



Family Nursing  
& Home Care

# Child & Family Services

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# What Makes Up Child & Family Services

- Health Visitors -14.8 WTE
- Community Nursery Nurses – 4 WTE
- Paediatric Liaison Health Visitor co located in MASH – 1 WTE
- Looked After Children's Nurse (LAC Nurse) co located with social work team -1 WTE.
- Mental Health Practitioner (MECSH specific) – 0.5 WTE.
- Baby Steps Team.
- School Nurses – 4.5 WTE
- School Nurse Nursery Nurses 2 term time
- Nurses based within Mont a l'Abbe school -2 term time posts
- Community Children's Nurse Team (community paediatric nurses) -4.5 WTE
- Paediatric Care workers - 2 WTE
- Child Accident Prevention (CAP Jersey)- 0.5 WTE

# Where are We Based

- Le Bas Centre
- The Bridge
- Samares Pathways Child and Family Centre
- Gervais Le Gros, St Aubin.
- Child Health Clinics, immunisations and courses – churches, parish halls, schools and community centres.
- Most importantly, in **family homes**.

# Why is Health Visiting so Important

Health Visiting is a population based service driven by FOUR key principles;

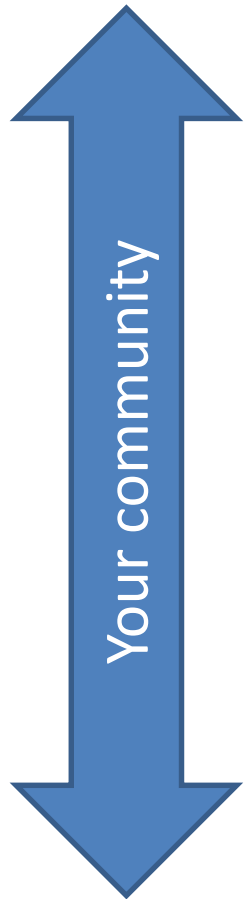
- The search for health needs
- The stimulation of an awareness of health needs
- The influence on policies affecting health
- The facilitation of health-enhancing activities.



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# The Health Visiting Model

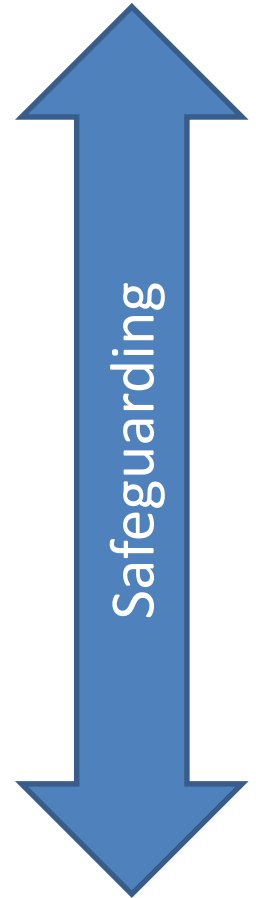
The Healthy Child Programme



Universal Services

Universal Plus services

Universal Partnership Plus



## Six High Impact Areas

- ❖ Transition to Parenthood – Baby Steps
- ❖ Maternal Mental health
- ❖ Breastfeeding – UNICEF and BFI
- ❖ Healthy weight, including nutrition and physical exercise (NCMP)
- ❖ Minor Illness and accidents
- ❖ Health wellbeing and child development  
2 year olds and school readiness



# Six Impact Area in Detail

- **Transition to parenthood** – Delivered through Baby Steps as a universal programme and antenatal contact. HV are trained in a variety of parenting programmes both targeted and universal and are able to sign post and refer to a wide range of local services and agencies.
- **Maternal mental health** - affects up to 20% of women with an increasing focus upon partners/fathers . HV have additional training and are skilled in assessing mental health. Linked closely to this, is the HV knowledge and skill understanding the impact of maternal mental health on the child's developing brain and the infants mental health needs especially within the first 1001 critical days.
- **Breastfeeding – UNICEF and BFI.** HVs are able to provide practical help and advice to mothers on how to breastfeed help with managing and resolving breastfeeding problems and building community capacity to support breastfeeding.



