

Child Health Policy and Practice in Times of Recession: Findings from Ireland

Sinead Hanafin¹ and Imelda Coyne²

Abstract

Since 2009, Ireland has experienced a deep economic recession and despite some recent fiscal recovery, the effects of financial cutbacks continue to be felt. The recession did not impact on all individuals equally, however, and families with young children were particularly disadvantaged due to unemployment, housing problems and decreased income. This paper presents an overview of the key contribution of the public health nursing service as articulated in policy and research evidence over this time. While the implementation of the service in recent years has been hampered by challenges arising as a consequence of this recession, there is some evidence that the public health nursing service continues to have strong commitment to their work with children and families. Funding however, needs to be aligned with the explicit and stated commitments and this means ensuring the child health workforce is adequately resourced and funded to undertake this important work.

Keywords: Child health, policy, public health nursing, recession, services, community

1 Introduction

Since 2009, Ireland has experienced a deep economic recession and despite some recent fiscal recovery, the effects of financial cutbacks continue to be felt. The recession did not impact on all individuals equally and families with young children were particularly disadvantaged due to unemployment, housing problems and decreased income. The Republic of Ireland has an unusually high young population compared with its European counterparts and approximately 25% of the overall population are aged under 18 years [1]. The importance of children and young people within the overall population has been

¹Visiting Research Fellow, School of Nursing & Midwifery, Trinity College Dublin.

²Professor of Children's Nursing and Research, School of Nursing & Midwifery, Trinity College Dublin.

acknowledged in both policy and legislation, and, in an explicit recognition of the Government's commitment to children and young people, a Department of Children and Youth Affairs (DCYA) was established in 2011 for the purpose of harmonising policy issues that affect children. In the current national Irish policy framework for children and young people, *Better outcomes, Brighter Futures (2014-2020)* the vision is “for Ireland to be one of the best small countries in the world in which to grow up and raise a family, and where the rights of all children and young people are respected, protected and fulfilled; where their voices are heard and where they are supported to realize their maximum potential now and in the future” [2, p2]. One of the five national strategic outcomes identified by the DCYA is to support children and young people to be active and achieve physical and mental wellbeing [2] thus highlighting a strong commitment to the area of child health. There are also commitments to improving children's health, particularly to reduce levels of obesity and socio-economic disparities, in *Healthy Ireland* [3], the national framework for action to improve the health and wellbeing of the population of Ireland over the coming generation.

2 Public Health Nursing Services

These commitments outlined above, build on a legal entitlement that all children and families have under the 1970 Health Act, which provides for maternal and child health services free at the point of delivery and this entitlement is similar to services provided in other countries, such as the United Kingdom [4] and Norway [5]. Under this legislation, the public health nursing service provides a child health surveillance programme which was developed in the 1990s [6] and has been reviewed in 2005 [7]. This programme includes contact between the public health nursing service and families with new infants post-natally within 48 hours of discharge from hospital as well as a series of formal tests and observations of child behaviour and development at specified times over the following years (3 months, 7-9 months, 18 months, 3 years). During these, and at other contacts which may be client or PHN initiated, the PHN conducts a comprehensive assessment following which extra visits may be conducted, community resources (e.g. breast-feeding support groups, Community Mothers Programme) may be mobilised and referrals to other community services (such as speech and language therapy or social work services) may be made. Consequently public health nurses (PHNs) have a unique opportunity to both identify, prevent and participate in early interventions for children and families, focused on child health, welfare and protection issues [8].

In parallel with policy imperatives, there is ample evidence to support the implementation of home-visiting programmes by nurses to families with children with an extensive international evidence [9,10,11,12,4] demonstrating short, medium and long positive outcomes across areas as diverse as preventing accidents [4] improving school readiness [9] and reducing juvenile crime [11]. Benefits accruing from the implementation of a universal public health nursing service are widely acknowledged in Irish policy including in *The Agenda for Children's Services* [13]; *Early Years Strategy* [14]; and *Healthy Ireland Strategy* [3]. In an enumeration of the positive features of the role of the public health nursing service, the 2012 Taskforce on the Child and Family Support Agency [8] identified the following positive attributes of the public health nursing service in supporting children and families:

1. The service is universal - can be first point of access to other services
2. It operates at a level of the community in which he/she has access to community networks (both formal and informal).
3. The role has a specific range of functions, which bring RPHNs into close working with pre-schools, schools and the wider community.
4. It is viewed as a non-threatening and non-stigmatising service from the point of view of parents and families and can therefore take on a unique front-line role with regard to family support, child welfare and protection.
5. RPHNs have a unique opportunity to both identify, prevent and participate in early interventions for children and families, focused on child health, welfare and protection issues.
6. The interventions of RPHNs (e.g. reduction of alcohol intake, cessation of smoking, early identification of depression) directly impact on the welfare and protection of children.
7. RPHNs have an opportunity to refer and/or escalate cases to all members of a Primary Care Team/Network or to broader services as required.

