



HUNTER NEW ENGLAND
NSW HEALTH

Reorienting Child Health Services to accommodate marginalised families

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Barriers to engaging parents

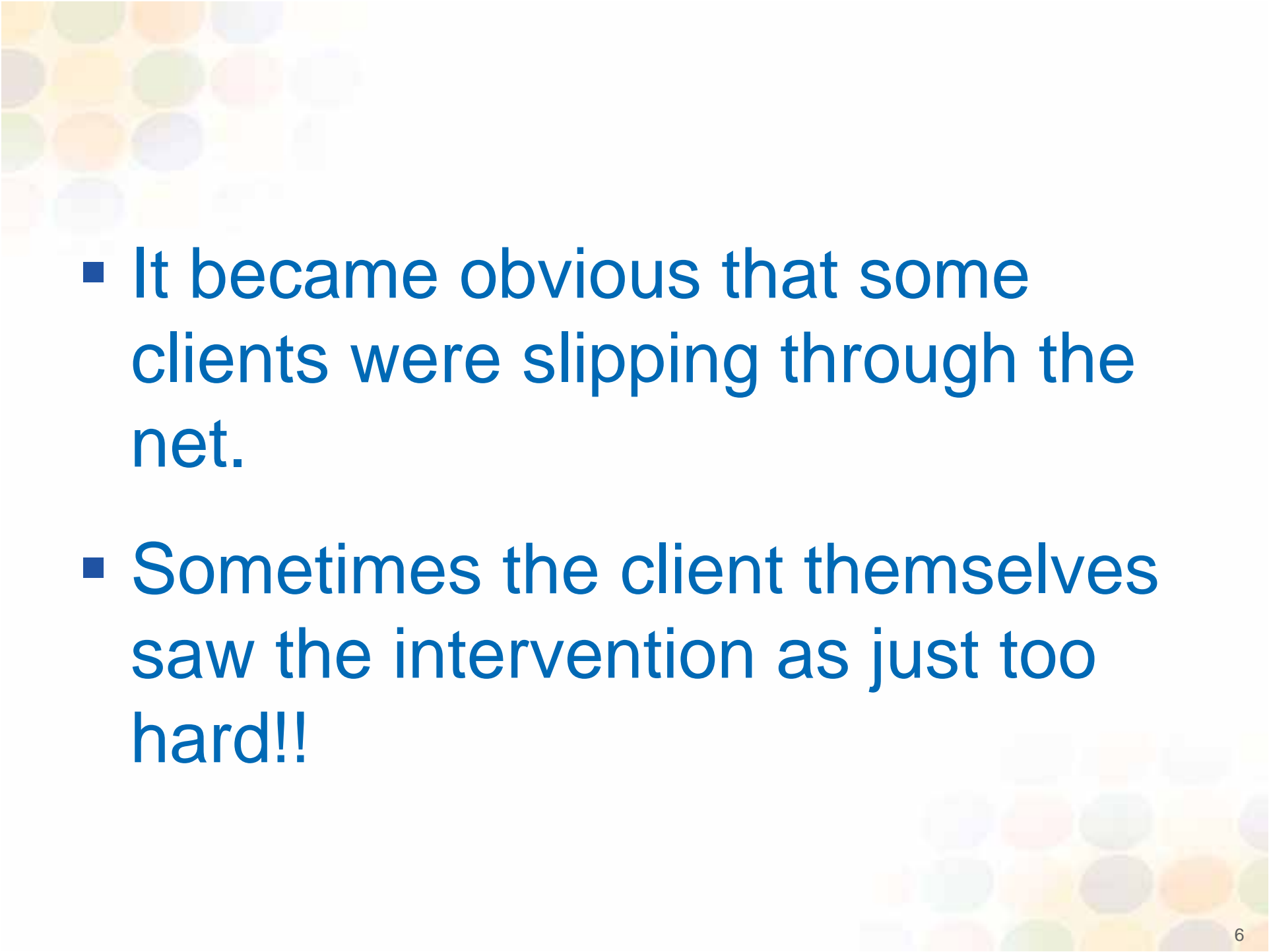
- Loss of trust in and fear of “the system”
- Itinerancy
- Poverty – unemployment
- Low literacy – limited formal education
- Parents need to remain “off the radar” and fear of being found
- Apathy

