

# EDUCATION AND SUPPORT OF THE FAMILY

## THE ROLE OF THE PUBLIC HEALTH NURSE

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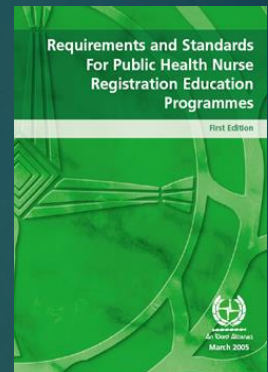


# Public Health Nursing

- ▶ PHN is a generalist nurse with specialist education
  - ▶ Postgraduate Diploma in Public Health Nursing Level 9
  - ▶ 120 PHN students 2014/15
- ▶ 1,290 PHNs in post (HSE Review 2012)
  - ▶ Supplemented by 353 Registered General Nurses
  - ▶ Only one PHN Advanced Nurse Practitioner in Child Health post

# Public Health Nursing

- ▶ Public Health Nursing is characterised by an emphasis on population health issues rather than individually focused clinical interventions
- ▶ PHNs are key health and primary care practitioners who have been trained and educated as public health workers using a partnership and empowerment approach with individuals, families and communities
- ▶ PHNs work collaboratively with the interdisciplinary / multidisciplinary environment to maximise their contribution to health improvement in the local community



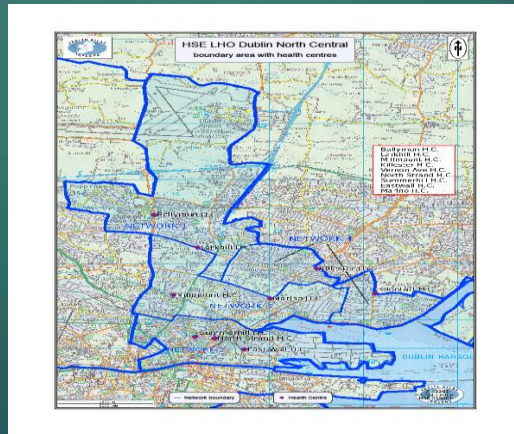
# Public Health Nursing



- ▶ Universal access and nationwide geographic coverage
  - ▶ Family Health
  - ▶ Chronic Illness and Disability 0-65 years
  - ▶ Older Adults 65 years+
  - ▶ Acute episodic care
  - ▶ Home, school, outreach and health centre settings

# Public Health Nursing

Promote & Protect health and reduce Health Inequalities



# State of the Nation's Children

## Dept of Children & Youth Affairs 2012

- ▶ Children (0-17yrs) account for 25% of pop. – highest in the EU
- ▶ Infant mortality 3.4 per 1,000 below EU average of 4.2
- ▶ 18.3% live in a lone parent household (23% for Traveller, 27% for child with disability)
- ▶ 18.8% at risk of poverty, 9.3% consistent poverty
- ▶ Early antenatal care lowest amongst younger mothers
- ▶ Low birth weight stable at 5% nationally but wide variation

# State of the Nation's Children DCYA 2012 contd.

- ▶ Breast feeding initiation rates remain low at 56%
- ▶ 84% Newborns visited by PHN within 48 hrs of D/C
- ▶ National immunisation uptake at 2yrs of age reached target of 95%
- ▶ Immigrant, Traveller and children with disabilities/ chronic illness more likely to be bullied at school
- ▶ 10% aged 10-17 years report smoking cigarettes daily and 20% report they had been drunk at least once in the last 30 days
- ▶ Children in care of the Health Service Executive increased by 16%

# PHN Role in Family Health 'The Baby Nurse'

- ▶ PHN has statutory obligation to provide child health and child protection services the legislative framework originates from:

- ▶ Notification of Births Act 1915 (Extension)
- ▶ Health Act 1970 (Sections 60, 62 and 66)

*'To attend to the public health care of children from infancy to the end of the school-going period. The nurses should provide health education in the home.....'*

- ▶ Child Care Act 1991

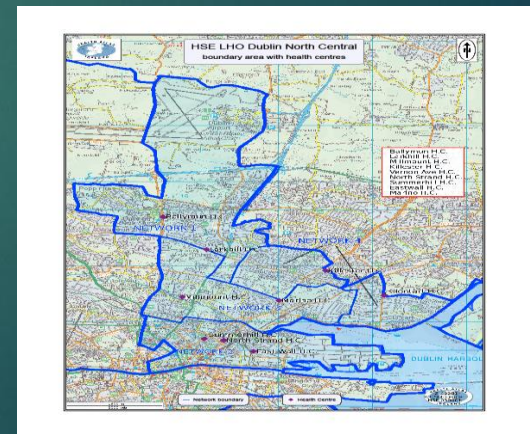




# PHN Role with Families

## ▶ Community / Systems Level

- ▶ PHN manages a geographic caseload and undertakes a community health profile based on wider determinants of health to assess overall needs of the community and influence service resourcing and policy



