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Title: Working with vulnerable families in the Enhanced Home Visiting Program to identify parenting strengths and acknowledge family expertise

Author: E. Dietsch, S. Mackey and J. Caldwell

Author Address: EDietsch@csu.edu.au; SMackey@csu.edu.au;
janecaldwell@bigpond.com

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Abstract: Promoting a focus on children in the early years and investing in service support for families and communities in the early years including intervention and prevention, is a priority for all Governments. One such service is currently operating in the City of Wodonga in rural Victoria, Australia. Under the auspice of the Early Years Services, The City of Wodonga Enhanced Home Visiting Maternal and Child Health Program strives to achieve better outcomes for children, families and their community. The program embraces the principles of promoting effective partnerships with families, building capacity in the community to ensure sustainable wellbeing; increasing the focus on prevention and early intervention to promote the social, physical and cognitive development of young children and improving services that ensure the safety, wellbeing and developmental needs of children and support for families and individuals in crisis or at risk of crisis to thrive. The Enhanced Home Visiting Maternal and Child Health Program has the advantage of bringing services into the home rather than requiring families to seek out services within the community. What makes this program different from other preventative intervention strategies is that the program allows the Maternal and Child Health Nurse an opportunity to observe the environment in which families live, identify and tailor services to meet the needs of families, and build relationships in ways that may not be possible with other types of intervention. The content and style of delivery of the program is designed to meet specific goals relevant to each families identified need. The frequency of how often families are visited and how long they receive the service is negotiated on an individual family basis. The program can be a stand-alone intervention, or a component of a broader intervention program that incorporates a range of strategies directed at meeting the families goals.

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Working with vulnerable families in the Enhanced Home Visiting Program to identify parenting strengths and acknowledge family expertise.

Authors: Caldwell, J; Dietsch, E and Mackey, S.

My interest in identifying parenting strengths in vulnerable families stems from extensive maternal and child health practice experience in outreach family nursing. From my practice experience, the most vulnerable families who have been referred to intensive outreach maternal and child health services parent their children well. The majority of parenting research conducted in Australia has its foundation in upper and middle class values with studies on parenting in vulnerable families taking a 'deficit' approach. Vulnerable families tend to be compared with what is considered the normative standard of more affluent families

There is great variability in parenting within groups of society, and many vulnerable parents provide responsive, stimulating environments for their children. Moreover, I have found that vulnerable families are best served when they are helped to enhance their own skills, rather than when decisions are made and solutions implemented for them.

Vulnerable families, like all other families are complex and diverse and the reasons which led to their vulnerability although able to be generalised at some levels are also specific to each family. Vulnerability itself also takes many forms and whilst it is an individual (family) experience at one level, it is to a very real extent socially constructed. Evidence of this is in the intractability of vulnerability, that it crosses generations and is seen most often in particular groups within the community.

Programs to support parenting

It cannot be assumed that simply because a program is available that families will use it. Vulnerable families are unlikely to be sophisticated users of services. It is more likely that they will be unconfident and even suspicious about the motivation for the service and the level of real world understanding of their needs and capacity to meet them. Hope and optimism about the future are at low levels in most vulnerable families. Strategies based on respect and understanding will need to be put in place to support and encourage families to participate in any program.

Programs to support these children and families should recognise and respond to the similarities and differences between these families and others. In the same way they should be concerned with both their strengths as well as their problems. Intervention efforts must be affirming and supportive rather than demanding. Issues such as confidentiality, being non-judgmental and non-threatening and modeling of behaviour rather than lecturing about it need to be a significant part of the program. One such program currently operates in Victoria, Australia.

The Maternal and Child Health Enhanced Home Visiting Program (EHVP)

A Short History of the Program

In the late 1990s there was a shift toward increasing family support services in a bid to address the increasing numbers of reports of suspected child maltreatment and fewer resources in Australia (Tomison, 1998a). In September 2000, the Australian Federal Government made a commitment to provide funding to the states and territories for the purpose of early childhood development initiatives. In April 2001, the Victorian Government allocated these funds to the development of the Enhanced Home Visiting Program for 'at risk or vulnerable families' with children from birth to six years of age. Program funding is received and administered through the Local Council Maternal and Child Health Program. The Local Council is also accountable for reporting on progress and expenditures, hiring, and overseeing the program.

The EHVP

The goal of the City of Wodonga Maternal and Child Health Enhanced Home Visiting Program (EHVP) is to develop and deliver services and supports that can be effectively utilised by vulnerable families to help improve children's health and development, parent/child relationships, and family well-being.

