

DESCRIPTION OF THE MODEL FOR HOME VISITS AND PROVISION OF EARLY INTERVENTION SERVICES

The need to provide care and love to one's children comes naturally and is self-explanatory for the majority of parents. However, number of families is facing various difficulties, seldom originating in the presence of external circumstances that have a negative impact towards the relationship between family members. Parents face difficulties trying to overcome the rising problems, neglecting outside help. Often, the aforementioned parents refrain from seeking professional help. Comprehensive and harmonious development of a child is only possible within a loving, happy, nurturing and understanding family that is able to take care and provide for their child.

Maltreatment of children is one of the problems within the area of public health. Based on the data of the World Health Organization (WHO), three out of four children, from 2 to 4 years old, are experiencing physical punishments or psychological violence from their parents or legal guardians on a regular basis ¹. One out of five women and one out thirteen men state that they have been subject to sexual abuse in their childhood. Children that have been subject to violence and neglect are more likely to express violent behaviour in their adulthood¹.

Maltreatment of children is linked to physical injuries, growth retardation, obesity, unrest, depression, post-traumatic stress disorder and long-term impacts, such as: development retardation, lack of social and educational skills.

Children that have experienced maltreatment in their infancy, childhood and teenage years are more likely to partake in use of alcohol, drugs, criminal activities, irresponsible sexual activities and violence, as well as experience mental problems and chronic illnesses in their adulthood years. Maltreatment of children has various negative consequences on the daily functioning and development of children, i.e., consequences that become highlighted during the adulthood years of the aforementioned children causing negative and lasting social impact towards the society, such as: reduction in family functions, inactivity within the labour market, lack of social skills.

¹ <https://www.who.int/news-room/fact-sheets/detail/child-maltreatment>

² Harriet L. MacMillan and others, "Interventions to Prevent Child Maltreatment and Associated Impairment," *The Lancet* 373 no. 9659 (2009): 250-266.

³ David L. Olds and others, "Home Visiting by Paraprofessionals and by Nurses: A Randomized, Controlled Trial," *Pediatrics* 110, no. 3 (2002): 486-496.

Formation of a favourable and nurturing environment for infants and children is regarded as one of the best possible investments. Number of studies reveal that the earlier we undertake on such an investment, the more benefits we will reap in the future.^{2, 3} Economists in USA have calculated that an investment of just 1 dollar into the programme “Nursing: family partnership” give back future returns that are five times higher than the initial investment.

The prenatal period is the most suitable time to take on the formation of favourable and nurturing environment for infants as well as the family. By providing prenatal services, we realise the number of challenges women are faced during pregnancy and following the birth of the child. In order to successfully complete this decisive period, young women need to receive care and thoughtful advice.

Article 19 of the United Nations Convention on the Rights of the Child states that: “States shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child”.

Despite the spread of maltreatment of children, many of the implemented programmes are only offering secondary prevention services instead of supporting the primary prevention of maltreatment of children. “Nurse-Family Partnership Programme” is a programme based on scientific evidence gathered during the provision of primary preventions services towards families in need.

“Nurse-Family Partnership Programme” and theoretical reasoning

The “Nurse-Family Partnership Programme” was founded by the Prof. David Olds (USA) in order to ease the consequences for young women giving birth and their children in vulnerable social groups. The aim of the programme is to reduce the known risk factors that can cause negative birth consequences, social divide, neglect and abuse of children. To support responsible care of vulnerable children and to reduce the number of unwanted cases by educating and giving guidance for the parents on the development of their children, parent-child relations and formation of said relations.

“Nurse-Family Partnership Programme” is a structured and intense programme employing professional and trained family nurses to provide home visits. The programme encompasses 64 home-visits (14 visits during the prenatal period, 28 visits during the period following the birth of

the child and until the child reaches the age of 12 months old, as well as 22 visits until the child reaches the age of 2 years old). The following subjects are covered during the visits: personal and environmental health, future life perspectives, role of a mother within the life of the child, family and friends, accessibility to healthcare and social services.

The aforementioned programme is based on three theoretical perspectives. They are as follows: First: Human Ecology Theory explaining that the care provided by parents have a significant impact on the development of the child and the development of the child through the relation of people and their surroundings². Second: Bandura's self-efficacy theory explaining that people are able to learn a number of key aspects just by supervising the behaviour of others and constructing behavioural patterns. Bandura explains that the communication patterns of a child are built based on the supervision of the behaviour of other people. The child learns the most just by studying the behaviour of one of the parents of the same gender. Learning by studying takes less time and it is one of the most important survival and development factors². Third: Attachment theory explaining that every child possesses the need to attach themselves to one of their main guardians in order to receive continuous care³.

Conceptual model of the “Nurse-Family Partnership Programme” explains how each element works and supports the development of health of mothers and their children. The Aim of the programme: to control the risk factors and implement safeguards within all three key aspect areas: prenatal health linked to behaviour; safe and responsible care of children; responsible parenthood. The aforementioned preventive programme has a direct relation to better pregnancy results, better child health and development results, as well as economic independence of families.

The present programme employs a scientifically justified nursing model where nurses provide home visits for first time parents, families having reduced income and their children. Each nurse supervises from 25 to 30 clients. Nurses enrolled within the “Nurse-Family Partnership Programme” work with vulnerable families within the confines of their homes where they are respected and feel safe. Development of sustainable and long-term therapeutic relations is key for achieving the aims of the programme. Nurses enrolled within the “Nurse-Family Partnership Programme” work with each client by providing most of their attention to the

² Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191–215.

³ [Bowlby](#) J. Attachment and Loss. Basic Books, New York, 1969.

physical and mental state of the mother, development of the health of the child, environmental health, lifestyle improvement, including planning and participation in work and school life, as well as use of community resources in order to achieve economic independence. Long-term implementation of the programme allows for the evaluation of the short-term and long-term impact of the programme towards the society and individuals. Based on the data of the *Lancet* magazine (2008), we are able to state that, to this day, there are only two scientifically justified programmes (one of them being the “Nurse-Family Partnership Programme”) effectively reducing the maltreatment of children through the promotion of the social responsibility of young mothers and sustainable statistical promotion of the life quality and social welfare of the family and the children within.

Currently, the “Nurse-Family Partnership Programme” is being implemented within USA, United Kingdom, Australia, Canada, Scotland, Northern Ireland, Norway and Bulgaria. The aforementioned countries boast efficiency ratings that are directly correlated to the duration of the programme, counted from the date of the implementation of the aforementioned programme.