# PHN Role with Families

## ▶ Individual / Family Level

- ▶ Every infant born is notified to the PHN, a universal screening programme is offered within 48 hours of discharge from maternity services:

- ▶ 1<sup>st</sup> Screen 3-4 months of age
- ▶ 2<sup>nd</sup> Screen 7-9 months of age
- ▶ 3<sup>rd</sup> Screen 18-24 months of age
- ▶ 4<sup>th</sup> Screen 39-42 months of age
- ▶ School Health Screening

- ▶ Shift in recent years from surveillance to health promotion acknowledges the need to work in partnership with parents, the value of parental concerns and the importance of determinants of child health

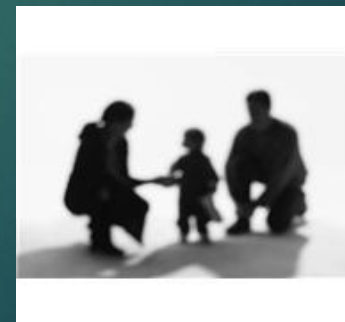
Denyer (2005) Best Health for Children Revisited

# Individual / Family Level

The 9 key areas for universal child health screening are:

- ▶ Developmental Assessment
- ▶ Hearing Assessment
- ▶ Vision Screening
- ▶ Medical and Orthopaedic Assessment
- ▶ Health Promotion and Education
- ▶ Newborn Bloodspot screening
- ▶ Growth Monitoring
- ▶ Oral and Dental Health
- ▶ Child Emotional and Mental Health

Denyer (2005) Best Health for Children Revisited



# The 'Baby' Nurse

- ▶ The first postnatal visit usually takes place in the home within 48 hours of discharge and includes;
  - ▶ Physical examination of the mother and infant – NBS
  - ▶ Health education - immunizations, feeding, parenting, safety etc.
  - ▶ Advice - anticipatory guidance, statutory entitlements
  - ▶ Support – building a relationship of trust, connecting to local and other support groups
  - ▶ Assessment of Risk - post natal depression, child safety / neglect / abuse
  - ▶ Referral to other agencies [www.womensaid.ie](http://www.womensaid.ie)



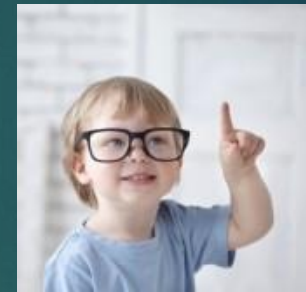
# The 'Baby Nurse'

- ▶ The right investment at this point in the life cycle has been shown to be effective in preventing poverty and disadvantage and can therefore interrupt the intergenerational cycle of poor outcomes

Heckman JJ (2006) Skill formation and the economics of investing in disadvantaged children, *Science*, 312: 1900-1902

# Child and Family Health

Promote & Protect health and reduce Health Inequalities



# Benefits of PHN home based interventions

- ▶ Improved prenatal health
- ▶ Fewer childhood injuries / abuse / neglect
- ▶ Fewer subsequent pregnancies
- ▶ Increased intervals between births
- ▶ Increased maternal employment
- ▶ Improved school readiness

Nurse-Family Partnership Programme

[www.nursefamilypartnership.org](http://www.nursefamilypartnership.org)

# Community Level

- ▶ Community Health Needs Assessment supports consultation, collaborative working, health promotion, community organising and coalition building
  - ▶ Parenting Programmes
  - ▶ Breast Feeding Support Groups
  - ▶ Infant Massage
  - ▶ Mother and Toddler Groups
  - ▶ Enuresis Clinics



# Health Needs Assessment

## *'no sense of community'*

- ▶ In a relatively new large suburban area the PHN identified a social environmental need for young parents to get to know each other, to have a place to meet, to increase their knowledge base and to feel connected
- ▶ A planning and development group which included parents was formed and a venue for a parent and infant programme sourced
- ▶ Parents evaluation included:
  - ▶ *I made friends*
  - ▶ *Very good programme I would not change a thing*
  - ▶ *Great sense of community*
  - ▶ *Sharing of information*
  - ▶ *Supportive to me as a new parent*



# Health needs assessment: antenatal classes

- ▶ Parents self refer to the group as well as referrals from social work and other agencies
- ▶ Peer support with mothers learning from other mothers
- ▶ Reduced symptoms of post natal depression
- ▶ Education element is insidious, the whole experience is perceived as worthwhile by parents



# Health Needs Assessment: post-natal support

- ▶ PHN builds coalition with local community non-statutory agency and develops post natal support group for mums to meet, talk, to be listened to and develop effective coping strategies
- ▶ Formal evaluation of group included:
  - ▶ *I feel more like myself again*
  - ▶ *Learned how to deal with worries*
  - ▶ *Made new friends*



