‘Drop-in’ community child health clinics: clients, nurses and other key stakeholders experiences and perceptions

Lauren Kearney
Clinical Nurse/Research Assistant, West Moreton South Burnett Health Service District

Paul Fulbrook
Professor of Nursing, Australian Catholic University, Brisbane

Lorrie Howlett
Director of Child Health, Southside Health Service District

Lynne Dunne
Child & Family Health Service Educator, West Moreton South Burnett Health Service District
Background

- Strong body of literature identifying the early years as crucial in healthy life-long development
- Adjustment to parenting an ‘overwhelming’ and often difficult time
- Increasing social isolation in urban Australia
- Paucity of evidence to guide best-practice in universal child health services within Australia
Research Design

- Triangulation of research methods
  
  **Phase One**
  Documentary analysis

  **Phase Two**
  Key stakeholder analysis

  **Phase Three**
  Prospective Cohort Study

- Phenomenological Approach
  
  Enables the exploration of participants’ personal experiences

  Focuses on the meaning of an experience for an individual
Research Question

What are the participants’ experiences and perceptions of the Open Plan Approach?
Data Collection

Sample

Final Sample comprised of 59 participants:

- Interviews
  - General practitioners ($n = 2$)
  - Paediatricians ($n = 2$)
  - Early intervention specialists ($n = 3$)
  - Pharmacy baby clinic nurses ($n = 2$)
  - Department of Child Safety officers ($n = 2$)

- Focus groups
  - Clients
    (4 groups: $n = 4; 4; 2; 2$)
  - Child health nurses
    (3 groups: $n = 7; 3; 4$)
  - Midwives ($n = 9$)
  - Allied health professionals
    ($n = 9$)
  - ABA members ($n = 4$)
Findings

Thematic Analysis of the data resulted in 13 categories:

- Open Plan’s purpose
- Adjusting to parenting
- Nurse-client relationship
- Complex situations
- Working in the Open Plan
- Time
- Social aspects of parenting
- Group environment
- Confidentiality
- Documentation
- Information
- Peer support
Open Plan’s Purpose

- A kind of triage process
- Supporting well babies
- More than just weighing babies
- Reduction in number of individual appointments
...if there was something that the nurse was concerned about regarding the child’s development, ...could be going onto either a longer appointment or, ...referral to another part of the service, such as lactation clinic or Day Stay...it could be essentially a kind of triage process or focused around mum or dad...But I think it’s a very good first base (EIS1)
Supporting well babies

And they give me regular check ups on him. You know the weigh in and that, and you can sort of keep an eye on things, if he needs more food or something like that. Because I had lots of problems with him sucking formula (ClientB1)

And that was another good experience that I had here. Was that they asked me how I was. Um, I think I was shocked the first time I got asked how I was. Coz, I was so, I came in here for him, I wanted to get him looked after, and then when they asked me, I was a bit fumbly and she looked at me and said, ‘And how are you?’… And I thought ‘shit, I can’t answer that question’ I don’t think I know how I am…because I hadn’t thought about me for a long time… you know coz you’re thinking about your baby, you don’t think…‘well how am I coping really?’ (ClientD1)
I know that we’ve identified that the Open Plan population is a low risk population but, ah, given that we still get referrals [for Postnatal Depression] from there these mums could still have fairly significant issues happening there that are say lower risk than say the Family CARE mums. And I guess just the importance of being thorough in finding ways to check that out with mums so that it is still a bit more than just coming in a getting weighed (EIS3)
Adjusting to Parenting

- I can’t do this
- I don’t feel judged in here
- I just needed reassurance
- Our relationships
It was overwhelming to just go home and go ‘holy mackerel!’ I had no idea!! ... I mean everyone said are you worried about the birth, hell bent on not having an epidural. I said I’m not worried about the birth, I know that’s going to happen one way or another, she’s coming out, you know. But it’s when I get home. And I’m glad that I was worried because you know you get home, and like I’m breastfeeding and you see all these mothers and it looks so natural, yeah and pain free. I didn’t shed one tear in labour, but all the tears with cracked nipples and all those sort of things and it’s ‘oh my goodness’. (ClientA1)

...he would not stop crying at all. So first I thought, well, maybe it’s, I need help with breast feeding, he’s hungry, and like, by the time he was two days old in the hospital, I had to just say, give him a bottle. So, all those thoughts of ‘I can’t do this’. (ClientC1)
I do think we have to support the parents that’s part of our role. Support; tell them they’re doing ok, because I think they do get a lot of negative things said to them. And ah, and they hear a lot of information and they don’t know what’s right. I always try to say to a mother, you’re doing well. (CHNC3).

