Institute of Community Health Nursing

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Task Group on Child & Family Agency

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Introduction

The Institute of Community Health Nursing (I.C.H.N.) is a professional and educational body established in 1985 representing Public Health Nurses and Community Registered General Nurses working in primary care, throughout Ireland. The ICHN acts as a consultative body available to inform Department of Health, and other bodies, when requested and co-operates with working groups reviewing and developing primary and continuing care nursing services in Ireland and internationally. The membership is in the main made up of PHNs (54%) but also includes Directors and Assistant Directors of Public Health Nursing, RGNs, Students PHN's and Lecturers from all the Higher Education Institutes.

Children and families

The Institute welcomes this opportunity to make a submission to the DCYA, Taskforce on the Agency for Child and Family Support. The Institute is fully committed to supporting the development of services that are child and family centred and that place the welfare of children at the centre. The Institute recognises that to achieve good outcomes there is a need for formal services to operate in an integrated and multi-disciplinary way. It acknowledges the requirement for a continuum of services ranging from universal approaches for all children and families, to those needed for children in "at risk" situations and those in need to the care of the State.

Role of PHN

Public health nursing is defined by the American Public Health Association/ Public Health Nursing Section (2003) as "the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences" (Quad Council, 2007) This definition is conductive to global

understandings of public health nursing. Recent changes to the job description of the PHN in Ireland (DoH 2000/41) have modernised the role placing it firmly within the context of primary health care, thus, reflecting ideas promoted in health policies (DoH 1994; DoHC 2001a & b).

The role of the PHN encompasses primary, secondary and tertiary care from birth until death (Hanafin 1998). Although public health nursing emphasises a life span approach, in practice, time involved in direct and indirect work is spent predominantly occupied with older people and on child health groups (Byrne *et al.* 2006. PHNS caseloads are ideally based on a total population of 2,500 within a defined area; however the population may vary from a ratio of 1:2,550-1:5,099 (NCPDNM 2005). Effective public Health nursing requires the ability to work in partnership with individuals, families and communities in their own environment which give due regard to the determinants of health. The HSE Office of Nursing & Midwifery is currently reviewing the Public Health Nursing service and it is timely that the debate about child and family services is running alongside this review

Public Health Nursing role with children and families

Public Health nurses role with families with children can be described as having three main components. These are:

- To provide support and advice across a range of areas relating to child development, parenting and clinical health issues. The evidence shows that that parents may encounter a range of challenges including, Physical e.g. (Tiredness, Anaemia, incontinence); Emotional (Blues, post-natal depression, relationship); Informational (Small things as well as big things); and Financial. These challenges can be more acute in the early stages following birth where child health issues such as Feeding, Sleeping, rashes and specific health problems are prominent. This service is provided on a universal basis.

- Early identification of problems arising**:** The recommended 5 core visits from birth to 3.5 years by public health nurses outlined in Best Health for Children (Denyer et al 1999) provide the opportunity to visit the child at home and for observation in the health clinic at different stages of the child's life. This programme thus enables the PHN to work with the family to examine and explore issues which may be of concern to the family and if appropriate to refer to another service. Following assessment the PHN may decide and agree with the family for more frequent home visits. The assessment includes identification of the inter-linkages with formal, informal, non governmental personnel and organisation involved with families making referrals as necessary. . The school programme currently in Junior Infants and 6th class provides another opportunity for the Public Health Nurse to work proactively with families and teachers to overcome matters that may inhibit full participation in schooling.
- Providing clinical care to Children: Children with many complex clinical needs and disabilities are now been cared for by their families in their home. The public health nurse has the responsibility for the co-ordination of services for these between acute health care services, other statutory services and voluntary groups.

Methods of working

A dominant aspect of PHN work is partnership with parents in supporting children's outcomes. Public health Nurses are the only professional group who visit the home of every family in Ireland. This places them in a unique position to build relationships with the families and their communities. The relationship between families and the PHN is fostered over a long period and places the PHN in an ideal place to identify the indicators that may lead to or result in the child requiring protection.