The objectives of the EHVP are:

- providing emotional support and alleviating social isolation;
- providing social support by connecting people to vital community resources;
- providing information about parenting and child development;
- empowering families to set personal goals as they realize their strengths;
- providing access to services for children who require additional supports due to developmental delays;
- empowering families to better meet their needs; and
- assisting families in practical ways to enhance family members' overall health.

It is a “voluntary” program that helps families to become the best parents they can be and to have the healthiest children possible. The program enhances knowledge, provides support, and builds on family strengths. The EHVP intervention places emphasis on supporting families to develop solutions, where the families are responsible for their decisions and actions. The content, the timing, and the goals of the intervention address the reality experienced by the family and focus on the outcomes valued by the family at that time. This is based on acknowledgement that families are the site of expertise in the definition of their problems and the enacting of workable solutions.

The challenge for the nurse is to make their expertise available to the family without imposing priorities or solutions – to negotiate and joint problem solve. This requires working 'with', not 'for' or 'on', maintenance of a belief in the abilities and strengths of the family, and support for risk taking and experimentation. The ability to sit comfortably with the ambiguity and uncertainty inherent in a flexible intervention is used.

A strengths-based approach is fostered using fine observation of the family of the small but significant behaviours that might otherwise be overlooked, and recognition of the 'good' inherent in situations as they change over time. The family can then cultivate a custom of celebration of successes, no matter how small – a skill notably absent in most vulnerable and at-risk families.(Hanks and Smith, 1999).

There is strong evidence that a comprehensive model of sustained home visiting incorporating physiological, psychological and social intervention can improve child and family outcomes for vulnerable and at-risk children and families (Olds et al 2000, Elkan et al 1999,, and MacLeod & Nelson, 2000).

How does the program work?

Each participating family receives 17 hours of home visits per episode of care. The home visits can be provided weekly, second weekly or monthly depending on the needs of the family.

The content of each home visit is tailored to the family’s needs, skills, strengths and capacity. Guided by a strengths-based approach, the nurse:

- supports and enables the family to enhance their coping skills, problem solving skills and ability to mobilise resources;
- fosters positive parenting skills;
- supports the family to establish supportive relationships in their community;
- mentors maternal-infant bonding and attachment;
- provides information and activities for parents to encourage child physical, social, cognitive and communication development.
- and provides primary health care and health education.

Strengths-based practice

In the US, there is consensus that the "crucial requirement for visitors is the capacity to listen well and respectfully while providing support and flexible responses to the specific concerns of the family" (Hanks and Smith, 1999). Four essential components of community care in maternal/child nursing have been identified, and include self-care; prevention; family, culture, and community; and collaboration (Tiedle, 2000). The effective home visiting nurse has the "ability to deal with flexibility, independence, and family-centered issues and maintain expertise in care delivery" (Benefield, 2000).

These components are reflected in the key elements of the EHVP program approach – guiding, negotiating, modeling and experimenting based on fine observation of change over time. The EHVP nurse has the skills to recognise small but significant information that might otherwise be overlooked and is able to utilise the cues and information to guide, model and experiment with solutions – to act on subtle changes over time.

Perry (2000) notes that the ability to be reflective and to use fine details promotes a more holistic view of the family. The nurse in the EHVP is "able to continually interpret information to understand the meaning and the 'good' inherent in the family situation as it changes over time" (Peden-McAlpine 1999, p.133), provide proactive guidance and modelling.

Fine observation, together with the EHVP nurses' heightened knowledge of child development and the social determinants of health facilitates the provision of anticipatory, rather than reactive guidance in health, child development and parent-infant interaction (both psychological and social) and supporting parents in positive parenting behaviours. This practice is essential to achieve improved health and development outcomes.

The EHVP places emphasis on supporting families to develop solutions, that is, family self-care, where the family is responsible for their health care decisions and actions.

For the nurse the challenge is to make their expertise available to the family without imposing priorities or solutions – to negotiate and joint problem solve. This requires the

nurse to work 'with', not 'for' or 'on', maintain a belief in the abilities and strengths of the family, and support risk taking and experimentation.

A key strategy for supporting family risk taking and experimentation is the recognition and celebration of small successes, such as observing then affirming and celebrating small positive changes in parenting behaviour and child development.

The ability to undertake fine observation, proactively guide, model, experiment and celebrating requires that the nurse establish and maintain long-term relationships. The nurse-client relationship, with time and consistency, forms the context and conduit for the intervention and is a precursor for changes in parental behaviour and maternal and child health.

Conclusion.

The EHVP nurse bases her intervention on a strengths-based approach grounded in fine observation, heightened knowledge of child development and the social determinants of health, and a recognition of family expertise: a shift from being the expert to an expert model of care, providing guidance, experimenting, negotiating and joint problem solving.

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