



Hamilton



## The Children's Aid Society Of Hamilton

### CHILD PROTECTION HEALTH SPECIALIST

#### Program Outline

#### **OVERVIEW:**

The Children's Aid Society of Hamilton and Public Health Services, Family Health Division, are committed to enhancing a collaborative partnership to better serve and protect high risk infant and young children (0 – 3 years of age) in the Hamilton area. An experienced Public Health Nurse will be assigned to the Children's Aid Society of Hamilton from the Public Health Services Division on a fulltime basis and will be designated the Child Protection Health Specialist (CPHS). The CPHS will collaborate with Child Protection Workers (CPW) in assessing the physical and developmental well being of high risk infants/children and the care taking skills of their parent(s) and provide nursing intervention as appropriate with each family.

The Health Specialist does not replace the need for ongoing involvement and liaising with community health providers, specifically Family Physicians and other health related professionals.

#### **PROGRAM GOALS:**

1. To ensure the protection and health promotion of high risk infants and children living at home with their parent(s) or caretakers;
2. To attempt to identify and assess those families with newborn infants, involved with CAS, who have refused a post partum visit by a Public Health Nurse;
3. To enrich and enhance child protection service delivery to high risk families in Hamilton by assisting CPWs in the health and developmental assessments of high risk infants and young children;

4. To support foster parents in caring for infants/children with specified medical issues, through consultation and health teaching.
5. To facilitate and enhance communication and coordination of service between CPW and Public Health Services Public Health Nurses and Family Home Visitors.
6. To liaise with other service providers and facilitate referrals to services that support healthy child development and promote positive parenting attitudes, skills and behaviors, when necessary;
7. To increase CPW and foster parents' knowledge and skills in the area of child health, growth and development and the identification of health risk indicators.

## **PROGRAM GUIDELINES**

### **Population to be Served:**

1. The program will accept referrals where a high-risk child is residing in the care of their parent(s), other caregivers or foster care.
2. Every infant under 6 months of age referred to this agency, will be referred to the Child Protection Health Specialist for an assessment.
  - a) At the intake level, this requires a referral for every infant under 6 months of age whose family is the subject of an investigation; the timing of the referral is dependent upon the reason for referral and assessed urgency; requests for immediate assistance at the time of intake's response should be considered where issues impacting on the health and development of the infant are part of the initial referral.
  - b) In Ongoing Protection Services, this requires a referral for every infant under six months of age whose family is currently open for service and subsequent referrals for every newborn coming into a family open for service.
3. In the case of newborns, where the family has already received a postpartum visit from Public Health Services and a consent is received to share the information, the CPHS contacts Public Health Services to review the nature of that contact, any outstanding issue or concerns, and determine the need for a visit by the CPHS. Where possible, the initial assessment should be conducted jointly by CPHS and CPW.
4. Children under the age of 36 months may be referred for assessment at the discretion of the Child Protection Worker and Supervisor, where issues concerning the child's health and development are of a concern and a Health Specialist Assessment is deemed useful as part of our child welfare assessment.



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Children aged 3 – 6 years with significant health needs may be referred to CPHS for support after consultation with the Supervisor of CPHS.

### Service Co-ordination Between CPW and CPHS

5. The CPW will remain the primary case manager and will be responsible for all case management decisions in consultation with the Supervisor as required. The CPHS will provide his/her expertise to assist the caseworker on health-related issues.
6. The CPW and CPHS should be in frequent communication to address service planning, objectives, goals and concerns.
7. Home visiting will be a priority service to maximize the assessment and protection of high risk infants while assisting and educating protection social work staff in the completion of these assessments.
8. Services must be timely and responsive to the infant as child's immediate needs.
9. Where possible, the CPW should attend the first assessment appointment with the CPHS in order to ensure that all parties – the CPW, the CPHS and the family – are clear with respect to the issues or concerns regarding the child.
10. The CPHS may be accessed by any CAS staff or foster parent for assistance in liaising with community health professionals; identifying appropriate resources to address identified health-related concerns; and addressing health-related questions in order to enhance their understanding of how a particular health issue impacts a child and family.
11. Requests from foster parents for the support of a CPHS should be directed through the CPW.

# **CHILD PROTECTION HEALTH SPECIALIST**

## **MAJOR ROLES AND RESPONSIBILITIES**

### **Collaboration with child protection social workers as they assess the degree of risk in high-risk infants and young children.**

1. Assist child protection workers in assessing the overall health and well being of referred high risk infants and young children based on the physical and developmental condition of the infant/child, and the care provider's ability to understand and meet their child's needs.
2. Assist child protection social workers with clarification of information received from sources such as the family physician, hospital, public health nurse, etc. and make recommendations regarding appropriate follow-up.
3. Complete Health Specialist Assessment Form following each home visit which includes assessment information in the areas of child, parent health, family, home environment and community supports.
4. Consult with and/or provide information to Child Protection Social Workers regarding medical diagnoses or treatment.
5. Provide ongoing health consultation to Child Protection Staff and foster parents, regarding children receiving Child Protection Services.
6. Establish and maintain a resource file with up to date information on child health issues and community resources.

### **Enhance service coordination for referred families:**

1. Clarify relevant health information received from community resources such as Family Physicians, Hospital and Public Health Services.
2. In consultation with the CPW, the CPHS will facilitate referrals for additional medical assessments and/or treatment as required, and assist Child Protection Social Workers in determining the most appropriate community resources for a family.
3. Participate in case conferences and joint visits with community professionals as requested.
4. Assist CPWs and foster parents in liaising with community health professionals and identifying appropriate resources to address identified concerns and general health related questions.

