Working with children and families

The childbirth trust and visiting

Pam
Ruth Thompson is an experienced health visitor working in a rural practice in the North of England. She begins by describing her job.

Ruth Thompson
The health visitor role is a very varied role, it may involve all age groups, but the majority of our work is with families with children under school age. It's useful to look at the aims of health visiting which include, identifying and responding to local health needs, stimulating local awareness of health issues, developing individuals and the communities, i.e. their knowledge, skills, attitudes and behaviour, and to facilitate health enhancing activities in the community, and also to facilitate parents to ensure that their children achieve maximum potential. So as you can see that is a community-based role, and the strong emphasis is on the promotion of health in its widest sense, and we as health visitors are in a good position to assess the needs of the local community.

We each have an active case load of families in our drawer. We work as part of the primary health care team which we've all heard about. So we're there, along with G.P.s, practice nurses, midwives, and district nurses, altogether as part of the team, and you can imagine that developing good liaison and communication is absolutely paramount in this role.

Pam
Ruth went on to talk about that all-important first meeting with the family.

Ruth Thompson
Assessment of a family really begins at the first contact. We may see them within an antenatal clinic, or we may arrange a home visit. From that we get to know their details, we might become aware of their status, their lifestyle, their support systems, whether or not they're single, have a partner, the age group as well, so many facts, and ideally we would then set up our family record for the family, with the appropriate details on. After delivery of a baby, the birth visit is the next statutory visit, which everyone receives, and usually that visit takes place between day ten and day fourteen. It's a very important visit, it is often the opportunity to meet the father of the baby as well. Often they've taken time off work, so it's helpful to try and assess the whole family. We can talk about any sort of family issues, family health status on either side of the family, and begin to get to know them.

We will probably again discuss the antenatal history, the type of birth that they had, their postnatal health at the time. It's important to examine the baby also, and to introduce them to the service. Invite them to any clinics which they can attend. Another issue at the birth visit is it is to introduce the family to the parent-held record. This is becoming a national document, it's considered to be a main record for the child. Parents are responsible for looking after this record, and we try to write in it at each contact, and encourage parents always to take it along to clinics, so that we can keep it updated. There is quite a section in the record general information, and then it works through chronologically. So when they come into clinics, for example, a baby's six week assessment, seven month assessment, they have a copy of what the doctor is writing about their baby, and the result of those assessments. And again that follows through with developmental checks, right until school entry, and in fact, the growth, the height and weight charts in the book continue through to adulthood.

We talk about proactive health visiting, so throughout our visits and contacts we're trying to look forward, to anticipate, the child's progress, and the child's needs. For example, as the

baby starts to become mobile, we can bring in extra issues about safety. For example the fire guard and the stair gate, and I think one benefit of actually home visiting is that you're in a wonderful situation for picking up on these issues, and talking about them there and then.

Pam
And there are other aspects of the health visitor's role.

Ruth Thompson
Child protection I feel I should mention, because it is a priority, and the health visitors are in an ideal situation to identify issues of concern, and that's really due to the long-term involvement they have with the families. The protection of children requires a close working relationship between social service departments, and community health workers, and that is really where we're working from, and we try to share information. We all know about incidences in the past, cases where the professionals have been criticised for lack of sharing of information, so we're really trying to get it right. Our visits continue with a family until their youngest child goes into school so, if you can imagine someone having three or four children then the contacts, if a health visitor stays on one case load, can go on for many years. And when it is time for the youngest child to go into school, then we hand over our health visitor records to the school nurse and discuss any concerns that we might have about that child.

Pam
Ruth Howard works with the Nation Childbirth Trust, and she describes the services and support this voluntary group provides.

Ruth Howard
We offer and run antenatal classes, preparation for birth, breast feeding counselling to support establishment and maintenance of breast feeding if that's what women want to do, and a whole network of postnatal arrangements to offer befriending opportunities for people to get to know one another, who also have young babies, and so on.

Pam
I asked Ruth why she had joined the organisation

Ruth Howard
I joined the NCT when I first became pregnant, having registered for antenatal classes, because I'd been told by my sisters, you must join the NCT you must go to antenatal classes, and I didn't know anything about it until then. I got to know through the antenatal class, particular friends, and the NCT became my lifeline. Being at home with a small baby, I had no social circle of friends with small babies in the neighbourhood, I'd been working, I'd been commuting, I needed adult company. I needed someone to talk to say well yeah my baby doesn't sleep either, an excuse to get out to make myself get out and talk to people and do things. Because it's actually a very lonely experience, being at home with your first baby.

