

Enhancing services for vulnerable children and families through Public Health Nurses participation in a workforce capacity building initiative and interagency partnerships in a low-income Irish community

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Background

The provision of high-quality support and care from pregnancy to early childhood can influence lifelong health and social outcomes (Hutchings & Gardner, 2012). This is particularly the case for children born into intergenerational poverty. Evidence suggests that **progressive, targeted-universal approaches** are most effective in enhancing early development outcomes, when delivered through community-based infant health and well-being services (Levanthal & Brooks Gunn, 2000)

In Ireland, Public Health Nurses (PHNs) provide a 'cradle to grave' model of nursing and midwifery care in the community. This model requires the provision of specialist early years support to vulnerable children and families within a largely generalist role. Additional training and engagement in innovative partnerships can support PHNs to fulfil this role.

Young Knocknaheeny (YK) is an interagency collaboration aiming to reduce child poverty and enhance child development (pre-birth to 6 years) in a low income Irish community. YK is underpinned by an innovative Infant Mental Health (IMH) framework. Using an IMH-lens, PHNs are key partners in the delivery of a number of YK initiatives.

IMH Training & Coaching

PHN participation in an intensive IMH Training and Coaching Programme: Two-day IMH Masterclasses and monthly IMH Network Groups.

Babbling Babies

PHNs work with YK Oral Language Development Officers (OLOs) to offer accessible speech, language and communication support, in the context of the parent-baby relationship, to all parents with babies attending the 7 to 9 month developmental check-up.

KidScope

Community-based outreach paediatric developmental clinic providing a multi-disciplinary approach to child health. PHNs provide support through after clinic inter-disciplinary meetings.

PHN involvement in YK initiatives

Methodology

This study formed part of the YK Process Evaluation, 2015 to 2017 (Buckley & Curtin, 2018). A mixed methods approach was adopted.

Data Collection

Programme Reach: YK and KidScope administrative databases

Interviews: One-to-one interviews with PHNs (n=4). Phone interviews conducted with parents who attended Babbling Babies (n=5).

Focus Groups: x2 focus groups carried out with IMH Network Group participants (n=12).

Data Analysis

- Descriptive statistics
- *The Framework for Programme Evaluation in Public Health* (CDC, 2013) was used to guide the YK Process Evaluation.
- *The Framework Method* (Richie & Lewis, 2003) guided thematic analysis.

Research Findings

IMH Training & Coaching

- 24 PHNs participated in IMH Masterclasses and attend monthly IMH Network Groups.
- IMH-informed **'common language enhances the quality of their interactions with community practitioners and families'** (PHN Interview, June 2017).
- IMH Network Groups offer PHNs a space to meet other practitioners and to promote **'increased inter-agency working and greater co-ordination and planning around family's and children's needs'** (PHN Interview, May 2017).