The legislative framework for the current child health service had its origins in Notification of Births Act 1915 (Extension) where the Director of Community Care is notified of every birth and subsequently Section 66 on the Health Act (1970) and the Child Care Act (1991) The policy framework is currently based on *Developing Partnership with Families* (Denyer 1999) which was revised in 2005 in *Best Health Revisited.* Also published in 2002 were *Investing in Parenthood to Achieve Best Health for Children* and *Training Programme for Public Health Nurses & Doctors* in (2004). In 2009 the HSE did a report on the *Audit of the Child Health Screening Surveillance programme.* It identified many deficiens in the delivery of this core screening programme and had a set of 15 recommendations many of which are still not yet implemented. In the HSE performance report of June 2011 it reported a national total of 82.1 % of newborn babies are visited by a Public Health Nurse within 48 hours and that 81.7 % of children reaching 10 months of age have received their 7-9 months screening on time. The Parent Held record (PHR) which is in place in 5 areas of the country is both a record and a tool used by Public Health Nurses in partnership with the parents to monitor child health and development. The electronic information obtained may then be shared with other health care professionals working with children and their families. The Institute supports the current HSE plan to provide all families with access to this record.

The PHN & Child Protection:

At all times the welfare of the child is paramount and the PHN as part of the Primary Care Team has been identified as a prime worker with children at risk in the community (DYCA 2011, Begley et al. 2004).The PHN visits every family with a new infant and a number of times over the course of the child's life. The PHN knowledge of local community is critical to identifying supports and resources for families. The specialist education and training enable them to identify when families

require referral to the social work services, and knowing when to refer to Social work services. As a prominent referrer to child protective services under the Child Care Act (1991) and following policy guidelines (OMCYA 2010), he/she works with families using an ecological approach to identify need, risk factors and issues of concern to prevent the child crossing the threshold of significant harm. Where there are child abuse concerns, the PHN works with the multi-disciplinary team in supporting and monitoring the family. In the context of safeguarding children some of the key activities that can be provided by the PHN include

- A Universal health visiting service with more intensive support for those in need (progressive universalism) to ensure all children have the opportunity to fulfil their potential.
- Good quality Ante Natal Care and support for parenthood with early identification of risk factors
- Core assessments and follow up
- Providing PHN led postnatal parenting groups for health information & social support
- Promotion of parent child attachment through the encouragement of breast feeding
- Assessment of parent child attachment, identification of families requiring extra support and making referrals when required.
- Access to mental health support groups run in conjunction with other agencies for parents with post natal depression
- Signposting and supporting access to community services to enhance parent child interaction
- Referral to counselling service for parental conflict
- Solution focused therapy for parenting difficulties
- Provision of teenage parent support groups

- Universal and targeted provision of group based parenting programmes to cater for different levels of need and intervention
- Rapid referral to child protection .drugs and alcohol teams and adult mental health before families are in crisis
- Involvement in family group conference and case conferences
- Key members of core group following child protection conferences and in the development implementation and monitoring of the child protection plans
- Early identification of children with additional needs

Of cases referred for assessment to Social worker 47 % contacted PHN re case (Buckley et al 1997). The Monageer Inquiry report (DoH 2009) recognized that the PHN service provided to preschool children was critical to the identification of children & families in need of early intervention.

Communication:

In a study (Hanafin & Cowley 2003) identified an absence of a formal referral and feed back loop between social workers and PHNs. In a recent paper (Kent, Dowling, Byrne 2011) it found that PHNS expressed their concerns re communication on child protection issues and the PHN is restricted following up individual cases by the large broad workload that they possess. The Roscommon Child Care case (HSE 2010 0 highlighted that a lack of understanding and joint working contributes to the overall failure to undertake a formal assessment of the case in relation to the risks to the children

Prevention & Early Intervention

There is a growing body of literature which supports the proposition that evidenced based parenting programmes offer a cost effective method of addressing psychosocial issues (Sanders 1999). They have been demonstrated to increase healthy parenting practises, to enhance parental competency (de Gaff et al 2009) and have a positive influence on child behaviour (Nowak, Henrich 2008) The Triple P positive parenting programme is one such evidence based programme. It was developed in the University of Queensland Australia (Sanders 1999) and has been successfully delivered in 20 countries including Australia, Scotland, Germany, the Netherlands and Japan. It is a multilevel programme delivered at five levels which are on a continuum of increasing intensity. The potential for community nurses, in particular PHNs, to enhance the health of individuals, families and communities has been recognised in the United Kingdom where there is currently a recruitment drive to increase health visitors by 4,200 by 2015. This increase is focused on the delivery of evidence based prevention and intervention programmes, principally in supporting firm foundations for lifelong health from birth. (DH 2010) The success in optimizing children's outcomes is founded on early interactions in childhood where developmental windows occur, particularly within the ages of 0-12 years (Meggitt 2006, Doyle et al. 2007, Sheridan et al. 2007, Hobert et al. 2009, and Lindon 2010). A strong case has been made for the importance of providing parent education programmes during pregnancy and when babies are very young, because of the accumulating evidence about the long term consequences of maternal substance misuse during pregnancy, and of mother's early interactions with their infants on brain development (Webster-Stratton and Taylor 2001).

