# Community Paediatric Review

A national publication for community child health nurses and other professionals

Centre for Community Child Health

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# Improving child and family health services for families most in need

While most families of young children are well supported socially and make good use of services, some do not[1-4]. Children from families that have poor social supports and that make limited or no use of early child and family services are at increased risk of poor health and developmental outcomes. Research confirms what many professionals working with children and families already know – that the families most in need are the least likely to access support[5-7].

An evaluation of the Victorian Maternal and Child Health Service in 2006 found that mothers from three groups were not receiving the same level of service as the rest of the population: culturally and linguistically diverse (CALD) mothers; single mothers; and/or young mothers. The evaluation also found that mothers under 21 years of age (and single mothers to a lesser degree) disengage from services the most rapidly, followed by mothers from CALD communities. Parents with greater levels of socio-economic disadvantage who live in non-metropolitan areas are also less likely to participate in services[8]. These three groups are prominent among those who we think of when we refer to vulnerable families.

To date, there has been limited research on why most vulnerable families fail to use or disengage from services. Most research has looked at effective interventions and support services for those who are engaged, but there are few studies of those who do not make use of, or drop out of programs. As such, little is known about the merits of different strategies to engage vulnerable families[9a].

A recent review[9] of the Victorian Enhanced Maternal and Child Health Service (the EMCHS review) examined the evidence base for a revised service delivery model to better meet the needs of children and families. This article draws on findings from the review to better understand vulnerable children and families, and how child and family health services – nationwide, universal and targeted – can best meet the needs of these children by engaging with their families. In relation to their own service and setting, nurses can consider:

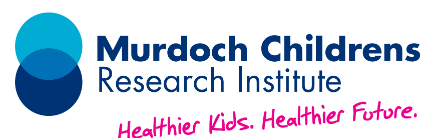
- How do we define families most in need?
- What is the rationale underpinning our involvement with vulnerable families?
- What criteria and guidelines do we use to help us determine a family's needs?
- What does our service hope to achieve?

The EMCHS review was prepared by the Centre for Community Child Health for the Victorian Department of Education and Early Childhood Development.

## The changing role of the child and family health nurse

Over the past few decades, the circumstances in which families are raising young children have changed. Families are smaller, more parents are working longer hours, environments are less child-friendly and children have fewer models of caregiving[10]. Similarly, the role of the child and family health nurse has shifted, broadening from a focus on the baby to the entire family. The traditional alignment with a medical model of health has been refocused to encompass the psychosocial effects on family functioning and health[9b,c].

The nurse's role now takes into account the social and ecological factors that we understand are related to health outcomes[9b-d]. Where once nurses were positioned as the experts, the role has become far less authoritarian and nurses are expected to take a family-centred, strengths-based approach to supporting families[9b]. The vision for universal child and family health services, as outlined in the draft



National Framework for Universal Child and Family Health Services, is to engage families using a family partnership approach.

A study of child and family health nurses in New South Wales highlighted the challenges presented by the various facets of a nurse's role. That is, nurses are expected to monitor, screen and detect problems (expert approach), give health information (expert approach), provide psychosocial support (partnership approach), and support community networking while acting as a conduit to other services (partnership and expert approaches)[9b].

Identifying needs early and providing links to appropriate community-based support services is essential to prevent poor outcomes for children and their families. Increasingly, nurses need the ability to work as a member of a multidisciplinary team. More broadly, child and family health services need to build relationships with different agencies and gain commitment from all parties involved to work collaboratively to support vulnerable families.

## Defining vulnerability

Vulnerable families are often those with the greatest needs and fewest resources, and their children are at the greatest risk of poor outcomes in development, health and wellbeing[11]. In order to improve child and family health services for those families most in need, understanding what makes children and families vulnerable is required – that is, what factors and situations make it hard for some families to parent effectively and raise their children well?

### Risk and protective factors

It is difficult to pinpoint exactly what factors predict vulnerability, and as Cashmore argues, '... negative outcomes are often not directly caused by the obvious risk factors'[9e]. What is known, however, is that exposure to multiple risk factors clearly compounds the likelihood that children will experience developmental problems.

