



cu@home program

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Question...

- Why have a home visiting program particularly for adolescent parents?

Teen pregnancy is one of the most important adolescent issues in our community

Topics covered:

- ❑ What is the cu@home program?
- ❑ Who participates?

- ❑ Issues for adolescent parents
- ❑ Adolescent mental health

- ❑ Who are the workers?
- ❑ Issues and challenges

- ❑ What's next?

What is cu@home?

cu@home is

- ❑ State-wide
(Hobart, Launceston, Burnie and Devonport)
- ❑ An intensive nurse home visiting program staffed by Registered Nurses with post-basic qualifications
- ❑ Operated within Child Health and Parenting Services (CHAPS)
- ❑ For young people aged 15 to 19 years, who are preparing to parent for the first time

Home visiting

- ❑ Cost effective
- ❑ Capable of engaging all care givers
- ❑ Focus on parents
- ❑ Enhances parenting skills
- ❑ Reduces child abuse & neglect
- ❑ Improved maternal life course
- ❑ Improved knowledge & use of contraceptives

Teenage pregnancy Data

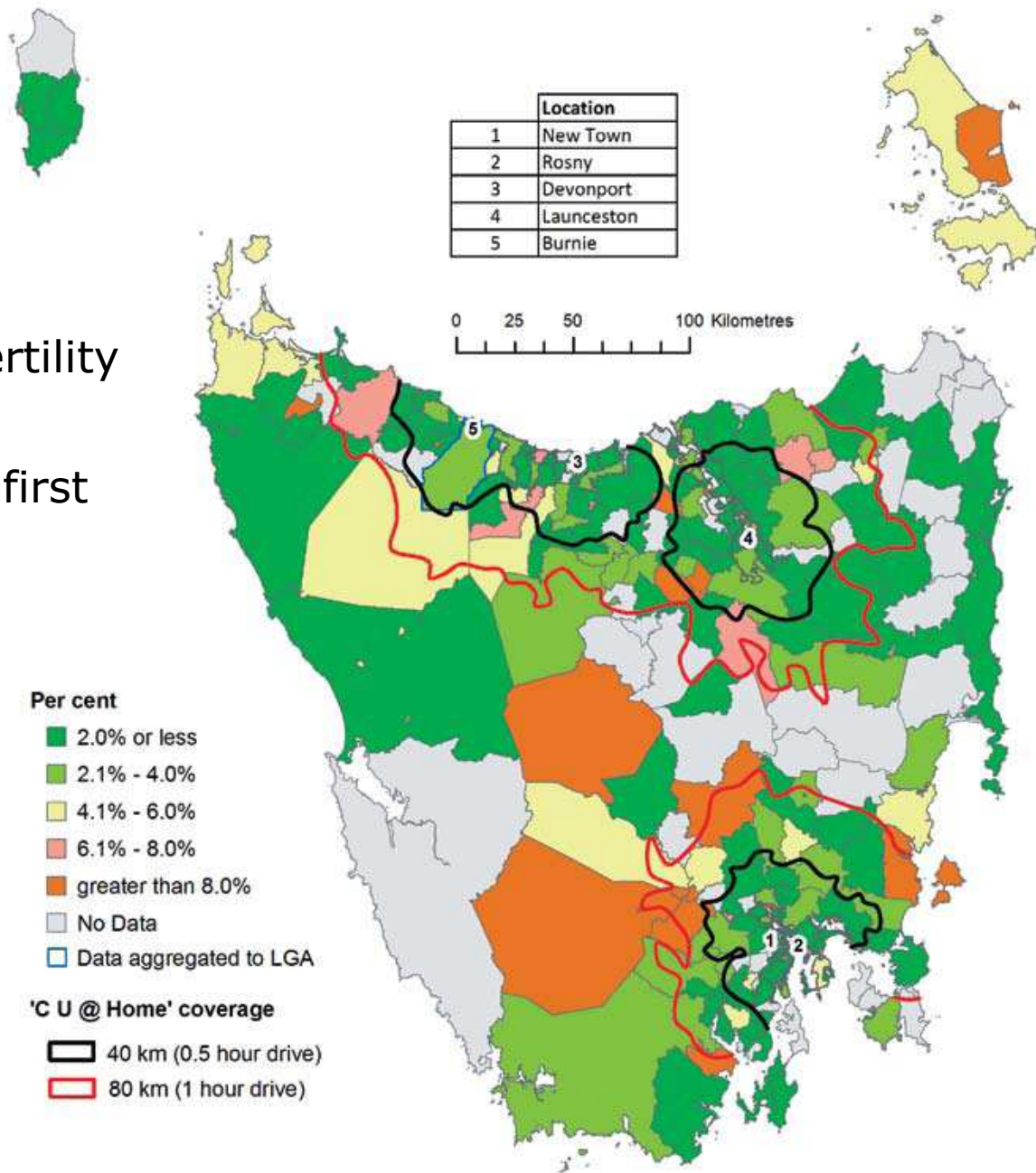
- ❑ 2010 – 20% decrease in teenage births in Tasmania (ABS)
- ❑ Tasmania
 - 2009 – 443 births (27.1 per 1,000)
 - 2010 – 357 births (21.5 per 1,000)
- ❑ Australia
 - 1971 – 55 per 1000
 - 2010 – 15.5 per 1000
- ❑ Reassurance that collaboration of services to support families is moving in right direction with similar language and approaches

