

Inside

the life of a

Public Health Nurse in Healthy Families

For the past seven weeks, Anna had arrived at the local community centre every Tuesday morning at 8:30 to set up for her parenting program. As she opened the room this morning, she noticed several parents already waiting near by, talking with each other, sharing stories – a good sign. This was the last session in an eight-week program, and one of its goals was to help participants find support within the group.

These parents all had children between one and six years old, and were either young, single, on low incomes, with little formal education or socially isolated. The program was designed to help them build parenting skills – not by lecturing them, or by handing out pat solutions or templates, but by encouraging them to work together to come up with their own solutions to a wide range of parenting challenges. Under Anna's



guidance, everyone engaged with the material on a personal level, and made it relevant to their situation.

There was a lot of lively chatter in the room throughout this morning's session, and it didn't seem to let up even as the session came to a close. One man came over to Anna as she was packing up, thanked her for the program, and said with a smile, "I understand now that I have a role to

play in raising my children." Anna thanked him, and smiled to herself as he left, reflecting that you might never know what difference you were helping to make in someone's life.

Other services looked out for the physical needs of mothers and children at risk, such as food and housing; Anna's specialty as a Public Health nurse was to look out for everything else: their mental health, developmental

needs and emotional needs. To do that she ran programs targeting such issues as post-partum health for mother and baby, developmental assessments of three or four-year-olds, and advocacy work with communities to leverage resources and reduce poverty.



parents about the importance of working in stages, one challenge at a time. They couldn't just start toilet training, for example – but they could work on language development, which in turn would give them a foundation for toilet training. The mother understood that, and also agreed to visits from a Family Home Visitor.

And then there were the home visits. Part of Anna's job was to visit at-risk families, assess their needs, and then enlist the help of a family home visitor – who would visit a family regularly to model parenting skills and monitor the child's development.

In a year Anna might work with 80 families altogether. At the moment she was helping a young single mom who had come to Canada when she was seven months pregnant, and whose father had been killed trying to protect her from a stoning when her village had discovered her 'illegitimate' pregnancy. Anna was also working with a new mother who had lapsed into a coma while giving birth two months ago and had not regained consciousness for six weeks. She was still disoriented and depressed, and needed lots of help to grow into the role of a confident parent.

Anna's visit this afternoon was with a family she had been working with for four months. The mother had initially contacted Anna for help with her two-and-a-half-year old, who did not use words to communicate, spent a great deal of time rocking, was awake most nights, refused to wear clothes and would defecate around the house. The reason for the mother's call was to get help with toilet training, but at Anna's initial visit she could see that the problem was much broader. The parents were loving and concerned, but they were overwhelmed by the challenges they faced – which included looking after their other two children as well.

On that initial visit Anna had spoken with the

Anna had then devised a basic plan with a family home visitor that began by showing the mother how to play with the daughter, so that the strained bond between them could strengthen and grow. Anna had also arranged for the child to visit a dentist and a pediatrician, and suggested some dietary changes to alleviate her constipation.

When Anna entered the apartment this afternoon, four months later, things looked very different. The child was calmer, and had begun wearing clothes without complaint. She rocked only occasionally, and was using words and some sentences to express herself, which eased her frustration. And her painful teeth, which may have contributed to her difficulties both day and night, had been fixed. Anna

also noticed that both the mother and father were engaging affectionately with her. After talking with the parents and making some notes on what the next steps might be, Anna stood for a moment and thought about how far the family had come, how much hope they seemed to have, and about how much she had enjoyed her role in helping to make that transition possible.

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