Midwifery 28 (2012) e529–e537

Contents lists available at ScienceDirect

Midwifery

journal homepage: www.elsevier.com/midw

Key role in the prevention of child neglect and abuse in Germany: Continuous care by qualified family midwives

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ARTICLE INFO

Article history:
Received 17 December 2010
Received in revised form
25 April 2011
Accepted 30 May 2011

Keywords:
Family midwife
Prevention
Child neglect
Child abuse

ABSTRACT

Objective: the aim of two related studies was an in-depth knowledge of psychosocially and health-related vulnerable families and the 'portfolio' of care that family midwives (FM) provide. Besides factors which influence acceptance and access from the mothers' perspective, the effectiveness of FM with regard to care, infant nutrition, and parent–child relationship as well as multidisciplinary collaboration were of interest, especially against the backdrop of Germany's national aim to strengthen prevention of neglect and abuse of infants. In addition, the reasons why families did not want FM care were explored.
Design: two FM model projects in Saxony–Anhalt (SA) and Lower Saxony (LS), Germany, were evaluated. Quantitative data were prospectively collected on 93% of vulnerable families being cared for by FM (SA) and regarding vulnerable families that declined FM care (LS). These data were complemented by problem-focused interviews with 14 mothers and six social workers (LS).
Setting and interventions: the 33 FM in SA and 11 FM in LS are community-based and visit vulnerable families from pregnancy up to the first birthday of the child, maximally. They provide health promotion, maternal and infant care, and multidisciplinary support geared towards early prevention of child neglect and abuse.
Participants: from May 2006 until 2008 (SA) and from January 2008 until December 2009 (LS) 814 and 235 vulnerable families, respectively, were cared for by FM. Complete data on 734 families were analysed (SA) as were 30 questionnaires on 'non-compliant' families (LS). Problem-focused interviews were conducted with 14 mothers and 6 social workers (LS).
Measurements and findings: many families exhibited a high vulnerability score of complex risk factors. Four vulnerability patterns were statistically extracted explaining 40% of the total variance. The highest frequencies of care activities related to infant care and nutrition, giving advice on the Mother–Child relationship, and psychosocial support. The Youth Welfare Services (YWS) were significant collaboration partners, especially regarding families whose child was taken out for safety reasons. By conclusion of care, significantly higher mean scores were observed regarding 'parent–child relationship' and 'maternal care for child' (compared to the outset of care) when mean duration of care was at least 6 months. The children who were taken out of their families had significantly lower scores in nutritional care, and were given solids at a significantly earlier time.

From the mothers' perspective it was important to have early access to the FM and easy between-visits communication via phone calls, or text messages. They appreciated the physical and psychosocial care for the infant and herself, an uncomplicated transition from caseload midwifery, and collaboration among providers. Families who declined FM care wanted to stay with their self-chosen midwife, were afraid of external control, or felt they were able to cope without professional support.
Key conclusions and implications for practice: when families can access FM early on and home-visits are sustained, maternal competencies in caring for, and relating to, the child can potentially be strengthened. FM seem to fill a gap between standard care by caseload midwives ending at 8 weeks postpartum and YWS

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doi:10.1016/j.midw.2011.05.009

whose personnel is not skilled in the assessment of health-related problems, such as inadequate infant nutrition. As a relatively high percentage of the families were challenged by domestic violence, drug addiction, and teenage pregnancy, ongoing educational activities should address these topics.

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Introduction

During the past few years the issue of prevention of child neglect[1] and abuse[2] has received increased attention in the public and political discussion due to cases of child deaths reported in the media (Deutsche Presseagentur, 2007a), as for example Kevin of Bremen (Hellwig and Jeska, 2006) or LeaSophie of Schwerin (Deutsche Presseagentur, 2007b). Their deaths had been the consequence of a chain of incidences of neglect and maltreatment which were not diagnosed early on and/or effectively acted upon by professionals.

Despite the fact that in November 2000 the German law regarding parental care was changed so that children are statutorily guaranteed an upbringing without use of violence, there are still 10–15% parents who more frequently use rather severe physical punishments such as throttling, kicking, beatings, or corporal punishment using objects (Pfeiffer et al., 1999; Engfer, 2005, pp. 3–19). According to UNICEF (2003), in Germany about nine children under the age of 15 die every month from maltreatment (physical abuse and neglect).[3] From 1995 to 1999, there were 148 children under the age of 1 year that died due to maltreatment if deaths 'of undetermined intent' are included. On the basis of other studies it can be estimated that one third of those deaths is due to neglect and about a fifth due to a combination of neglect and physical abuse (UNICEF, 2003). In general, infants are in greatest danger of death from maltreatment and they are about three times more at risk than children aged 1–4 years (UNICEF, 2003).

