

Case management for preventing child abuse and neglect : Working with multidiscipline group of professionals and local welfare commissioner

**Azusa Arimoto, PhD, PHN, RN,
Sachiyo Murashima, PhD, PHN, RN
The University of Tokyo, Japan**



Background

- **In Japan, the number of child abuse cases is increasing.**
- **Difficulties related to working in multidisciplinary teams unsolved.**
- **Public health nurses (PHNs) are expected to prevent child abuse and neglect working in multidisciplinary teams.**

Purpose

To explore how PHNs work with multidisciplinary groups of professionals and local residents in case management for potential cases of child abuse and neglect.

Methods

- **Exploratory descriptive design**
- **31 PHNs from 22 municipalities in Japan.**
- **Semi-structured interviews**
- **The case management processes of each case of suspected child abuse and neglect were recorded.**
- **Data were analyzed by constant comparison methods.**

Demographics of PHNs

PHNs; participants (n=31)

Age (yr)		38.9±7.6	(range 25-62)
Sex	Female	31	(100.0)
Year of experience (yr)		14.4±7.3	(range 3-36)
Affiliation	Municipal health center	24	(77.4)
	Public health center	5	(16.1)
	Child-care support center	2	(6.5)

Local governments (n=22)

	Municipality/Town	16	(72.7)
	Major cities/special wards	4	(18.2)
	Prefecture	2	(9.1)

n(%) or Mean ± Standard deviation

Demographics of cases

n=31

		n	(%)
Age of mothers	20-29yr	12	(38.7)
	30-39yr	11	(35.5)
Mother's occupation	Unemployed	25	(80.6)
Type of family structure	Two parents & children	19	(62.3)
	Single parent & children	3	(9.7)
	Extend family	9	(29.0)
Age of the youngest child	<1 year	16	(51.6)
	1-2 years		(22.6)

7

Support and problems of the cases

n=31

Reported to child guidance center	Yes	29	(93.5)
Child removed from family	Yes	14	(45.2)
Length of support by PHNs in months		26.2±19.5	(range 1-63)
Number of mothers who had received prior MH		25	(80.6)
Number of mothers with economic problems		22	(71.0)
Number of mothers with parenting problems		18	(58.1)

n(%) or Mean ± Standard deviation

Team members: professionals and local residents

[Health services section]

Mental health services /
Psychiatrist, Psychiatric Nurse (14)
Obstetrics /
Physician, Midwife, Nurse (11)
Pediatrics / Physician, Nurse (8)
Coordination unit / Social worker (8)

[Lay person]

n=31

Local welfare commissioner (13)
Neighborhood, Volunteer (4)
Home-help aids (6)

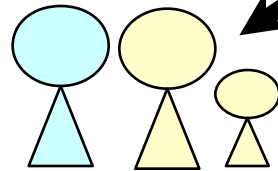
[Welfare section]

**Social welfare section/
Caseworker (11)**
**Handicapped Person's
Welfare Division (10)**

**Other local government /
PHNs (13)**

[Child welfare section]

Child guidance center / Caseworker (29)
Nursery school / Nursery staff (23)
Child welfare office / Staff (18)
Child and Family support center / Staff (9)



Results

- **A sequence of PHNs' practice with a multidisciplinary group of professionals in case management was observed.**
- **The following 4 categories were identified.**

1. Assessing overall situation of the family

Assessment of family's parenting ability

- **Observe whole life of the family**
- **Give top priority to children's safety**
- **Perceive the backgrounds of the family influencing parenting**

Organization of problems and assessment of the support needs

- **Verify the situation of the family in various fields**
- **Develop a shared understanding of the family in professionals**

2.Establishing the link between the family and professionals

Lay the base of the link between the family and community

- **Emphasize the continuity of relationship between mothers**
- **Catch the SOS signals from mothers**
- **Bring out family's ability of parenting**
- **Respect mothers' view**

Obtain cooperation by sharing a sense of crisis

- **Educate other professionals that child abuse and neglect happens in communities**
- **Establish a pipeline for local awareness about child abuse and neglect**
- **Refer family to access services promptly**

3. Sharing the child-rearing; nurse, family and multidisciplinary team

Review the parenting with family

- **Encourage family to realize their situation of parenting**
- **Explain the necessity to use child-care support**
- **Provide parents the chance to promote health**
- **Envision the future of the family with family**

Bridge between professionals and family

- **Select professionals in view of continuing the relationship with family**
- **Confirm the policy of support to the family**
- **Share the role with understanding of own capability**