A UK study by Ghate and Hazel[9f] of parents living in poor neighbourhoods confirmed that it is the cumulative effect of multiple environmental stressors and risks that make families more vulnerable. At the three levels identified (individual, family and community), the problems for parents in the most vulnerable group were multiple, overlapping and cumulative. The greater the number of stress factors that were reported by parents, the less likely they were to be 'coping' with parenting.

Risk factors that can compromise children's development and family functioning can include characteristics of the child, features of the child's proximal environment (eg parental behaviours) and/or features of the broader environment (eg in the community and at the service level). However, it is equally important to consider protective factors that counteract/balance risk factors when completing a family assessment.

## Child development and family functioning: protective factors and risk factors

### Protective factors

*In the child:*

- an easy temperament
- developing social skills
- early language development
- ability to elicit support from a caregiver
- at least average intelligence

*Within the family:*

- secure attachments with caregivers
- responsive and attentive caregivers
- small number of siblings and spacing of children by at least two years

*In the community:*

- access to community resources and participation in a range of activities, eg libraries, sports facilities, childcare
- formal and informal support networks, eg sport and recreation groups, cultural groups, neighbours, church or faith groups

### Risk factors

- young parents (under 20 years)
- unsupported parents
- Indigenous families
- late antenatal care
- multiple birth, premature birth and/or complicated birth
- child or parent with disability/chronic illness
- adjustment to parenting issues
- parent with mild to moderate anxiety
- parent with mild to moderate depression
- family history of a mental health problem or disorder, eg eating disorder
- grief and loss associated with the death of a child or other family member
- unresolved relationship issues, including with parents' own parents
- financial stress
- unstable housing
- unemployment
- isolation
- refugee status, recent migrant, poor English skills

*Risk factors requiring a comprehensive case management approach:*

- problematic substance use or parent/carer on the opiate treatment program
- diagnosed mental illness (eg schizophrenia, bipolar disorder)
- current or history of domestic violence
- current or history of involvement in the child protection system[9f, 11-13]

Considering all the factors at play in a child's and family's life can help practitioners gain a more complete picture of the child and family, and therefore a better understanding of their needs. (See a list of factors in the table on page 2.)

In addition to considering the risk/protective factors, nurses should think about what barriers a family might face that prevent them from accessing or engaging with child and family health services.

*It's important to view families not as 'hard-to-reach' but rather consider them as 'people whom services find difficult to engage and retain'*[11].

## Barriers to accessing and engaging with services

Many vulnerable families do not find it easy to relate to the formal service system or its culture. Not feeling judged is especially important for these families, who can feel alienated by practices that other families may be more comfortable with[11]. 'Vulnerable families may also be deterred from using services if they perceive a critical mass of more affluent, assertive and confident parents to be dominating the use of services'[9g-i]. In addition, vulnerable families will often have to balance competing needs and if those needs are concerned with basic survival (food, shelter etc.), they will take priority.

There are barriers at multiple levels that prevent or hinder vulnerable families' access and engagement with services.

**1. Service-level barriers:**

- lack of publicity about services
- cost of services
- limited availability
- failure to provide services that meet parents' felt needs
- inability of services to respond promptly to requests for help
- rigid eligibility criteria
- inaccessible locations, lack of public transport
- limited hours of operation, inflexible appointment systems
- lack of affordable childcare
- poor coordination between services
- not having an outreach capacity[1, 3, 9i-k]

**2. Family-level barriers:**

- limited income
- lack of social support
- lack of private transport
- unstable housing or homelessness
- low literacy levels
- large family size
- personal preferences and beliefs about the necessity and value of services
- physical or mental health issues
- disability and day-to-day stress[1]

**3. Relational/interpersonal-level barriers:**

*Service providers*

- insensitive or judgmental attitudes and behaviours
- lack of awareness of cultural sensitivities
- poor listening and helping skills
- inability to put parents at ease
- failure to acknowledge and build on family strengths and to engage families as partners[3, 9i,j,l]

