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Changing focus of practice for community health nurses: Advancing the practice role

ABSTRACT

Many parents lack support in their parenting role that was once provided through extended families and community structures. Thus, some new parents experience high levels of stress and low self-esteem associated with the challenges of parenting. The lack of support also results in family discord and breakdown with the family environment having the potential to adversely impact children's mental and physical wellbeing and development.

The Community Mothers Program (CMP) was initially developed in England and offers support to families during the first year of parenting. The program aims to provide parents with the support once experienced from within the extended family. It also aims to enrich community development by building the capacity of community members living in local communities to support parents.

This paper describes the impact of the CMP when implemented into Western Australian as well as the changes to the professional practice role of community child health nurses involved in the program. The Community Mothers Program has proved to be very successful. The success is attributed to the partnership model established between community members, parents, and child health nurses.

KEY WORDS

Community Mothers Program; partnership; volunteers; parenting; child health nurses

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INTRODUCTION

Societal changes to family life and structures have resulted in many parents not receiving the intensive support that was once provided through close and extended families (McMurray, 2003). Contemporary anecdotal and statistical evidence has demonstrated that there are high levels of family discord and breakdown in many existing social structures. Changes to family life have resulted in parents, particularly those parents experiencing social stress, feeling isolated and disempowered (Miller & Hughes, 1999).

To address parents' feelings of isolation and disempowerment, additional forms of support need to be provided. One avenue of support focuses on skills and improving parents' capacity to parent, thus enabling them to develop strategies to assist their children to reach their full potential (McMurray, 2003; Miller & Hughes, 1999). Several researchers have identified that family discord and breakdown are exacerbated when difficulties are experienced in the early years of parenting (Hertzman, 2002; McCain & Mustard, 1999). Therefore, programs that support and assist parents during the early years of parenting allow them to develop greater control over their own lives. In turn, the enhanced skills of parents benefit the health, development, and wellbeing of children which facilitates further building of parental capacity (McCain & Mustard, 1999; McMurray, 2003).

To manage potential problems confronting parents, health professionals in Western Australia implemented an intervention program based on support, empowerment and education to facilitate capacity building in parents (Marshall & Craft, 2000; Miller & Hughes, 1999). In the context of the Community Mothers Program (CMP), empowerment encompasses a helping process that assists parents to make decisions, feel confident and act effectively. Empowerment facilitates parents' abilities to make informed choices about parenting and

other life events (Anderson & McFarlane, 2000; McMurray, 2003). A key strategy of the program is to promote empowerment through:

1. Demonstrating enthusiasm for the parents' efforts;
2. Making the parent feel valued;
3. Having patience to work at the parents' pace;
4. Offering adequate space for the parents to talk about their own thoughts;
5. Wholeheartedly acknowledging the parents' point of view;
6. Expecting to highlight the parents' success;
7. Reinforcing the parents' competence;
8. Making the most of the parents' ideas;
9. Encouraging the development of the parents' ideas;
10. Never showing disapproval, only a cautious query; and
11. Trying to think in terms of the parents' perceptions (Barker, 1995).

The Community Mothers Program is a home-based support program managed collaboratively by the School of Nursing and Midwifery, Curtin University of Technology, and the Western Australian Department of Health. The program was initially developed in the United Kingdom and the Republic of Ireland in the 1980s (Barker, 1984) and adapted to the Australian context during a pilot project. In 1999, following the pilot phase, the program was introduced into clinical practice areas throughout Western Australia. It commenced in geographical areas where the indicators primarily demonstrated a higher degree of community social isolation, stress and disadvantage.

The Community Mothers Program is based on collaboration between new parents, community child health nurses and experienced volunteer parents from local communities. The program focuses on actively engaging and working to assist parents during the first year of the parenting experience. The program recognises and draws on the skills of experienced

parents in local communities and provides them with additional education so that they may confidently support new parents identified as being in need. The program's ability to enhance the parent child relationship is dependant on providing information and skills as well as the quality of the partnership established between the nurse, volunteer and parents (Leyshon, 2002). In the Community Mothers Program (CMP) this involves a process whereby the nurse and volunteer, through the relationship with the parents, strengthens and transforms the parents' beliefs as having the power to take control, to make decisions and seize responsibility in order to achieve optimum outcomes (Downie, in press).

Through the process of home visiting, the program aims to help parents discover a sense of control and feel more confident and able to face up to the many challenges, stresses, and joys of child rearing. Home visits involve clearly defined strategies and are structured to include topics that address the children's physical and psychosocial health and development, assistance with family nutrition, promoting family wellbeing and parental decision-making.