Why am I in cu@home?

Criteria for entry

- ❑ Voluntary & recommended by referrer
- ❑ Aged 15 – 19 years
- ❑ First baby (28 – 32 weeks gestation)
- ❑ Socially isolated and multiple risk factors
- ❑ Within 30 minutes drive of base
- ❑ Individual case by case review of referrals

Teenage fertility rate
Kids come first

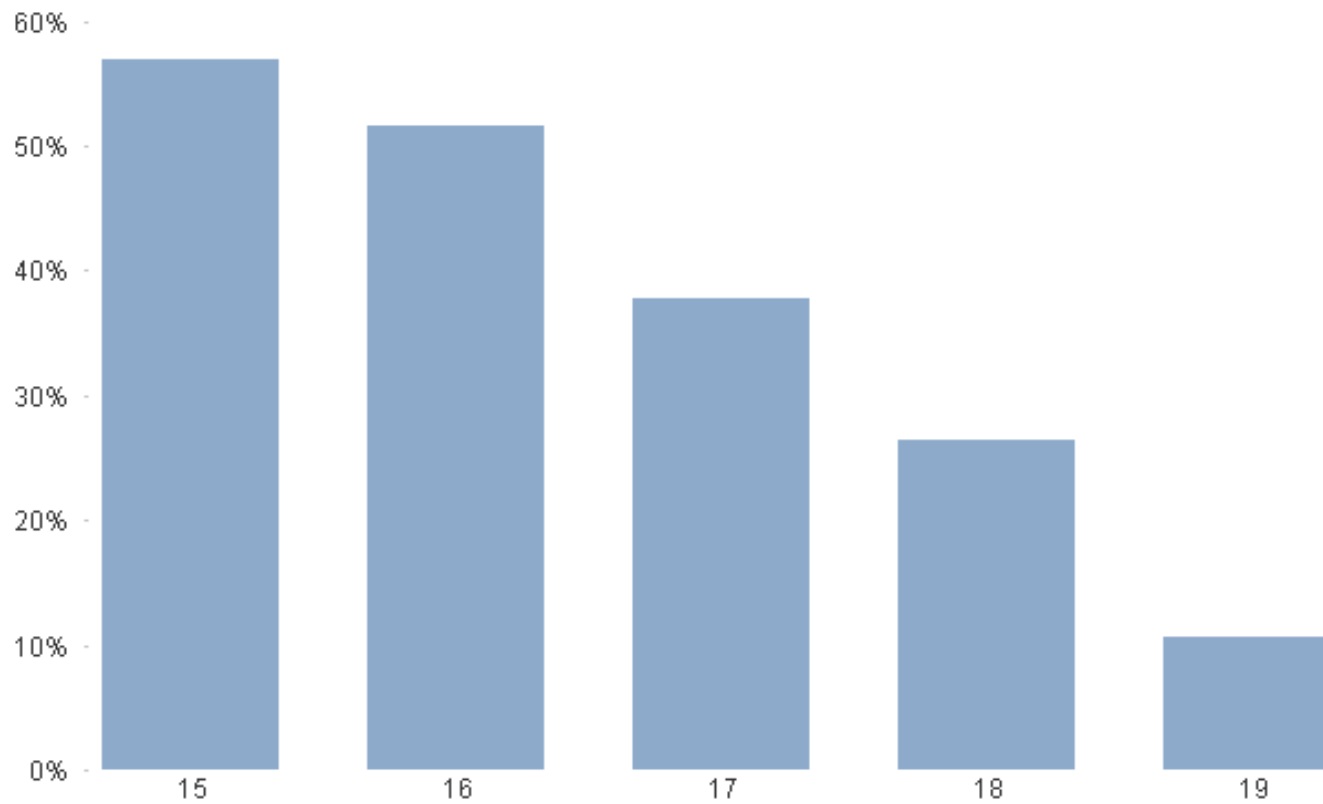


cu@home

- ❑ cu@home commenced in March 2007
- ❑ State government funded
- ❑ Staffed by nurses.
Manager & psychology support

- ❑ 194 young mothers currently in program
- ❑ 122 young mothers finished the program
- ❑ 300 – 400 young parents have had contact with a cu@home nurse.