# Health Needs Assessment: Traveller Women's Health

- ▶ PHN working as designated nurse for Travellers identified that Traveller women have higher parity, greater morbidity and mortality than the settled community
- ▶ PHN organised coffee shop focus group sessions with Traveller women and identified low attendance for smear testing linked to the costs involved (50euro per smear test - not covered by GMS)
- ▶ Traveller women were provided with choice of female GP for smear test and costs were covered by the HSE
- ▶ One Traveller woman had abnormal cells detected following smear test
- ▶ Outcome showed a change in the attitudes and knowledge among the extended women's relatives who all attended for cervical screening

# Collaboration: HSE and Bernard van Leer Foundation

- ▶ The Community Mothers Programme
  - ▶ Community Mothers (CMs) are women from the local community who volunteer to visit first time parents in their own homes monthly for one hour over a 12/12 month period
  - ▶ The visit focuses on healthcare, nutrition and overall child development, the one to one support is often complemented by group sessions
  - ▶ CMs are recruited, trained and supported by Family Development Nurses who are PHNs guided by a Programme Director

# Community Mothers Programme

- ▶ The CM is an experienced mother who has formed relationships within the local community
- ▶ The CMs approach is non-prescriptive and parents are encouraged to find their own solutions
- ▶ The CM allows parents to set themselves targets for achievement by the following meeting
- ▶ CMs provide health information and parenting educational teaching tools
- ▶ CMs build and maintain trust with parents and communities

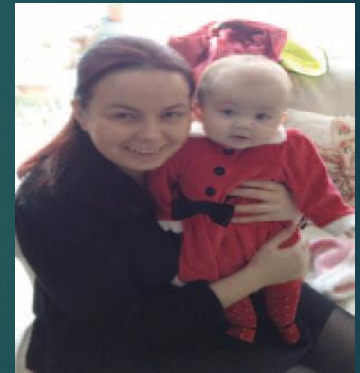
# Community Mothers Programme Evaluation

- ▶ Children whose mothers had been in the programme were:
  - ▶ More likely to read books
  - ▶ To visit the library regularly
  - ▶ To have better nutritional intake

Johnson Z, Howell F, Molloy B. (1993) Community Mothers Programme: randomised controlled trial of non-professional intervention in parenting

# Community Mothers Programme Evaluation

- ▶ Mothers had higher levels of self esteem and they were more likely to:
  - ▶ Oppose smacking
  - ▶ To have developed strategies to help them and their children deal with conflict
  - ▶ To enjoy participating in their children's games
  - ▶ To have better nutritional intake
  - ▶ To express positive feelings about motherhood



Johnson Z, Howell F, Molloy B. (1993) Community Mothers Programme: randomised controlled trial of non-professional intervention in parenting



# Family Support

- ▶ Family support generally provided to families in their own homes and communities by:
  - ▶ Family support workers
  - ▶ Social workers, Youth workers
  - ▶ Family resource centres, Support Groups
  - ▶ Counselling Services

[www.tusla.ie](http://www.tusla.ie)

# Family Support



- ▶ PHN has access to all families with young children and to dedicated family support services and therefore plays a key role in supporting, advocating for and matching families to services
- ▶ PHN intervenes by finding cases at routine screening, drop in child health clinics or when contact is initiated by families, teachers, neighbours or concerned others
- ▶ PHN consults with, refers to and collaborates with family support agencies

# Child Protection & Safety

- ▶ New National Child and Family Support Agency dedicated to improving wellbeing and outcomes for children and families by working with families, other agencies and professionals in the early identification and provision of help at community level in children's best interests [www.tusla.ie](http://www.tusla.ie)
  - ▶ DCYA (2014) Better Outcomes Brighter Futures The National Policy Framework for children and young people 2014-2020
- ▶ National reference documentation for all front line workers outlining what is to be done to protect children, how it is to be done and who are the key people in each organisation to do it :
  - ▶ DCYA (2011) Children First: National Guidance for the Protection and Welfare of Children

# PHN and Education

- ▶ Building relationship of trust with families over time
- ▶ Listening skills, the narrative of people's lives
- ▶ Understanding needs and special needs of families:
  - ▶ literacy, health literacy
  - ▶ families at risk of domestic violence or in crises
  - ▶ intellectual and physical disability
  - ▶ minority groups; Travellers, migrant families
  - ▶ families with chronic illness; HIV / AIDs, multiple sclerosis, diabetes, asthma, spina bifida
  - ▶ substance misuse
  - ▶ Loneliness, isolation, elder abuse
- ▶ Advocating for families, offering choices
- ▶ Referral to; primary care team, community mental health services, community welfare officer, social work services



Thank You