

## c u @ home

*c u @ home* is a home visiting program offered by the Tasmanian Child Health and Parenting (CHAP) services (previously the Family, Child and Youth Health Service) to support first-time mothers, aged 15–19 years, with some vulnerabilities. These may include mothers who are single, have mental health issues, or lack of social supports, etc. They were additionally identified as unlikely to attend the current traditional CHAP services despite requiring extra support to parent their children.

Since March 2007, the program has provided a full-time nurse in each of Tasmania's four geographical areas. Due to some upcoming additional funding, there will shortly be two nurses for each region with each nurse building towards a caseload of approximately 25 families. The nurses hold a Child Health qualification and have received extra training in Family Partnership, Keys to Caregiving, working with adolescents and the 'c u @ home' service delivery model.

Funded by a state government initiative in response to Tasmania's high rate of teenage births (second only to Northern Territory), the program is based on David Old's methodology. David Old developed and runs the successful Nurse-Family Partnership program in USA and is based on over 25 years of experience and research.

The program begins antenatally with nurses making six weekly visits prior to the birth to form a strong relationship with the family. Following the birth, the visits continue weekly, before extending to fortnightly, then monthly and finally bi-monthly, ending at the time of the child's second birthday. There are 38 visits in total.

The objective of *c u @ home* is to ensure infants born to young parents have equal opportunity for optimal development to grow into creative, competent, caring and resilient young people (and ultimately adults) through:

- Improved birth weight, reduced incidence of prematurity and adverse neurological outcomes by helping young women improve their antenatal health.
- Improved children's health and development, by assisting young parents to provide more sensitive and competent care of their young child.
- Enhanced parental lifestyle (which in turn influences the child's health and wellbeing outcomes), reduced number of subsequent pregnancies, extended time between pregnancies and increased educational attainment and employment.

Throughout this program, child health assessments are provided at appropriated ages and stages.

- **First stage – pregnancy**

A typical client is referred from areas such as school, the antenatal clinic or their GP, and commences the program at approximately 30 weeks gestation. Initially, the focus is on relationship building between the young family and the nurse, although the nurse also encourages the young mother to attend antenatal health checks, parenting classes, and pregnant youth support and programs offered by schools for young pregnant women. The nurse conducts a Family Assessment and an Adolescent Resiliency Questionnaire assessing the family's requirements and encourages them to prepare for the birth of their child. An 'average' client would receive six antenatal visits.

- **Second stage – birth**  
Once the baby is born, the nurses' focus is supporting the young parents to get to know and understand their infant. An important part of this is encouraging the young mother to understand and respond appropriately to the cues the baby provides to indicate their needs. All the nurses have completed Nursing Child Assessment Satellite Training (NCAST) and use the Circle of Security (Cooper, Hoffman, Marvin & Powell, 2000). Visits are weekly.
- **Third stage – 8 weeks to 5 months**  
This stage concentrates on child development and developing the interaction between the parents and the infant. The nurses visits are now fortnightly.
- **Fourth stage – 5½ to 8 months**  
The focus of this stage is on the infant's need to become a separate being, or gain a sense of 'self'. The nurse supports the family to anticipate and enjoy this phase.
- **Fifth stage – 9 to 12 months**  
Support is provided for parents as the infant becomes mobile and the visits become monthly.
- **Sixth stage – 13 to 18 months**  
This stage is again focussed on the infant's need to develop independence.
- **Seventh stage – 18 to 24 months**  
Building the parents' connections with support systems in their community and prepares them to exit the program, is the focus of this stage. Visits are bi-monthly.

There are currently 66 families engaged with the *c u @ home* program with the eldest child soon to celebrate their first birthday.

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**References:**

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