I needed that reassurance, and I think, like, when they’re younger, that was good for me, just to walk through the door and go okay, that, you know, that’s really great, weights ok, you’re doing fine. (ClientD1)

I just needed reassurance
Time

- 10 minutes is enough
- Waiting…
- I feel too busy to give my best
- Effects of busyness on staff
- In the beginning more time would have been good
10 minutes is enough

You know, a normal one with no problems, is really ‘low risk’ 10 minutes is enough (CHNB3)

...I sometimes feel pressured like yesterday, we had 29 mothers come in 12 of them were new born babies and every one of them had problems...And with like that drop-in yesterday too, even though that was a lot of pressure on us, that was still good for the mother, to be able to drop-in fairly quickly, and got all the full attention, (CHNA5).

...they don’t feel the pressure...Yeah, so at least they’re doing the right thing. And if you’ve still got more questions they will continue on offering more solutions so I think that that’s really good (ClientA3)
In the beginning, more time would have been good

...now that he’s a bit older I don’t mind that there’s half a dozen other people in the room. But to start with I wouldn’t have been confident to ask, he’s not feeding properly, he’s crying and all the rest of it, and with half a dozen other mums here with bubs… (ClientA2)

...It’s the new ones that take the time (CHNB3)
Confidentiality

- I overheard you say…
- The sensitive stuff
- I’d see my GP for that.
I thought it was actually good. I mean I’ve had cases where mothers have been asking me, say about sleep issues and I’ve given them some advice and another mum’s been listening and she goes “I did that and it worked!!” Yeah, and I’ll try and use peer support to try and encourage each other (CHNA3).

I’ve never heard anything like that, like most of the time, someone comes up to say, hey I’ve got this problem and it’s like ‘hey, I’ve got that problem too!’ oh yeah, that’s a good idea, like constipation, it’s like ‘oh I should try that’ (ClientC1).
I’d see my GP for that

Yeah, if I did have a problem I probably wouldn’t bring it up here I’d see my GP. I don’t think I would have thought about bringing up something like that here (ClientA3)

I suppose if you really needed to, you could ask to talk outside you know, but I feel more stuff like that I’d go to the doctor (ClientC1)
Nurse-Client Relationship

- Support and reassurance
- Seeing the same nurse
- Relationships with other service providers
Support & Reassurance

... just everything, Olivia [Child Health Nurse] was my life saver... it was really good just to come here and go, yep everything’s good, but with Olivia I don’t think I could have got through the first 12 months, literally without you (ClientA3).

I’ve also found that having the same people, you know I can tell when someone is not quite themselves, that something is going on with them because you’ve had so many visits and I feel that you do create a good relationship, so you can say ‘Hey, you’re not yourself today, what’s going on?’ and often they will tell you (CHNA3).
Oh, you get to know the family better, I think there’s nothing worse than working in a clinic where you’re just seeing people for one off, or one off consultations, and there’s no follow-up, you don’t know what’s become of them, whether you did the right thing or wrong thing. (GP1)

They’re all very, very good in fact when you come in. It’s nice that they remember you from week to week, that’s one of the things…Yep. They know you, they know your child. They now what happened last week. (ClientA1)

I do think that clients like consistency, with staff. I’ve often had clients tell me that they don’t like telling their story to different people. (CHNA2).
Overall, the OPA was described as an effective and positive method through which to provide Child Health support and services to ‘low risk’ families with infants aged 0-18 months.

- Busy and bustling clinic
- Parents feel safe and supported
- They enjoy the flexibility, appointment-free structure and easy accessibility
- Working parents and fathers would appreciate extended hours services
- Clear role, achieves its purpose with support of concurrent services (immunisation and breastfeeding clinics)
- Parents can feel lonely and socially isolated
- Most participants valued consistency in staffing
- Parents overall preferred the group approach to individual appointments.
- Parents utilise a variety of service providers
- Information was non-judgemental, however was sometimes inconsistent and not evidence-based
- OPA clinic can be busy and stressful sometimes
Recommendations

- Accessibility
- Individual appointments
- Early weeks
- Staffing
- Evidence-based information
- Rural settings
- Inter-agency collaboration
Acknowledgements

- Research team
- West Moreton South Burnett HSD
- Queensland Nursing Council & Royal Children’s Hospital Foundation
- Participants

More Information / full report? Lauren_Kearney@health.qld.gov.au