# Continued (1)

- **Healthy weight, healthy nutrition & including physical activity.** HV have the opportunity to support health promotion and healthy lifestyles using evidence-based techniques. They can monitor and support parents which help prevent childhood obesity.
- **Managing minor illness and reducing hospital attendances/admissions.** – HV's can support the management of minor illnesses. There are pathways for signposting from the Paediatric Liaison Health Visitor role following attendance or admission to hospital.
- **Child Accident Prevention** informs HV practice. HV's work in partnership with CCNT and allied health professionals to manage health conditions effectively. HV provide help and support to new parents on a range of common minor childhood illness such as coughs, colds, fever, vomiting, diarrhoea, oral health





## Continued (2)

- **Health, wellbeing and development of the child** – specifically, developmental surveillance. This is universally offered at 9-12 months and 2 to 2 and a half years in Jersey. At all contacts, HVs will identify additional needs at these routine surveillance points HV will respond to these additional needs, providing evidence based support and work with early years providers, school nurses and other community resources, to enable children to be ready for school. Tools used are the Ages and Stages Questionnaire which is an indicator of development at population level.



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# Baby Steps Programme- The team



Midwives  
(Health and  
Community  
Services)



Health Visitors



Baby Steps  
Facilitators

# Baby Steps Programme

## **Antenatal**

Sessions 1 – 6

How our babies develop  
Our health and wellbeing  
Becoming a parent  
Giving birth  
Caring for our babies  
Meeting our babies

## **Postnatal**

Sessions 7-9

Welcoming our baby  
Bonding with our  
baby  
Our families future



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# Maternal Early Childhood Sustained Visiting (MECSH)



# MECSH Programme

- Structured, time framed sustained home visiting programme with specific research based outcomes for children and parents
- Works in partnership with parents to support child development to support confident and aspirational parenting.
- Works at a partnership plus level of the HCP
- Contracted home based support for the parent(s) where there are concerns around mental health and wellbeing.



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# MESCH Criteria for Inclusion

Additional needs are identified from universal Health Visitor caseload. Broadly this could include:

- Parental distress and anxiety
- Mental health issues
- Alcohol and substance misuse
- Domestic abuse



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# How does MECSH affect change?

- Promotes secure attachment between mother and baby
- Promotes cognitive, emotional and physical development baby/child
- Programme maintains a child focus despite complexity
- Facilitates the transition to parenthood and regulation
- Supports Maternal Mental health
- Promotes positive Infant Mental Health



# How Does this Happen ?

- Relational model.
- The same Health Visitor over a two year period – average 25 visits
- Consistency –reinforcing , validating, solution focussed and partnership working
- Embedded programme – average 150 families at any one time
- Around a third of clients will have mental health issues and FNHC employ a mental health practitioner to support MECOSH delivery



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# Context of Health Visiting Service and HCP

- ❖ Partnerships are essential to this work
- ❖ Whole population based programme
- ❖ Origins were in public health
- ❖ Cradle to the grave approach and thinking
- ❖ Works on prevention and identification of need
- ❖ Early help and intervention delivered at the right time



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# Outcomes are Visible Through

- Health child programme and commissioned services
- FNHC's 5 year strategy
- Children Plan
- Safeguarding Partnership Board
- Best Start Partnership
- Right help, Right Time
- Food and Nutrition Strategy
- Links between health and educational outcomes

# Challenges

- ❖ IT and communication systems
- ❖ Recruitment of qualified Health Visitors and UK shortages
- ❖ Training public health nurses on Island
- ❖ Voice of Child
- ❖ Changing needs of our Island and how we adapt and respond



# Moving Forward

Definitions of health – previously focussed upon being free from illness or injury. WHO held that health is a state of complete physical, mental and social well being.

This definition has remained unchanged for over 60 years. BUT is this fit for purpose and in line with value based care?

More recent definitions consider health as a continuum and the absence of disease or disability is not necessary to produce a state of good health.

Adapting to health and social conditions and coping despite this adversity are a feature of emerging approaches. By replacing perfection with adaptation, we get closer to a more compassionate and creative approach to health and one to which we can all contribute to and value.



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# Interfaces with Health Professionals

- ❖ Obstetrics and Midwifery services
- ❖ Paediatrics
- ❖ School Nursing services
- ❖ Mental Health service for adults and children
- ❖ GP's
- ❖ Allied Health professionals
- ❖ CDC
- ❖ Learning disability services

# Service Monitoring

- ❖ FNHC internal performance Board
- ❖ FNHC Committee
- ❖ Care regulation
- ❖ Service user feedback
- ❖ International benchmarking for MECOSH
- ❖ Clinical Supervision
- ❖ Governance, audit, training and appraisal