OBJECTIVES OF THE COMMUNITY MOTHERS PROGRAM

The objectives are to:

1. Provide first time parents living in geographical areas, where the indicators primarily demonstrate a higher degree of social stress and disadvantage, with a universal home visiting service;
2. Develop a sense of community collaboration between resident health professionals and experienced volunteer parents;
3. Use clearly defined strategies to assist parents to focus on the early parenting environment;

4. Use empowerment strategies to build the self-esteem of new parents thus enabling them to develop in their parenting role;
5. Create a shared community sense of endeavour between experienced volunteer parents and new parents;
6. Strengthen the dissemination of parenting information through the use of pictorial handouts (These pictorial handouts have particular relevance for families where English is not the primary language);
7. Promote parental mental health manifested by increased parental self-esteem and confidence; and
8. Recognise that home visiting is a strategy that fosters healthy parenting along with community involvement.

DESCRIPTION OF THE PROGRAM

The program can be used prior to and after the birth of a child. It has been utilised in preventative, early intervention, and high needs situations. An example of the benefits can be found in interactions with substance abusing parents. The program focuses on their capacity as parents and attempts to normalise their relationship with their child. The emphasis is on parental abilities, not primarily on the issues surrounding their substance abuse.

In partnership with community child health nurses, experienced volunteer parents are recruited for the program. It is essential that volunteers be chosen from the same local communities in which the families reside. This facilitates community capacity building and assists families to integrate more successfully into local communities.

A close liaison is developed between the community child health nurse and volunteer visiting parents. The local child health nurse participates in volunteers' training programs

and then links them with families in their local neighbourhoods. The volunteer visiting parents are given monthly training and debriefing sessions and access to the accompanying program literature, for example, pictorial handouts, as well as the continual encouragement, support, and availability of the community child health nurse. All first time families in local communities are offered the Community Mothers Program for a period of twelve months with the program being extended further if there is an identified need. Selected families, who experience difficulties with the arrival of a second or subsequent child are visited for four to six months or longer if necessary. Visits are undertaken every month and are approximately one hour in duration.

The emphasis of visits is on encouraging parents to discover their own positive parenting pathways and to reinforce their efforts in this domain. Experienced volunteer parents do not undertake helping activities on behalf of the families. They help parents to gain their own insights into how they can bring about optimal and culturally appropriate development of their children. They encourage and support parents to take responsibility for day-to-day activities by acknowledging and affirming the time and effort they put into their everyday parenting. The volunteers enable parents to feel valued by reinforcing parental confidence and never showing disapproval. While accepting that parents have differing methods of childrearing, creative initiatives are respected and supported, building on parenting skills. Furthermore, volunteers actively encourage parents to find alternative sources of social support outside the family unit. This further extends the framework of community capacity building and resources available to parents.

Along with experienced volunteer parents, community child health nurses participate in an education program. The nurses also undertake family visits usually taking on the most challenging family situations. The nurses' training

sessions utilise reflective practice techniques to encourage identification of home visiting strategies, for example, parental capacity building skills. Nurses have the opportunity to recount their positive and negative experiences encountered during home visiting. These sessions assist the nurses to focus on their delivery of holistic family nursing care in the context of the philosophy of the Community Mothers Program. This reinforces the partnership and equalises the relationship between nurses, volunteers and families.

PROGRAM OUTCOMES ON FAMILIES

Community child health nurses in Western Australia have routinely evaluated the program since it was introduced as a pilot project in 1995. These routine evaluations have demonstrated that, in areas where the program has been implemented, 100% immunisation rates, above average breast-feeding rates, and improved parental knowledge regarding family nutrition have been recorded (Miller & Hughes, 1999). In addition, anecdotal evidence suggests that these parents have above average knowledge and skills regarding the positive benefits of parent-child communication. Furthermore, parents undertaking the program have expressed increased feelings of self-control over life events (Miller & Hughes, 1999).

In the United Kingdom, the program has been in operation for about 25 years. Long-term outcomes from these overseas programs have demonstrated that children of families involved in the program have higher literacy rates, longer school retention rates, and less contact with the justice system (Barker, 1988). Over the past 18 months the Western Australian Telethon Institute for Child Health Research has been undertaking a detailed evaluation of the program. This process seeks to validate, in qualitative and quantitative terms, the non-statistical data collected since the program's inception in Western Australia.