4. Maintaining the links in the community

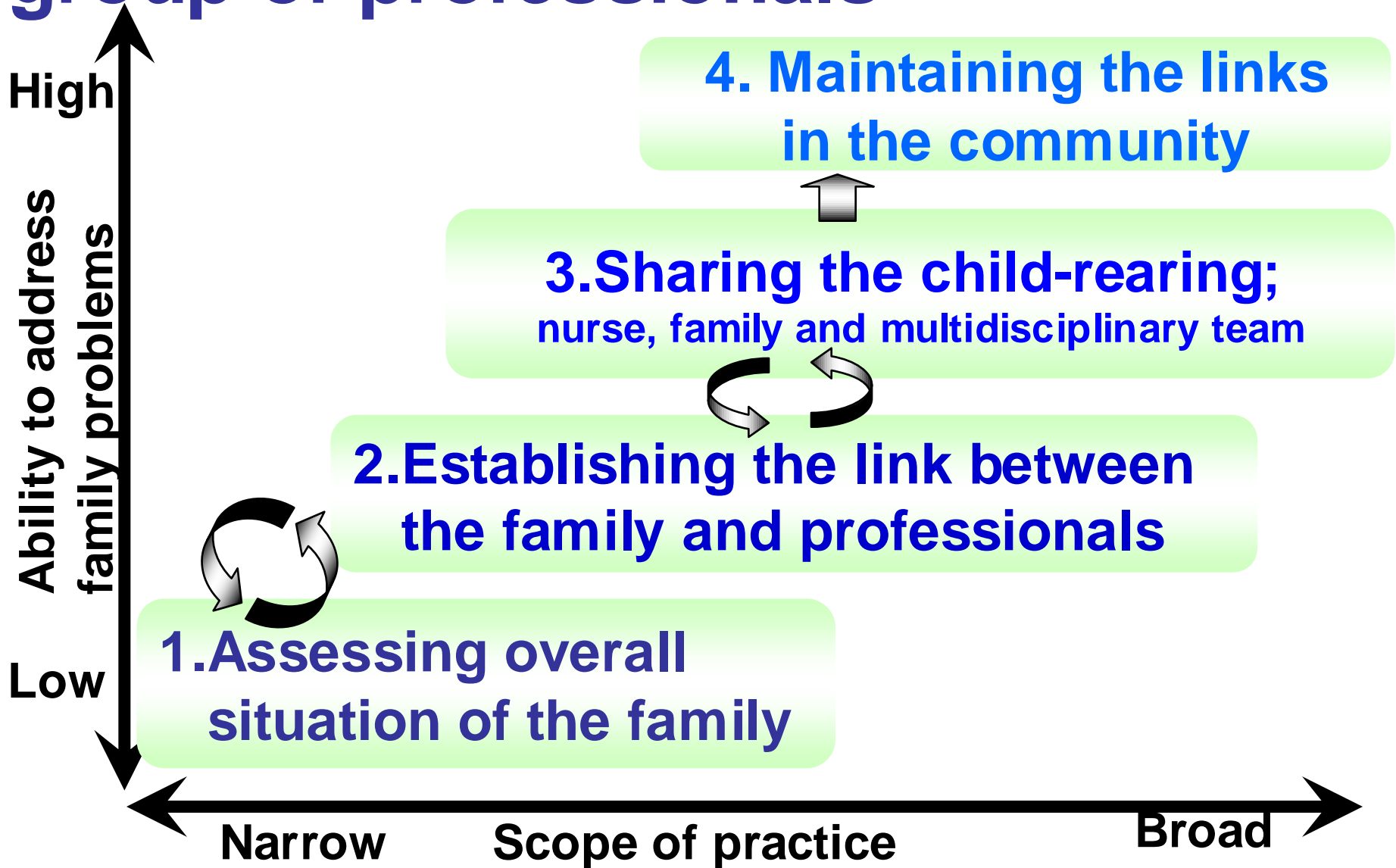
Maintain the links between PHNs and family

- Step back to observe the family from a distance
- Monitor family life

Work together cooperatively

- Encourage professionals to work proactively to prevent child abuse and neglect
- Strengthen support system for similar cases of child abuse
- Increase/decrease density of the support to the family

Model of working with multidiscipline group of professionals




Discussion

- PHN's skills of collaborating in case management were revealed.
- The strength of PHNs were
 - Focusing on the ability of the family
 - Supporting the whole family
 - Non-threatening viewed by children and family as a health professional.

Conclusion

- PHN's skills of collaborating in case management were revealed, linking individuals, families and communities.
- These are essential skills for making long-term plans and networking with multidisciplinary professionals.
- To prevent child abuse and neglect, it is important that multidisciplinary professionals cooperate, and formulate a common understanding and vision.



 Thank you very much
for your attention.

Azusa Arimoto, PhD, RN, PHN

Department of Community Health Nursing

Graduate School of Medicine

The University of Tokyo, Japan

azusay-ky@umin.ac.jp