*Parents*

- lack of trust in services; poor past experiences
- fear of child protection services
- misperceptions of what services offer (seen as surveillance and monitoring services)
- lack of social skills and confidence to negotiate with professionals
- competing priorities
- being easily intimidated or put off by perceived attitudes of staff or other parents[1, 3, 9i-k,m,n]

## Recommendations to provide better support to vulnerable families

The review recommends ways the Victorian Enhanced Maternal and Child Health Service could be improved to provide better support to children and families. These recommendations in the Victorian context can apply more broadly to universal child and family health services nationally.

The EMCHS review found:

- Services that target vulnerable families need to be considered in light of the broader child and family health service system. Changes should involve strengthening the universal service system; building a tiered system of additional supports where universal and secondary services have a greater capacity to deliver prevention and early intervention strategies; and creating an integrated system of child and family services.
- The outcomes the service is seeking to achieve need to be clarified – what is the primary focus? To support parents? To change parenting behaviour? To improve child outcomes?
- The rationale and logic behind nurses' involvement with vulnerable families need to be clarified. At the moment, determining a family's needs and allocating sufficient resources to meet those needs is a matter of professional judgement and a more rigorous method of resource determination is desirable. Both risk-based and needs-based approaches have their strengths and it may be best to use them in tandem.
- Services need clear guidelines and referral criteria to establish which families may benefit from service involvement.
- Appropriate screening tools or processes should be implemented to assist with the identification of these families.
- Some families' needs will be best met by a range of professionals and agencies. In these instances, nurses should be involved as a member of an interdisciplinary, interagency team and even as the case manager.
- Nurses and other practitioners would benefit from a range of strategies to draw on that can be tailored to meet the needs of individual children and families. The effectiveness of services would be enhanced if there was a comprehensive and current list of appropriate evidence-based practices and strategies available to all practitioners.
- Nurses need training in engaging and partnering with vulnerable families (eg Family Partnership Training).

### Reflection

*What can your service do to provide better support to vulnerable families?*

- How do you advocate for those families most in need in your community?
- How well do you know the support services in your community?
- What efforts do you make to engage with other services in your community?
- Are you involved in community planning?
- How do you set up networks for referrals?

# Building positive relationships with families

Many child and family health services continue to struggle to engage and retain families; the reasons why vary. Many of these families are referred to as 'hard to reach' or labelled 'non-compliant' for failing to attend a visit, listen to practitioner advice, or follow-up on directions. However, research shows that the way services are delivered is just as important as what is delivered. '... If services are not delivered in ways that engage parents and respond to their needs, then [services] will struggle to attract and retain them and their effectiveness will be compromised'[1]. This article focuses on the importance of building positive relationships with families and offers ideas to help nurses reflect on their own relationship building knowledge and skills.

## The importance of positive relationships

The child and family health service presents one of the first opportunities for the community sector to establish a connection with a family. In effect, the service carries a sector-wide responsibility to foster a culture of caring and a standard of practice that supports successful relationships with services in the future.

At the very centre of child and family health service delivery is the relationship between the nurse and family. As Carbone found, 'parents want empathetic, empowering help and are wary of criticism, interference or surveillance'[2]. The challenge for child and family health nurses is to go beyond the role of 'expert' and build genuine relationships with families that are purposeful and helpful.

## Balancing act

Child and family health nurses are often viewed by parents as an authority figure. This gives the nurse a degree of power as well as responsibility. How the nurse uses her or his power shapes how effective and helpful the relationship is perceived to be by both the parents and the nurse. It's essential for nurses to try and level the playing field so that the family and nurse see each other as equals. To do this, the nurse needs to pedal away from their position of authority and demonstrate the characteristics of an effective 'helper' so a relationship that is useful and purposeful can be nurtured.