Age specific enrolments





Structure

Description	Age of Infant	Frequency of visits
Module 1	Antenatal	Weekly
Module 2	1-6 weeks (Post natal)	Weekly (includes 1-2wk, 4wk and 8 wk CHA & PEDS)
Module 3	8 weeks- 18weeks	Fortnightly (includes 4 month CHA & PEDS)
Module 4	20 weeks – 7 months	Fortnightly
Module 5	8-11 months	Monthly (includes 8 month CHA & PEDS)
Module 6	12-17 months	Monthly (includes 12 month CHA & PEDS)
Module 7	18-24 months	Second monthly (including 18 month CHA & PEDS)

Structure of visits

- Visits occur in the home

Each visit includes:

- Anticipatory guidance
- Monitoring child and maternal health (CHA, PEDS & EPNDS)
- Infant growth and development, education and activities
- Continuing Relationship development

Family partnership

- Responsive to parents priorities & needs
- Maslow's Hierarchy of needs

Nurse / parent time spent on health or social issues, commonly unstable housing, family violence or relationship difficulties

- Provision to spend part of home visit on cu@home program content



Encouragement

As toddlers see themselves through their parents eyes, we:

- ❑ Encourage positive reinforcement and engagement with their child
- ❑ Encourage sensitive parenting
- ❑ Role model that their child is special and loveable

Support

- ❑ Opportunity to develop a trust in and a relationship with a cu@home nurse.
- ❑ Opportunity to role model adult behaviour and choices
- ❑ Support and help in an often chaotic lifestyle
- ❑ Support and education in decision making and life skills



Some baby benefits

- ❑ Improved educational outcomes
- ❑ Improved social and emotional health
- ❑ Increased safety
- ❑ Decreased rates of child abuse
- ❑ Improved self esteem for babies and toddlers



Begins in pregnancy

Relationship
Building

Maternal Health

Social
Assessment

Antenatal Care



Adolescent Pregnancy

- ❑ Beginning cu@home in the Antenatal period is vital for promotion of mental health
- ❑ We help parents see the importance of a loving, nurturing relationship with their baby, allowing their baby to grow and develop a sense of trust in their world
- ❑ Importance of self esteem in healthy relationships

Adolescent pregnancy

We:

- Collaborate with 'Young Mum's Clinic' at the Royal Hobart Hospital and other Hospitals around the state.
- Encourage continuation of education & later life opportunities.
- Encourage healthy lifestyle choices
- Anticipate post natal care & home environment with young families.
- We include dads & extended families



Attachment

- Attachment evolves from a mother's ability to reflect, respond and be sensitive to her infants needs, resulting in infant development of trust, confidence and resilience.
 - (Flaherty & Sadler 2010)
- Adolescent mothers may find this difficult due to their own developmental stage.
(Erickson)

Risk taking Behaviours

It is normal

- ❑ Exploration of new behaviour
- ❑ Development of decision making skills
- ❑ Identity development

But there is concern

- ❑ Adolescents over estimate their capacities
- ❑ Rely on their immature ability to judge
- ❑ Give in to peer pressure

Attachment skills

- ▣ Adolescent development results in more complex cognitive processes, such as being able to place oneself in the shoes of another.

‘Wonder with us:’