Current Child Health Services

- Visited park once a month
- Working in isolation from other services
- Could not engage, assess and refer families before they moved on
- No forwarding address

Objectives

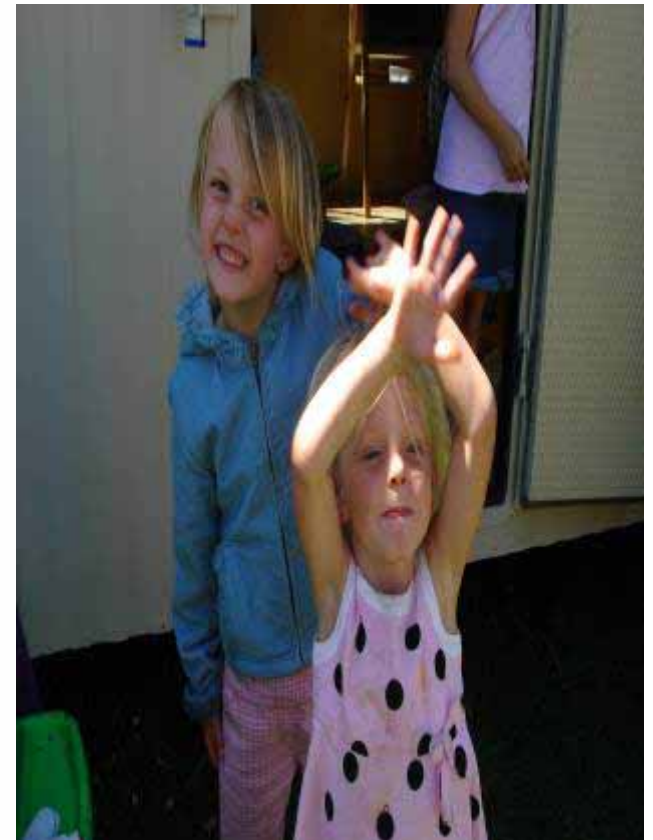
- 1 Develop processes and networks for timely referral and treatment for children which can be sustained at the end of the project
- 2 Develop processes to track families after leaving the area and transfer health records
- 3 Age appropriate immunisation
- 4 Processes and partnerships developed to assist people to negotiate Dept of Housing and private rental market

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- It became obvious that some clients were slipping through the net.
 - Sometimes the client themselves saw the intervention as just too hard!!