## Qualities and skills of an effective helper

In addition to expert knowledge and skills, nurses need personal qualities that help them to foster positive relationships with parents. The current Family Partnership Model[3] identifies the personal qualities of a 'helper':

- respect
- empathy
- genuineness
- humility
- quiet enthusiasm
- personal integrity
- intellectual and personal attunement
- technical knowledge

Nurses also need to possess:

- self awareness and an ability to self reflect
- openness
- a willingness to learn, change and grow with a family

While these qualities will not be new to practitioners, one must ask 'How do I know I exhibit these skills and qualities?' 'Is this what the parent and child really sees and experiences?'

## The nurse-parent partnership

The idea of a partnership asks nurses to acknowledge and use a parent's own unique knowledge of their family's situation. This opens up opportunities for the nurse and family to learn together, while supporting parents to reach their own solutions. The Family Partnership Model[3] identifies the following characteristics of an effective partnership:

- working closely together with active participation and involvement
- sharing decision-making power
- recognising complementary expertise and roles
- sharing and agreeing on the aims and processes of helping
- negotiation of disagreement
- mutual trust and respect
- openness and honesty
- clear communication

## How can nurses create a positive relationship?

Building and maintaining a positive relationship between a nurse and a family requires a lot of work. Coventory tells us that warmth and empathy underpin the development of a trusting relationship[4], and Barrett highlights listening and connecting with families as more important than demographic similarities between a nurse and parent[5]. Other research has emphasised 'informality and flexibility at entry points (for example, accepting referrals from outside the area), and "starting from where people are at" as particularly important factors at entry points for hard-to-reach populations'[5].

With this and the 'helper' qualities in mind, what can nurses do to create and sustain positive relationships with families?

### Have genuine interest in the family and child

Be punctual, listen, remember detail, go out of your way to be useful, and demonstrate empathy and humility as you interact with the family.

### Be encouraging and take an empowering approach

We often forget how a uniform, title or even our expertise can hinder and create barriers to the development of a relationship. Find opportunities to let parents know what you are learning from them, make joint decisions and negotiate future actions together.

### Be free of judgement/preconceptions

It isn't always easy to avoid jumping to conclusions based on just a little bit of information, such as the appearance of a parent, the state of their home or the behaviour of a child. Being aware of your own value system will influence your ability to genuinely believe in the parents' ability to improve their current situation.

### Share understandings and have mutual respect

Be mindful of your own world view. For instance, if a parent says she or he is feeling stressed, it's important to put aside what stress means to you, and consider what it actually means for them. Ask yourself if you truly understand what the family is experiencing.

### Use your expertise gently and respectfully

Always explain what you are doing, why you are doing it and seek feedback from the parent or child. Seek parents' input as to how the relationship is going. Be ready for an honest response, receive it with humility, and act on the advice or explain why it is not possible.

## Reflection

*Ask yourself:*

- How do I present myself to a family? What is it that the family see and perceive?
- How do I listen?
- How do I show interest? How genuine is my interest?
- What judgements and assumptions do I bring (consciously or not) when I meet a family?
- Do I really, genuinely believe this parent is capable of moving forward?
- How, and at what point, do I impart my knowledge and expertise to give some control to the parent?
- Am I enabling the parent to solve their own problems and to feel in control?

*As a team:*

- How do we actively encourage parent participation in our service?
- Do we regularly discuss and reflect on the numbers of families attending our service and the level of engagement?
- Do we reflect on why families don't come back – is it due to the service delivery model or our own personal capacity to develop relationships?

*After a visit with a family, ask:*

- How did it go?
- What did I learn?
- What can I do differently next time?


**About the Centre for Community Child Health**

The Royal Children's Hospital Centre for Community Child Health (CCCH) has been at the forefront of Australian research into early childhood development and behaviour for over two decades. The CCCH conducts research into the many conditions and common problems faced by children that are either preventable or can be improved if recognised and managed early.

**Community Paediatric Review**

Community Paediatric Review supports child and family health nurses in caring for children and their families through the provision of evidence-based information on current health issues.

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