionals. Whilst all the assessments given were supportive of the programme and appreciative of the benefits that were apparent for parents, babies and pupils, interviews with the professionals revealed differences that were in part at least connected to differences of remit.

Very broadly the education professionals felt permitted to think quite flexibly about the programme and its delivery. They considered themselves free to interpret the purpose of each session considering the needs of their pupils and to adapt each session accordingly. One aspect of this was a frequently expressed view that each session needed to revolve around the needs of the parent and baby on the day. It goes without saying that the health professionals involved shared these concerns absolutely. However there was also an extra concern for a level of rigour in how their own contribution was organised within the delivery of each session and of the programme overall.

A related tension between school teachers and family health visitors arose from the question of what sources were informing the content of each classroom session. The health professional were strongly of the view that all of the health content of discussion with pupils and indeed with the parent should have been based upon the recommendations of the Birth to Five book produced by the Department of Health (DoH 2007). A specific issue here was the question of what recommendations were to be given about breast feeding versus bottle feeding. This issue highlighted a significant difference between the two professional groups. The family health visitors were professionally bound to encourage breastfeeding. Classroom teachers on the other hand, whilst not being restricted by a professional remit in that regard, tended to more often express fears of alienating mothers who were bottle-feeding.

The benefits emphasised during research

interviews also differed between the two groups. Classroom teachers of course talked about how each visit affected pupil behaviour (very positively). They also described the ways in which the pedagogical material generated before, during and after each visit enriched their teaching in the classroom and more broadly for the curriculum. Family health visitors on the other hand were far more concerned with the health messages that were being received by the mother and the pupils. They were also very interested in the potential that the programme seemed to offer for improving their reach into some parts of the local community.

Conclusion

The commitment of education and health professionals to this programme was strong and frequently articulated in interviews. Nonetheless the sorts of tensions found to exist within the conceptualisation and delivery of this programme do raise challenges for inter-professional delivery. Clearly, they call for a high level of strategic cooperation between service professionals. More than this however they suggest the need for types of professional reflection and discussion between different professional groups that allow adequate opportunity for mutual understandings to emerge. In this way shared perspectives on the design and implementation of such initiatives can be progressed and strong, perhaps even harmonised forms of inter-professional practice can emerge for schools-based health interventions.

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