KidScope

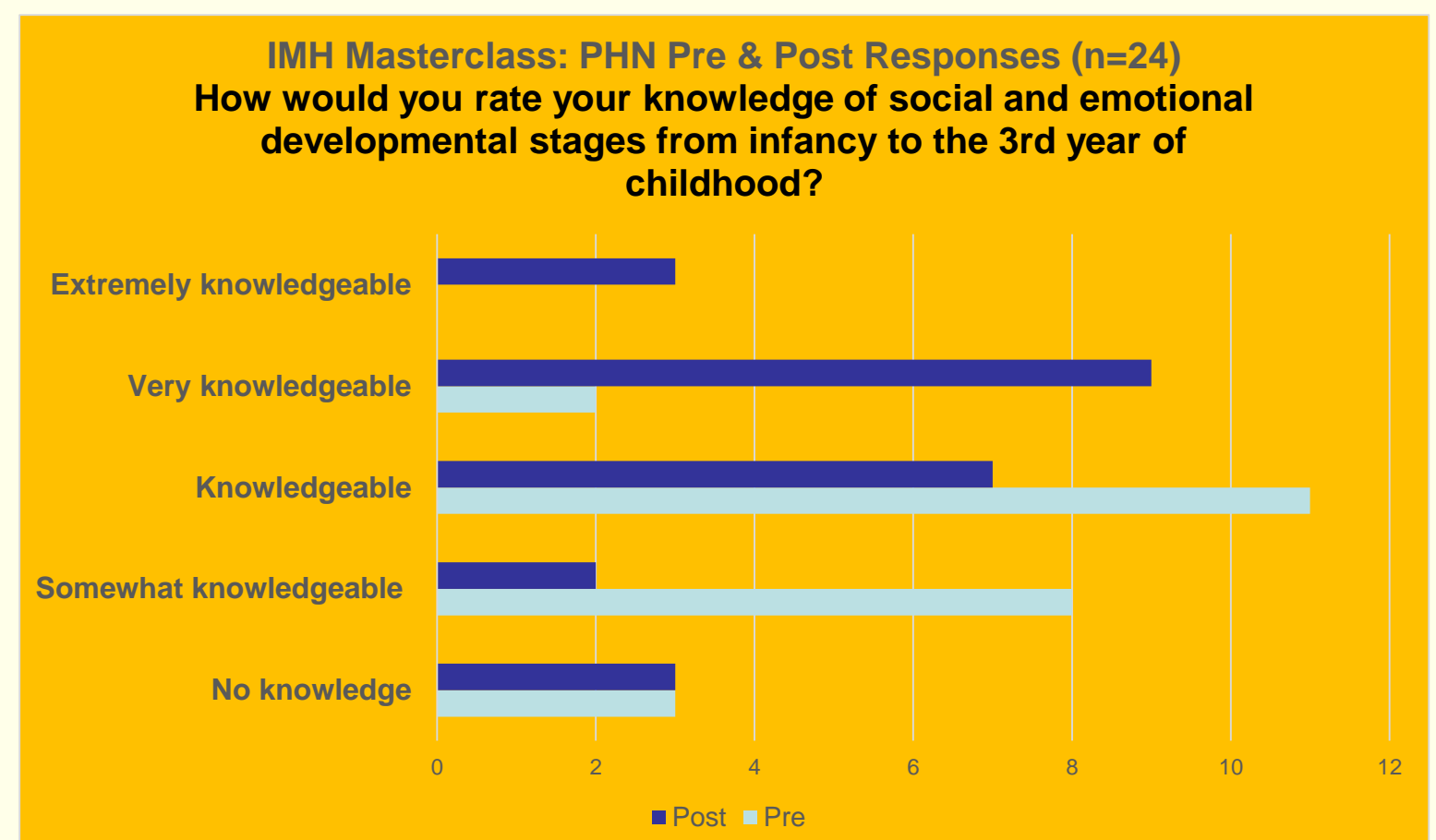
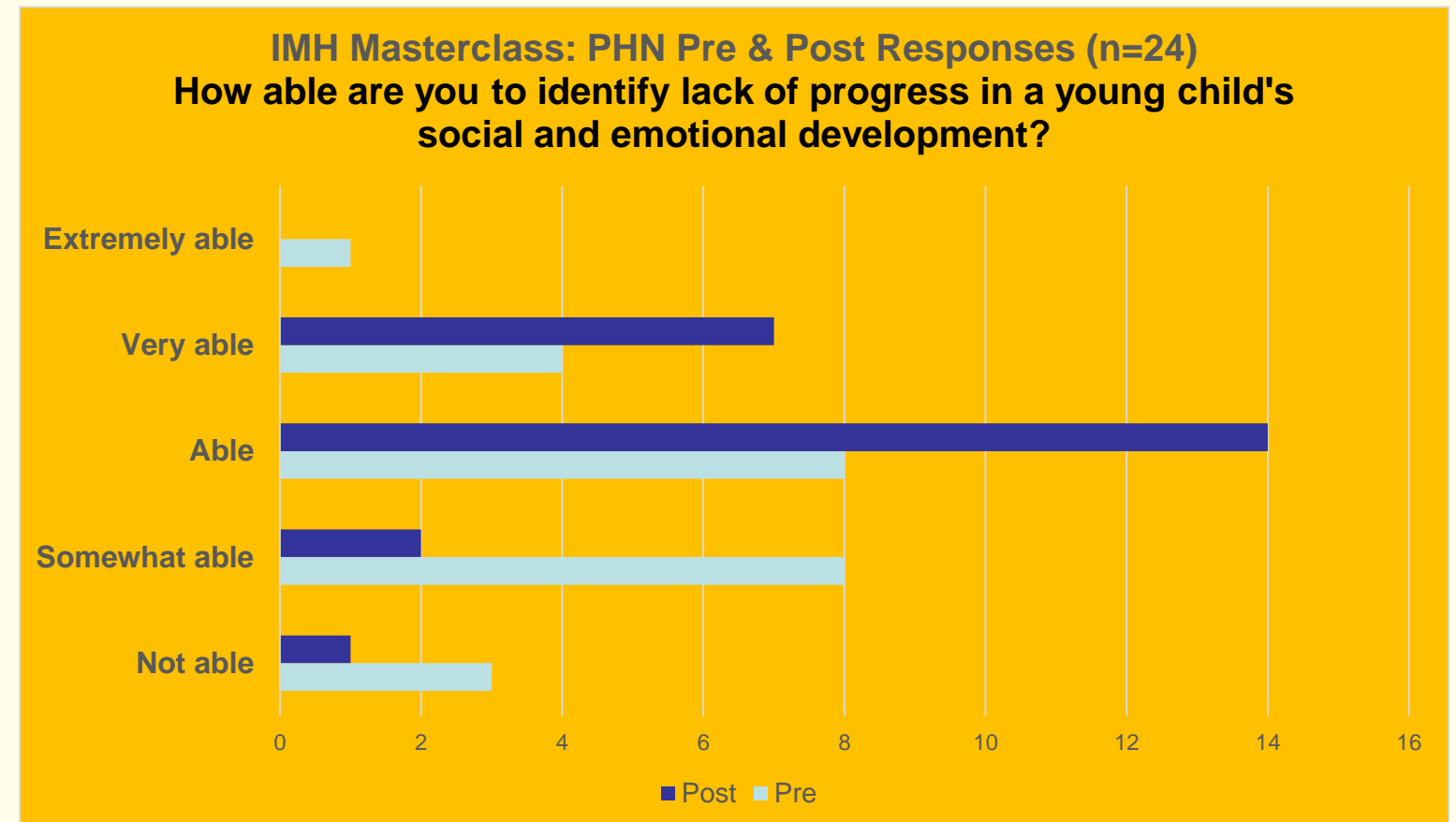
- In 2017/18, **156** children were seen at KidScope and 144 referrals were made to community services.
- PHNs report, **'having that IMH knowledge allows us to support the families and children seen at KidScope to a greater extent'** (PHN Interview, May 2017)
- After clinic inter-disciplinary meetings help to facilitate PHNs **'engagement with hard-to-reach families'** (PHN Interview, May 2017).

Babbling Babies

- **63%** of children born in the YK catchment area were seen at Babbling Babies over a 2 years period (2016 to 17).
- Parents found the combination of PHN check-up and Babbling Babies services very useful, **'it was great getting both services under one roof'** (Parent Interview, June 2017)
- **'Babbling Babies is more than an observation piece around communication, there is also an opportunity to offer an IMH-focused perspective into the early PHN developmental check-up'** (YK OLO Interview, June 2017).

References:

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Conclusion

The YK ABC Programme enhanced the capacity of PHNs to provide high-quality support to vulnerable families in the critical early years. The evaluation suggests that a shift in the current 'cradle to grave' PHN model towards a specialist early years PHN could improve health and well-being outcomes for children and families.