



cu@home program

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Antenatal Shared Care Update July 2011



Topics covered:

- What is the program?
- Who participates?
- Who are the workers?

- How is it going?
- What is next?

What is it?



cu@home is

- ❑ State-wide (Hobart, Launceston, Burnie and Devonport)
- ❑ A nurse home visiting program
- ❑ Operated within CHAPS
(child health and parenting service)
- ❑ For young people aged 15 to 19 years, who are preparing to parent for the first time.

Researched based



- Based on David Olds research & nurse home-visiting model.
- Targeting young mothers
- Tasmania context – high teenage pregnancy rate (7.5%)

Why am I in cu@home?

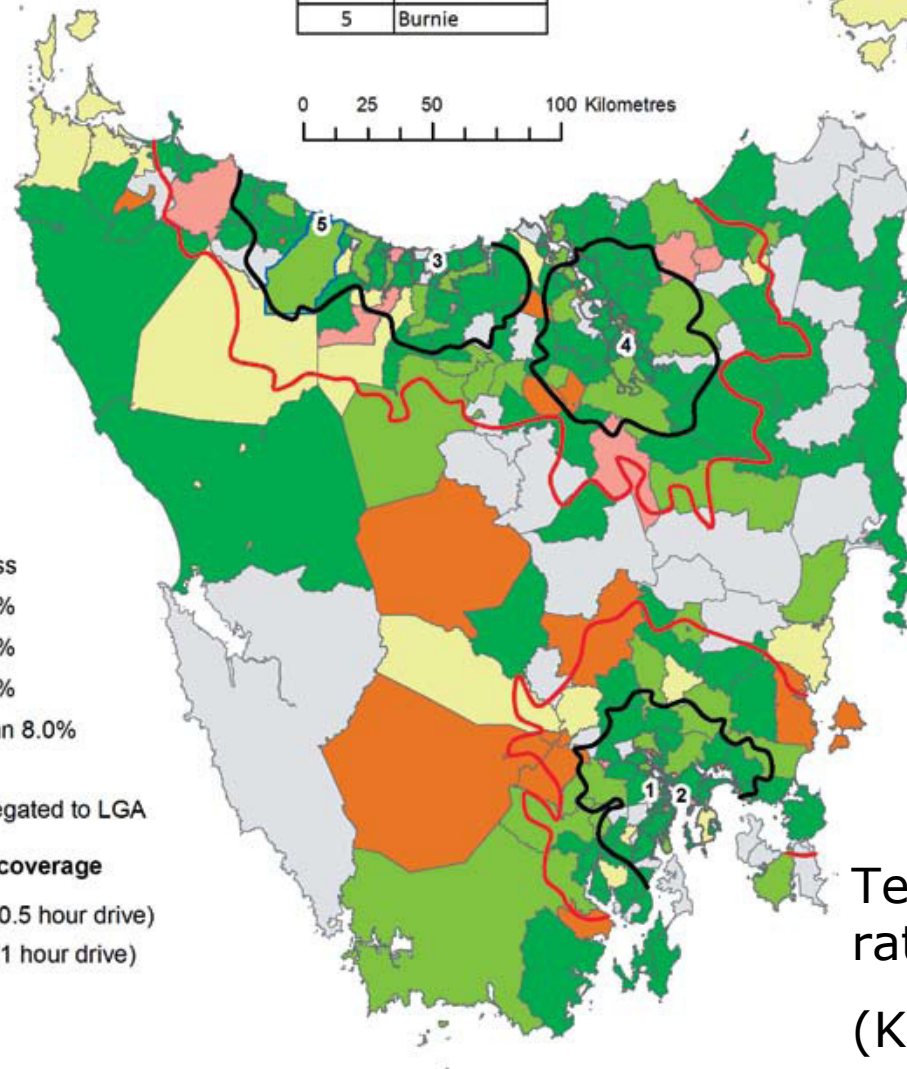
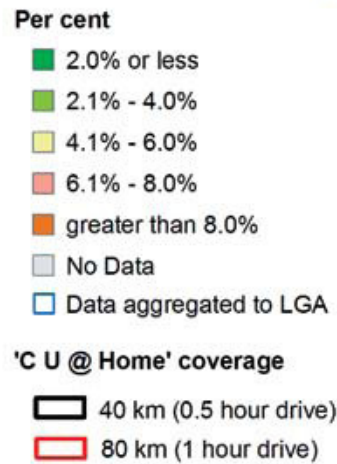


Criteria for entry

- Voluntary
- Aged 15 – 19 years
- First baby (28 – 32 weeks gestation)
- Socially isolated and multiple risk factors
- Within 30 minutes drive of base



Location	
1	New Town
2	Rosny
3	Devonport
4	Launceston
5	Burnie



Teenage fertility rate
(Kids come first)

Begins in pregnancy

Relationship
Building

Maternal Health

Social
Assessment

Antenatal Care



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)
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 (includes 18/12 NHA)	Monthly
Module 7	18-24 months	Second monthly (including 18 month CHA & PEDS)

Structure of visits

- ❑ Visits occur in their home
- ❑ Each visit includes:
 - Anticipatory guidance
 - Monitoring the child and mother's health (NHA & EPNDS)
 - Infant growth and development, education and activities
 - Continuing Relationship development



cu@home

- ❑ cu@home commenced in March 2007
- ❑ State government funded
- ❑ 14 nurses, 4 managers, 2 psychologists

- ❑ 155 young mothers currently in program
- ❑ 69 young mothers finished the program
- ❑ 318 young parents have had contact with a cu@home nurse.

Staff?



What about the staff?

- ❑ Registered Nurses – with post-basic qualifications – child health nursing
- ❑ Demonstrated skills in engaging & working with young parents & complex clinical situations
- ❑ Support from psychologists at team meetings



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

Tools in our tool-kit

- ❑ NCAST-Avenue
- ❑ Parent-Child Interaction filming
- ❑ Keys to care-giving
- ❑ STEEP, secure relationships and safe environments
- ❑ Circle of security
- ❑ Promoting First Relationships

What can I expect?



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

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?



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



Young parents

- ❑ Opportunity to develop a trust in and a relationship with a cu@home nurse (potential for role modelling)
- ❑ Encouragement in sensitive parenting
- ❑ Support in an often chaotic lifestyle
- ❑ Support & education in decision making



Support in the early years

- Positive health & education outcomes for babies include:
 - Increased educational outcomes
 - Increased social and emotional health
 - Increased safety
 - Decreased rates of child abuse

Goodman A (2009) Grants results special report