### **Facilitate interagency collaboration and communication.**

1. Facilitate collaboration and effective communication between CAS staff and Public Health Services Public Health Nurses and Family Home Visitors.
2. Promote interdisciplinary teamwork between Public Health Services, Family Health Division and Children's Aid Society staff in program planning, delivery and evaluation.
3. Maintain a strong Link between the Family Health Division and other Public Health Unit staff.
4. Attend and participate in the CAS and Public Health Liaison Committee meetings.

### **Provide short term intervention with appropriate families.**

1. The Child Protection Health Specialist may assist families by providing short term (up to three sessions) home visiting where there are clear and measurable goals developed in collaboration with a family and the caseworker and as demand permits.
2. This intervention may include health teaching and supportive counseling related to a specific health issue and/or skill development and the promotion of the Healthy Babies Healthy Children programs and other Family Health Division Programs.

### **Professional Development and Training**

1. Facilitate ongoing education and training to CAS staff and foster parents in response to identified needs.
2. Attempt to home visit jointly with every CPW at least once to enhance knowledge and skill in assessing a high risk infant or young child.
3. Facilitate the development and implementation of education strategies aimed at increasing knowledge and skill of CPWs in the areas of normal child growth and development, nutrition, safety, family health and functioning e.g. common childhood illnesses, positive parenting practices, impact of adult mental health challenges on parenting capacity, postpartum depression, indicators/management of medically high risk infants and children and other identified relevant topics.
4. Participate in ongoing and regular opportunities for professional development including child welfare workshops and training.
5. Attend and participate, as required, in agency educational programs.

## **Documentation and Supervision**

1. The Child Protection Health Specialist will meet regularly (biweekly) with his/her supervisor at CAS for case/role review and at least monthly with Public Health Services, Family Health Division Manager for case/role review.
2. The Child Protection Health Specialist, CAS Supervisor and Public Health Services Manager will also meet on a minimum quarterly basis to review and discuss the development of the program.
3. The Child Protection Health Specialist will:
  - (a) complete a daily log of all consultations provided to CAS staff
  - (b) maintain detailed, accurate and timely records in accordance with Public Health Services, CAS policy and the College of Nurses of Ontario;
  - (c) provide evidence for court as required; and
  - (d) complete accurate and relevant reports in accordance with Public Health Services and CAS policies and procedures.
4. CPHS Assessment Form will be kept in the Family file and copied to the child's file where child in care of CAS.

## **Program Evaluations**

The Manager of Quality Assurance, in collaboration with the CPHS will:

- (a) develop an evaluation mechanism for CPH services;
- (b) develop a feedback/evaluation sheet for workers to provide information regarding the involvement of the CPHS and the effectiveness of the program;
- (c) provide a program review/evaluation yearly.
- (d) provide a written summary report of yearly activities.

# **CHILD PROTECTION HEALTH SPECIALIST**

## Procedures for Accessing the Program

### **Referrals**

- 1.** The Child Protection Health Specialist may be accessed directly for consultation or clarification on a high-risk infant/child question.
- 2.** The assignment of the Child Protection Health Specialist to attend a home visit and/or provide an assessment shall be completed through the following referral process: after consultation with his/her supervisor, the CPW will complete the Child Protection Health Specialist Referral Form and submit to the CPHS.
- 3.** If concerns arise re the appropriateness of the referral, the CPHS Supervisor will review the referral.
- 4.** The CPW and the CPHS will meet face-to-face to discuss the referral and make the first contact with the family directly.
- 5.** In urgent situations, if the Child Protection Health Specialist cannot be reached, a consultation would be available through Health Connections at (905) 546-3550, or in emergency situations, the child may be referred to the Family Physician or emergency room at the local hospital.

### **Interventions**

#### Screening/Assessment and Recommendation

1. The CPHS will complete her initial assessment following her first home visit. The original will be sent to the referring worker for the file and a copy will be retained by the CPHS.
2. The CPHS may, in consultation with the CPW, liaise with other significant professionals involved with the infant/child when it is necessary to obtain additional assessment information.
3. In consultation with the CPW, the CPHS may recommend and/or facilitate referrals to community agencies and services as appropriate.
4. When the CPHS has conducted an initial post partum visit, or identifies concerns regarding the health of any child, the CPHS contacts the family Doctor to advise of the visit to family and sends a copy of the note regarding this contact to the CPW.

### Home Visiting/Nursing Interventions

1. In consultation with the CPW and the family, (if deemed necessary and appropriate), the CPHS may formulate a plan for additional home visits on a time-limited basis under the recommendations section of the Health Specialist Assessment.
2. The nurse will document each contact with the family on a Health Specialist Assessment form.
3. Communication between the CPHS and the CPW will be a mutual responsibility. The CPHS and the caseworker will maintain regular verbal contact to discuss client needs. It is the CPW's responsibility to ensure he/she has up-to-date feedback from the CPHS prior to his/her supervision meetings, so that a full disclosure will be given to the case manager's supervisor.
4. The CPW and CPHS will ensure that appropriate consents are signed when necessary.

### Discharge

1. The CPHS will make the decision to discharge the family from the short term nursing interventions and communicate this to the protection worker in writing.
2. Where appropriate the CPHS in consultation with the CPW will facilitate the referral to other community resources, when necessary.

March, 2006