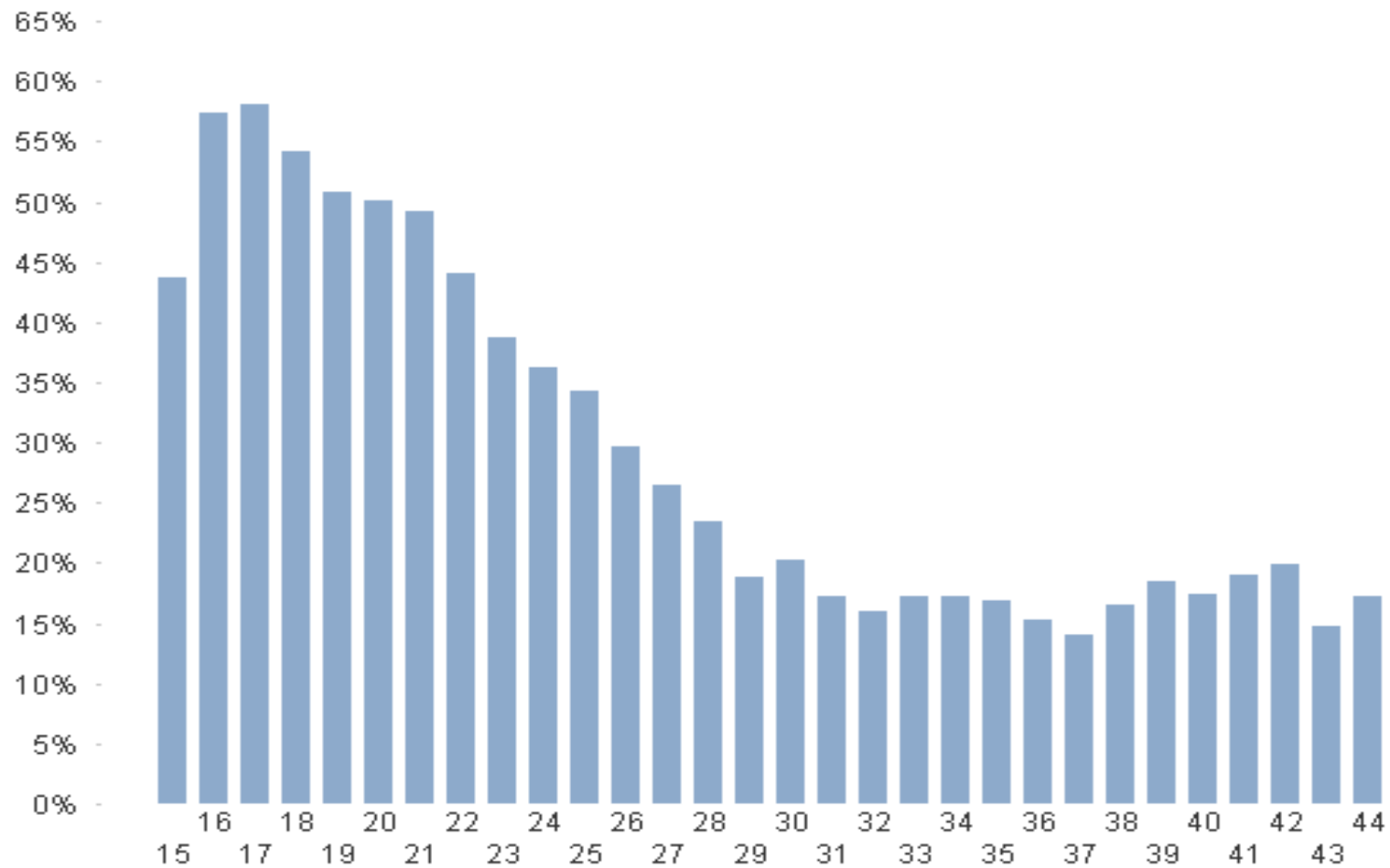
- How is your child feeling now?
- What is your child saying to us without words?
- What can you do to help meet your child’s needs?



Possible Adolescent Issues

- ❑ Emergence of underlying mental health issues, (borderline personality disorder, depression, anxiety)
- ❑ Drug and alcohol dependence
- ❑ Relationship and family of origin instability.
- ❑ We work in collaboration with other community agencies when these situations occur.

Smoking during pregnancy (2005 – 2008)



Tools in our tool-kit

□ NCAST-Avenuw

- provides programs and training that promote nurturing environments for young children
- Promoting Maternal Mental Health during pregnancy
- Parent-Child Interaction filming : We film lots of interactions and take photos for the families, but the program also includes specific opportunities to review interaction

Tool-box

- Promoting First Relationships
- Keys to care-giving

- Circle of security
- STEEP, secure relationships and safe environments

- All these tools aim to assist us to build confidence and competence in families to respond to the needs of their children



Personal qualities of staff

- ❑ Non-judgemental respect for others
- ❑ Experience in developing caring & empowering relationships
- ❑ Ability to use a family centred approach in decision making while keeping the child's needs paramount
- ❑ Familiarity with collaborative practice – team work, case conferencing & appropriate referral
- ❑ A demonstrated commitment to improved clinical practice

What can I expect?

Expectations

- ❑ To see and feel that change is possible
- ❑ To have gentle encouragement to see strengths, and have confidence in themselves
- ❑ To have support to do things that may seem too hard
- ❑ Empowerment as the expert in their own child

Expectations

- ❑ Being in a place that enables parents to respond sensitively to their baby, which hopefully allows the baby to reach optimal potential
- ❑ Develop secure attachment with their parent to allow them to explore the world around them
(Flaherty and Sadler)
- ❑ To begin a process of reflection of interactions to enable a possibility change

And?

Expectations

- ❑ To help create an environment in which children are able to play and explore without fear or harm
- ❑ To have access to parenting, child health and development information
- ❑ To have all child health assessments completed whilst in program

Why?

Contact Details

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Thankyou, are there any questions?

References & further reading

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