I became involved as a local volunteer, did the bookings for antenatal classes for quite a long time, and that was great. You know telling people about, what the classes were like, and how good the NCT was, and why don't you join, and we'll see you later when you've had your baby and that sort of thing. And I became particularly interested in support postnatal, as well as wanting to work in the community, and that's why I started a drop in group a couple of years ago, which is now very successful, has thirty women and their babies and toddlers coming pretty well every Tuesday, and I'm also very much interested in campaigning, because it's through campaigning and through the information and research that we provide, that helps to improve maternity care for everybody, and that's why increasingly NCT branches are offering postnatal drop-in groups in community halls and community centres, working with health professionals, and trying to work out there where people are rather than inside people's homes.

Pam
The NCT also has a campaigning function

Ruth Howard
We launched a ten point plan for maternity care, er and lobbied parliament last December, for a national strategy for maternity care. The new government is looking at clinical governance and national strategies for things like cardiac care, and guidelines and criteria and protocols, but doesn't seem particularly interested in maternity, so we're in there saying ‘come on, you've got to do this too’.

Pam
She describes her role in health promotion and education.

Ruth Thompson
I see promotion of health as a main priority that we're here to encourage the families to use the clinics, to uptake any screening which is offered to them. We're there to send out appointments and to give parents the information to encourage uptake of immunisation, and to allay any of their fears which they may have about that, and even to explain the correct use of paracetamol-type medicines after immunisation. This can be a worry to parents with new babies, and I think to gradually give them this information and to give them confidence is part of that. I think developing the relationship with a family is very important, a huge priority. I think to develop a relationship of trust where we know that the family aren't afraid to pick up the telephone to ask a question no matter how small it may seem to them, to acknowledge that it is worrying them, that it is important, and to give them that confidence to share their worries with you. And we need to give them time, need to be a good listener, and not to always appear to be dashing, to give them time to explain their worries to us. We're very much an advocate for the children and for the families and, this may be quite separate for the child, and for the parents. For example, in a situation where there is perhaps lack of parental motivation or knowledge, if a child isn't getting the adequate stimulation, then the health visitor is actually a voice to promote parental awareness, and to talk the parents through each stage of that child's development of the expectations, to encourage appropriate play, and also for example, to bring in safety issues at each contact. We may be an advocate for the parent, for example by lobbying for services locally, if services are inadequate. Perhaps people just don't have the facilities for getting to clinics or inadequate bus services and we're considered to be a voice that can be used.

Or it may be writing a letter to the housing department. If the family have got problems, and we feel that, we can write an objective letter about all the issues, about the health of the whole family, any concerns, then that is something that is done frequently. I think also the health visitor service has got to be an holistic service, it is not just physical health that we are looking at, but emotional, social, and psychological health. Returning to work is a huge area of worry for mothers, so often they don't have a choice about whether or not they return to work, and may worry greatly about child minding facilities, whether to put the child, you know, the baby maybe into a nursery or to get a nanny, and these are huge issues for them and they like to have someone to talk it through with them, and even to make them aware of the law about registration of child minders those sort of issues. Or even to support them with perhaps they're still breast feeding a baby, and the date has come to return back to work, and we can talk at length, work through their routine with them so that they can feel confident about what they're doing. I think it's extremely important to make everyone feel important.

Parenting is a very challenging role, irrespective of social class and of knowledge. We all have our worries, and yet it can be such a rewarding role, and I think, if we can just make them, people feel that they are playing an important role in society, even though they may not have the status of a professional job which they had previously, that they're still playing a very important role. And we are pro-actively looking at nurturing the next generation of parents, so any health issues that we bring in whether it be dental care, perhaps, just talking about not giving sugar drinks from the bottle, looking at dental health for the whole family. Healthy eating for the whole family perhaps, the benefits of exercise then, I think this is really important, or even if it's just to encourage families to sit down together to eat their meals, to develop social skills for the children in that way.

I think from knowing the families it's being able to judge the level of their understanding and knowledge, which varies greatly, and then we need to structure our advice accordingly, so it

may be such simple advice as giving instructions, as to how to sterilise the baby's feeding bottles, or perhaps how to make family weaning foods. Some people have very few cooking skills, and sometimes we have to sit down and talk about how to cook carrots and turnips, not to add the salt and how to blend them for the child. But on the other hand, we may have parents who are very well read, who question all the research available, who may come to the clinic with a pile of A4 sheets off the internet, and so then it's a very different type of advice we're giving and helping them to make informed choices.

I think helpful advice and support is that which gradually helps parents and families to develop, and to make their own choices. Parents need to be involved in the strategies and the decision making themselves. If they feel part of that decision making, compliance is really going to improve and I'm sort of looking back now to the red book where we actually write down our aims and objectives and then look at them again the next time we have the contact and parents are made to feel part of that. Advice really needs to be followed through by further contacts, that may be just a quick telephone call, the next day to see how things went along, and, any plans that we've made for example with behavioural problems need to be reviewed and consolidated, and evaluated with the parents, who must really understand what is written, what is said, throughout, and by doing that we are empowering the parents. And any advice we give also must be non-judgemental. People's lifestyles vary so much, and people's expectations vary too.