CHANGES TO THE PROFESSIONAL PRACTICE ROLE

To date, community child health nurses' perceptions of the benefits of the program have focused on the positive changes to their practice role. These positive changes have included the facilitation of a stronger partnership practice model between nurses and their clients. The Community Mothers Program has enabled these nurses to develop a more inclusive way of viewing practice and delivery of service. Stronger consideration of presenting situations from the parents' perceptions, coupled with the recognition and reinforcement of parental competence, has enabled the sharing of ideas and information to be received more effectively by all parties. The nurses were encouraged by the parental outcomes achieved through the parents' enhanced knowledge and skills. Through focus groups and individual interviews, the nurses have reported program experiences that are positive in strengthening family self-esteem and confidence, along with creating a home environment that facilitates positive child health and development outcomes.

The home visiting process places strong emphasis on parents making decisions and setting their own goals in order to solve their problems. In addition, the enhanced knowledge and skills has allowed nurses to further refine strategies that assist and affirm parents. As such, community child health nurses involved in the program have experienced a rewarding sense of accomplishment by observing families achieve partial or full self-determination within family and community interactions (Miller & Hubble, 1998).

The Community Mothers Program has encouraged participating nurses to reaffirm their role as a reflective practitioner. Due to the complexities and business of practice, the question of what actually contributes to the health gains of families and communities is often overlooked. Focusing on the home environment and better understanding parents' perceptions have

alerted nurses of the need for sustained reflective practice (Hubble, 2003).

Another change to practice is the strengthening of community partnership resulting from the collaborative interactions between volunteer community parents and families. The community child health nurses perceived the volunteer parents' involvement as integral to the success of the program. This was supported by Miller and Hubble (1998) who claimed:

"Community mother volunteers are a vital link with the community and are complementary to community nursing practice. They help keep the nurse focused on the local community and in touch with what is happening at the grass roots. They are truly primary health care workers in their own community" (p.4).

The local knowledge and parenting experiences of the volunteers enables them to be valuable supports to the families they visit. The volunteer parents are able to empathise with different family structures and functioning and with situations that they encounter. This insight is useful in developing a shared endeavour between nurses, volunteers, and clients (Miller & Hughes, 1999).

CONCLUSION

The Community Mothers Program has a strong partnership philosophy that has facilitated collaboration between families, volunteers, and community child health nurses. The program has enhanced parental and community capacity thereby enabling families and communities to better manage the effects of social stress. The process of capacity building in parents and communities is viewed as being an important outcome of the program as well as the day-to-day changes experienced by parents. The Community Mothers Program strengthens a community's capacity to support families and encourages

better long-term sustainable outcomes for children, families and communities.

The program has enhanced community child health nursing through a process of increased collaborative partnerships with parents and the community. The program has facilitated the use of reflective practice in community nursing thus enabling further development of community strengths and capacity.

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References

- Anderson E & McFarlane J (2000): *Community as a partner*. (3rd ed) Lippincott, Philadelphia.
- Barker W (1984): *The child development program: A collaborative program linking parents, community and health visitors*. University of Bristol, Early Childhood Development Unit, Bristol, United Kingdom.
- Barker W & Anderson R (1988): *The child development program: An evaluation of process and outcomes* (Evaluation Document No. 9). University of Bristol, Early Childhood Development Unit, Bristol, United Kingdom.
- Barker, W. (1995): The key to empowering parents during visits. Unpublished paper. Early Childhood Development Centre, Bristol, United Kingdom.
- Downie J (in press) Empowerment and advocacy. In: St John W & Kelleher H (ed.) *Community Health Nursing Practice: Theory, Skill and Issues*, Allen & Unwin, Sydney.
- Hertzman C (2002): *An Early Child Development Strategy for Australia? Lessons from Canada*. Issue Paper Number 1. Commission for Children and Young People. Queensland Government Publication, Brisbane.
- Hubble J (2003): (personal communication, June 3, 2003).
- Leyshon S 2002: Empowering practitioners: an unrealistic expectation of nurse education. *Journal of Advanced Nursing* 40(4): 466–474.
- Marshall J & Craft K (2000): *New Vision for Community Health Services for the Future*. report. Health Department of Western Australia Perth, Western Australia.
- McCain M & Mustard JF (1999): *Reversing the real brain drain. Early Years Study*. Final report. Publications Ontario, Toronto, Canada.
- McMurray A (2003): *Community health and wellness. A sociological approach* (2nd ed), CV Mosby, Sydney.
- Miller M & Hubble J (1998): *Working in partnership with the community. Shifting the power. What are the health gains for families?* Paper presented at the Community Health Nurses Western Australia Conference, Fremantle, Western Australia.
- Miller M (1999): Integrated community mothers program (home based parent support): A home visiting strategy of empowerment. Curtin University of Technology (unpublished report), Perth, Western Australia.
- Miller M & Hughes B (1999): A community partnership with parents: investing in the future. *Australian Journal of Primary Health-Interchange* 5(4): 28–35.