Even though there are no representative data on prevalence of child neglect and abuse in Germany there are estimates dependant on case documentations by the Youth Welfare Services[4] (YWS). In 65% cases in which the family courts concerning parental care were involved 'neglect' was an 'indicator of impending danger' and in 50% cases 'neglect' (which also implies insufficient nutrition) was considered an existing 'central risk factor' (Münder et al., 2000). From 2005 to 2007 there was a 42% increase in cases with toddlers (<3 years) who were removed from their parents in order to ensure their safety (Statistisches Bundesamt, 2008). From a total of 2630 children below 3 years of age who were taken out of their family, or another care situation, 60.2% parents were assessed as being severely overstrained. Other reasons were child neglect (36.0%), abuse (6.7%), parental conflicts (6.4%), and sexual abuse[5] (0.6%).

Until recently, family midwives (FM) existed in Germany only in Bremen since the 1980s. Based on the child death reports in the media, however, the call for FM has been given more attention also in other federal states. In Lower Saxony, 223 FM and in Saxony–Anhalt, 33 FM have been qualified since 2006 by means of 180–200 and 250 hrs of educational course work, respectively. Requirements for application were a midwifery state-approved diploma and at least 2 years of practical experience in case-load midwifery. Their goals of professional care are to support and safeguard the physical and emotional health of infants who are born into psychosocially and health-related vulnerable families. They offer low-barrier care by continuously home-visiting the families depending on their needs beginning in pregnancy and following through up to the child's first birthday. They promote the best of health possible, both for the child and the family as a unit, being an advocate for the child as the most vulnerable member of the family. By means of networking and collaborating with other professionals from the health and social sector, they gear towards realizing equal health opportunities for these families, and to improve not only access but also utilisation of preventive measures.

The FM in both federal states are approached for help either by the parents themselves, or any professional of the HCS or YWS. The frequency and content of their home-visiting is directed by the needs of the families and continued maximally until the first birthday of the child. Each prenatal or postnatal visit comprises a whole 'portfolio' of various interventions which includes health promoting and preventive care, health-care measures for the child and the mother, as well as psychosocial support and counselling. Moreover, the FM assists the families in filling out forms, filing applications, coaching in making and going to appointments, and arranging for assistance by other professionals of the HCS or YWS. In Saxony–Anhalt, the FM are paid by the Ministry of Health and Social Services of Saxony–Anhalt; the FM in Lower Saxony are financed by selected foundations and the District of Osnabrück.

The evaluations presented here complement each other regarding their informational content; they were carried out by the Maternal and Child Health Research Unit of the University of Osnabrück (Lower Saxony) and the Institute of Health and Nursing Science of the Martin-Luther University Halle-Wittenberg (Saxony–Anhalt).

The objectives of the evaluation studies were as follows:

1. To learn more about the multiple psychosocial risk factors that the families who are cared for by FM have to cope with and the 'portfolio' of services that FM offer them.
2. To study the effectiveness of FM with regard to care, nutrition, and parent–child relationship.
3. To investigate factors which influence support by FM for the families, such as acceptance and access from the mothers' perspective.

[1] Neglect is 'the persistent or repeated omission of protective behaviour on the part of those persons responsible for the care of children […]. This omission may be active or passive (unconscious) due to insufficient understanding or insufficient knowledge.' (Schone et al., 1997, cited in an English translation by Deutsches Jugendinstitut e.V., 2009, p. 24).

[2] Child abuse is distinguished in 'physical abuse' which includes 'all acts by parents or other key carers carried out by use of physical force or violence' (Kindler, 2006, cited in an English translation by Deutsches Jugendinstitut e.V., 2009, p. 25), 'psychological abuse' when 'people responsible for the care of a child persistently or repeatedly terrorise it […]', reject it […], isolate it […], bring it up deliberately inconsistently and in a conflicting manner, corrupt it […] (Amelang and Krüger, 1995, cited in an English translation by Deutsches Jugendinstitut e.V., 2009, p. 25) and 'sexual abuse' is any sexual act that is 'carried out either on, or in front of a child against its will, or where a child cannot knowingly agree to it due to […] inferiority' (Bange and Deegener,1996, p. 105, cited in an English translation by Deutsches Jugendinstitut e.V., 2009, p. 26).

[3] This holds true also for the United Kingdom.

[4] The Youth Welfare Services in Germany complement the parents' task to bring up their children (safe-guarding their physical and psychosocial integrity), if the parents call upon their additional help, or if there is impending danger to the well-being of the child. Their services include among others socio-educational support in child-rearing ('Hilfen zur Erziehung') and child/youth protection ('Kinder- und Jugendschutz') (Deutsches Jugendinstitut e.V., 2009).

[5] For every child/youth two reasons for the intervention could be given.

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