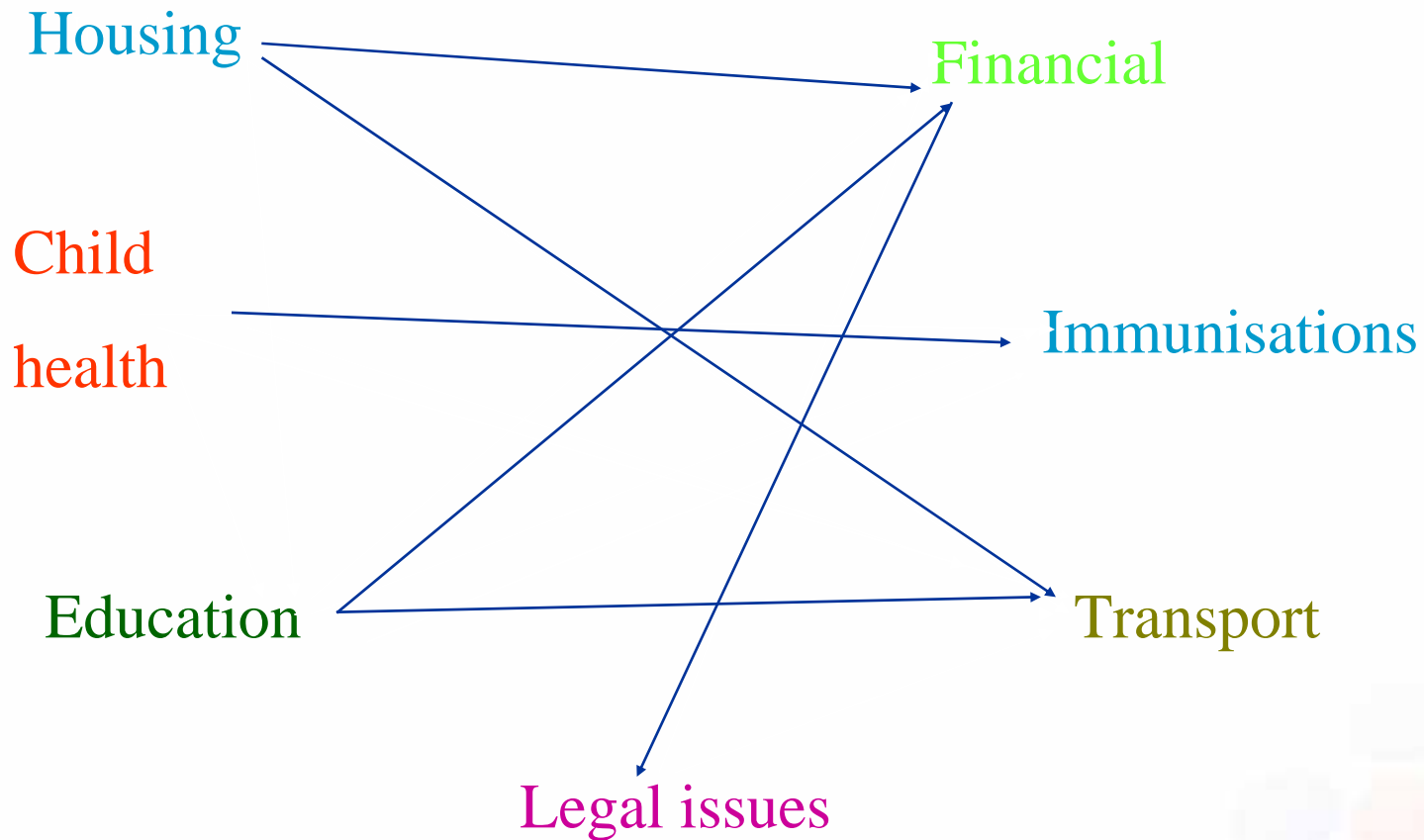
- Referral from the Caravan Project, Family Action Centre (FAC), University of Newcastle
- Family of mother, father and children recently moved from Lower Hunter.
- Two girls aged 4 and 6 attending the FAC playgroup



- “Assertive home visiting” revealed a new baby as well as the 2 girls.
- Living in difficult conditions, now and in the past
- Limited family support.
- Past history of amphetamine abuse
- Transport difficulties, no licence
- Unemployment
- Legal issues



Concerns for the family



What can we do

- Routine Child Health assessment attended following NHMRC guidelines in the Parent Health Record.
- Immunisations attended opportunistically.
- School entry screening for the 4 year old including vision and dental checks arranged.
- Referral to Signpost (Mission Australia) for housing.
- Information provided for the Drug and Alcohol Counselling service.
- Listen

What can they do

- Adam has some employment.
- No amphetamine use for the past 6 months.
- Children enrolled at the local school
- Increasing trust with the outreach workers



Are we progressing

Acquiring accommodation is slow

Sally was caught driving an unregistered vehicle without a licence.

Sally's mother is to be released from gaol and Sally is excited about seeing and supporting her.

Over the last week the family were in crisis. Peter was not at work, Sally was sick and the children were unattended a lot of the time . The eldest child was not at school.

The caravan was filthy

Notification was made



As the past number of weeks have revealed deaths of children thought to be caused from neglect we **MUST be proactive and inovative.**

If people is aware of the circumstances and are following the appropriate procedures the small ones will have more of a chance.

What we have learnt

- Time dedicated to clinical hours.
- Partnerships are productive.
- Reorientating your service is necessary and “do-able”.
- Accept that change in a chaotic lifestyle is slow and difficult.
- Staff supervision is vital.
- It is hard work.
- Don't give up.

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Kaleidoscope
HUNTER CHILDREN'S HEALTH NETWORK

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This is why