Innovative practice in Ireland

Public Health Nurses are playing a central role in the implementation of the Triple P programme now been offered to all families by Public Health Nurses with children under 7 years in Longford/Westmeath. The aim of the project is to offer a universal population based approach to parenting skills and information. All PHNs in Longford & Westmeath have been trained in Triple P Level 3. If the PHN identify a family that require a more intensive

intervention they can refer the family onwards for a higher triple P intervention programme. An evaluation in the USA of the Triple P programme using randomised geographical area showed that using a population based public health approach to improving parenting practise could be effective in preventing child maltreatment (Printz et al, 2009)

Another prime example of preventative programmes delivered by public health nurses is the Community Mothers' Parenting Support Programme, which has been running in the Eastern region since 1983. The programme is a prime example of primary health care initiatives and promotion of social capital within disadvantaged populations. The beneficial effects of the Community Mothers' Programme have been demonstrated in research with regard to disadvantaged geographical areas (Johnson et al. 1993, Johnson et al 1998) and the travelling community (Fitzpatrick et al 1997). The Community Mothers Programme is been delivered in Dublin to two thousand families each year supported by 12 Family Development Nurses. The Programme was evaluated in 1990 using a randomised- controlled approach and was found to be beneficial for both mother and child. A seven year follow- up study found that the Programme had sustained beneficial effects on parenting skills and maternal self-esteem with benefit extending to subsequent children. A study carried out by Mary Ellen Mc Guire Schwartz in 2003 found that the Programme aided in the development of parent-child bonds and attachment. For over a decade in the Cork South Lee LHO area, a Public Health Nurse has been a member part of the Social Work Team and carries a case load of 20 families approximately .This model is one that is considered later.

Innovative practice internationally

Early evidence from The Family Nurse Partnership programme based on David Olds' work in the USA indicate that the programme was successful in reaching the target group and was accessible to fathers as well as mothers (Barnes et al., 2008) Doyle and colleagues at University College Dublin (2007) have argued that interventions when children are very young (including interventions with their mothers before

birth) achieve the best returns, because research in neuro-science suggests that there are sensitive periods within the early years when there are window of opportunity for certain developments to take place. By investing early the benefits it is also notes are enjoyed for longer which increases the return on investment (Doyle et al., 2007). Protecting and promoting the welfare of children and in particular protecting them from significant harm depend on effective joint working between agencies and professionals that have different roles and expertise. (Cleaver et al, 2009).

Innovative practices in assessment of children and family needs:

Good assessment of children's needs is a core component of providing an effective service (Seden 2007). In Ireland two local areas have adapted systems the Identification of Need (ION) for early identification of need based on those developed in other jurisdictions: The Common assessment framework (CAF) in England and the Getting it Right for Every Child (GIRFEC) system in Scotland. Like the CAF the Identification of Need (ION) process aims to identify children with additional needs before they come into contact with Social Services. The Limerick assessment of Need System (LANS) is based on both the CAF and GIRFEC and aims to assess families at all levels of need. Both are subject to ongoing independent. An evaluation of the ION process has recently been published (Forkan & Landy, 2011). Following the recommendations made in the Monageer Inquiry (DoH 2009) and the Roscommon Child Care Case (HSE 2010) relevant to the public health nursing practice with vulnerable children and families, the public health nursing service in the Dublin Mid Leinster LHO area of Laois Offaly Longford and Westmeath developed a child and family health needs assessment (CFHNA) record with supporting tools to enable PHN's to assess, interpret and analyse the information available to them in their work with children and families. An evaluation of the CFHNA is imminent (December 2011).