Following on from this, the Taskforce recommended that public health nurses be integrated into the newly formed Child and Family Agency as their work was pivotal to both child health and child protection. In 2013, the *Early Years Strategy* was published [14, p81] and it noted that the universal health screening programme provides efficient and effective ways to improve outcomes for children because they provide for early identification of health risks and are an important route by which parents receive information about their children's health, as well as being one of the few services that connect with all families in the State.

3 Challenges in Service Delivery

However, despite the strong legislative and policy commitments to children's health, and the evidence identifying positive benefits to families from the implementation of a public health nursing service, it is clear that there are significant challenges for public health nursing services in the delivery of a comprehensive service to families with children. These challenges arise from among others, demographic shifts, the impact of a deep recession resulting in a moratorium on staff replacement within the publically funded health services [15] and from competing demands on the public health nursing service itself which has responsibility for a number of client groups. These additional client groups include older persons, those who need palliative care/end of life care, people with chronic diseases and disabilities. All clients with general medical cards are entitled to clinical nursing services through the public health nursing service and due to the recent deep financial recession in Ireland, the percentages of people entitled to medical cards increased substantially in recent years. As a consequence those entitled to clinical nursing services from public health nurses has also increased.

A statistical analysis published by the Department of Health [16] found that at the end of 2013, some 40% of the overall population had a general medical card. This compared with only 28% in 2004, demonstrates an increase of some 700,000 people - all of whom became eligible for clinical nursing care from the public health nursing service. The percentage of people over 65 years grew by about one quarter (24%) in the ten years between 2002 and 2012 and over a similar period of time, the birth rate increased by 27%

(from 57,854 in 2001 to 73,424 in 2010) although this rate has now started to decrease. In parallel, however, as a consequence of the recession, there were substantial decreases in the number of nurses employed in community nursing services. In March 2009, there were 1,521 public health nurses employed in the Health Services Executive but by December 2013, the numbers were reported to be 1,495, a decrease of about 1.75% [17]. While this decrease in the number of nurses working in community took place in the context of an overall decrease of 12.9% in nursing staff working in the public sector over the same period, the extensive demographic and clinical challenges faced by public health nurses means that preventive work, such as that relating to child health services, has been significantly challenged. This was highlighted in the findings from a national survey of Irish Nurses and Midwives Organisation's members who reported that: "70% (n=321) of respondents felt that they do not always have enough time to deliver the required level of care to meet patient/client needs, and 87% (n=410) stated that their workload had increased in the past year" [18, p18].

There is some evidence that, even within the context of substantially increased workloads, the public health nursing service recognises and acknowledges the importance of child health services. In 2011, more than 80% (83.6%) of all new babies were visited by a public health nurse within 48 hours of discharge from hospital [19] and about 82% had their 7-9 month development check on time. While these are positive findings, there is good reason to believe that families under pressure, due to the impact of the recession, require additional support. Such support is compromised by the reduction in nurses working in public health nursing service.

4 Conclusion

In conclusion, there is clear evidence of the importance of the public health nursing service with families and children and this has been acknowledged in a number of recent policy reports. This work includes the provision of support for all families with children based on their individual needs; developmental screening of infants and children; child welfare and protection; support for the implementation of childhood immunisation programmes, including through schools; and, referral to appropriate services where required. Working with other stakeholders within communities to ensure children's needs are identified and made visible is a core tenet of public health nursing services, and advocacy and community development interventions are crucial in ensuring these needs are met. There is significant evidence that early intervention is critical to ameliorate child health issues and that efforts to strengthen the effectiveness of the supports and services provided by the health services to children will pay dividends [20].

Although the public health nursing service has been hampered by the challenges outlined above, there are strong commitments to improving primary and community care services and this has been a commonly stated focus since the turn of this century [21,22,23]. Funding however, needs to be aligned with these explicit and stated commitments and this means ensuring that the child health workforce is adequately resourced and funded to undertake this important work. Without this, commitments to children's health are meaningless and without foundation.

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