Economic impact

The PEW centre in the United States has estimated the saving in social costs through home nurse visiting and a focus on a child's early years. For example, a family visiting programme has shown an 83 percent increase in employment by their child's

fourth birthday, a 20 percent reduction in welfare use and a 46 percent increase in father's presence in the household (Nurse-Family Partnerships 2009). In addition, home visiting programmes can help prevent child abuse and neglect and prevent costly amelioration activities in the future (legal, education, social welfare, medical costs, and personal costs) (PEW 2011, Printz et al. 2009). The highest quality home visiting programs, over time, yield returns of up to $5.70 per public dollar spent (PEW Centre 2011).

Proposed Child & Family Agency (Department of Children & Youth Affairs)

Public Health Nursing services provide a universal programme of child care spanning 0-12 years for all children in Ireland. The ICHN therefore advocate for greater participation and improved systems for Public Health Nursing that would prove effective in both preventing and supporting identified 'at risk' families.

The ICHN recommends that the Department of Children & Youth Affairs Task force on the New Child & Family Agency gives consideration how to capture, develop and integrate the work of the Public Health Nurse into the proposed Child & Family agency. This paper set out how public health nurses are ideally placed to provide support to families at primary secondary and tertiary care. The current challenges in relation to communication could be heightened by not identifying mechanisms for actively involving the Public Health Nursing Service in the new Child & Family Agency. A separation of the services could result in diluting thee interface between social workers and other service providers. Different values, objectives and values may cause lack of coherence between public health nursing and social services. The following options, which are offered as discussion as possible ways of integrating the public health nursing services into the Child & Family agency and should be considered alongside the current review of the public health nursing service been undertaken by the HSE Office of Nursing and Midwifery Director

Option 1

The PHN service remains in the HSE, configured in the same way. That is, that each area in the country is assigned a public health nurse and, generally within that, the public health nurse has responsibility for the organization of all nursing services within that area. There are some exceptions but in general, PHNs are geographically based.

The benefits of this approach are that each area has a designated, named nurse. One disadvantage from a child centred perspective is that the PHN has a generalist role and is likely to have a number of increasing competing calls on her time - elderly, clinical etc. The current challenges around communication would be heightened by not including the Public Health Nursing service in the new Child & Family. The interface between Social workers and others would be severely diluted and lead to greater communication systems failures. Will there be different mandates and a lack of coherence if two different organisations?. Would it be better for children and families for an integrated service – if this is the case, then other services also need to move into the child and Family Agency

Option 2

The PHN service moves out with the other services into the child and family agency. This would position a universal service within the Agency and would ensure a continuum of services. PHNs would be the first line of services for all families as all new births are notified to the PHN services. By being embedded within the Agency, it would be possible for the organisation to mandate certain ways of working / reporting / interacting with other services including the social work service. This would require substantial re organisation as currently the geographic assignment of PHNs means they are responsible also for nursing care, terminal care etc. etc. and some arrangement would have to be made to ensure that these services are continued on. One possibility for this would be to take out a proportion of PHNs – maybe one third

– half and allocate all child health and welfare services to these nurses leaving the remainder to operate the clinical nursing services. This could work well in City areas where difficulties around cover, mileage etc would not be such an issue.

Option 3

One PHN could be appointed to each county and that person would be responsible for ensuring that child protection services involving PHNs operated according to best practice. The person would be a designated child protection person (maybe with specialist qualification) like post grad in child welfare and protection. This person would not have a caseload but instead would be promoting the guidelines, doing training, liaising at the level of the organisation to resolve structural problems.

Option 4

PHN for child protection integrated into social work teams: This would require additional PHNs - probably of the order of `100 - 150 - it would be dependant on how the social work teams are organised This PHN would be responsible for PHN child protection issues - liaison with PHN in the area, resource to social workers and resource to PHN (Cork South Lee model).

Conclusion

The UN convention on the Rights of the Child enshrines our collective commitment to ensuring that all children, including the most vulnerable are properly cared for and protected from harm. While moral and social justice arguments are prominent in the rational for focusing on prevention and early intervention there is also compelling economic evidence. Evidence shows it is possible to prevent abuse and neglect. The ICHN believe that the PHN is a major stakeholder in the debate on the future direction of Children & Family services in Ireland and urge the Task force to fully engage with the PHN service in planning future services.

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