CHILD WELFARE NURSE SPECIALISTS

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DCFS
Division of Clinical Services and Professional Development
History

- 1993- 30 Registered nurses were hired in lieu of the BH-Decree
- Presently there are 14 child welfare nurse specialists (CWNS) in the State of Illinois
- Primary function – consultation
Child Welfare Nurse Specialist

- An Illinois licensed Registered Nurse functioning primarily as a health care services consultant
  - Comprehensive health assessments, nursing diagnosis and health safety recommendations for children with special health care needs

- Liaison – consultant to residential and skilled nursing facilities;
  - Well being checks for children with special health care needs living in skilled and residential placement facilities
Child Welfare Nurse Specialist

- Advocate
  - attends child advocacy meetings held at Illinois hospitals and child advocacy centers providing consultations
  - Expert witness – provides insight to the judicial system regarding medical diagnosis, treatment modalities, family dynamics and compliance issues/concerns
Family Health Nursing within a Human Service Organization

- family-centered nursing care - nursing care directed to improving the potential health of a family or any of its members by assessing individual and family health needs and strengths, by identifying problems influencing the health care of the family as a whole and those influencing the individual members, by using family resources, by teaching and counseling, and by evaluating progress toward stated goals.

Models of Nursing Practice within DCFS

- The Adaptation Model (Sister Callista Roy) concepts center around: person/families response to environmental stimuli (internal or external)
  - The plan of nursing health safety recommendations is to assist the person/family in adapting to environmental stimuli
- We believe how one adapts/responds to the environment has a significant effect on response to illness and abnormal family interactions
Biopsychosocial model

- Concept of the mind-body connection
Culture and Health

- Utilization of Adaptation and Biopsychosocial Models as our framework allows the CWNS to be accepting of how an individual views health as well as how the family dynamic interacts with the environment and stimuli.

- The patient and his/her family label, classify, and explain the sickness episode in such a way that it can be personally and socially meaningful (Kleinman 1978).
Culture and Health

- A perception of health or mental health is not only defined within the medical context, but it is also defined by the patient within a socio-cultural context that includes family and social network as well as a wide selection of potential providers. Such definitions may vary from one culture to another. Research among ethnic groups in the U.S. demonstrates the complexity in a non-clinical definition of health and illness. (Maloof 1991).
Culture and Health

- Presently – 2 Bilingual Child Welfare Nurse Specialists – (Spanish)
- ICWA – Indian Child Welfare Act (Native American)
Professional Identification

- CWNS – 1 - AA degree; 10- Bachelors in Nursing; 3-MSW/MS in nursing
- CWNS – provides consultation Monday – Friday (8:30 am – 5:00 pm)
- Illinois Nurses Association – union representation
Professional Identification

- Chief Nurse Provides coverage 24 hours via cell phone
- Bachelors in Community Health Nursing
- Master in Nursing Clinical Specialist
- Doctorate © Health Care Education (minor in curriculum development)
How to define a child with special health care needs

The Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (MCHB) defines children with special health care needs (CSHCN) as:

“...those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.” (McPherson, Arango, Fox, Mcmanus, Newacheck, Shonkoff, Strickland, 2012)
Examples of children with special health care needs

- Any rare genetic disorders (e.g. Tay-Sachs)
- Asthma (moderate, persistent or severe)
- Apnea episodes
- Cerebral palsy
- Multiple psychiatric hospitalizations
- Multiple psychotropic medications
- Compromised immune system
- Failure to thrive
- Diabetes type I or type II
Collaboration

- Children with special health needs pose extreme hardships on the family unit.
- To maximize the well being of the minor, collaboration with family members, physicians, nurses (private agencies), hospital staff, DCFS workers is imperative.
Collaboration

- CWNS will participate and if needed request a staffing with respective members involved with minors’ case to discuss and coordinate health safety recommendations and recommend goals
When to request consultation services from the CWNS

Consultation services may be requested for any of the following reasons

- Assessment and evaluation leading to an appropriate placement of children with special health care needs (specialized foster care placement)
- Immediate need to take a child with special health care needs into protective custody (EMERGENCY)

- Consultation regarding medications, compliance, regimen, polypharmaceutical evaluations *consult with medical director and/or consulting psychologist for further clarity if needed.*
When to request consultation services from the CWNS

- Newborns and infants under one year of age must be referred (300.70)
- Alleged child victim with special health care needs
- Child with special health care needs living in the home of an alleged perpetrator (not subject to the investigation) (300.70; 10/60)
When to request consultation services from the CWNS

- Disease etiology (cause) as well as understanding the pathophysiology (functional changes) of documented diagnosis
- Participation in staffings and CAYIT (child and youth investment team)
- Expert witness testimony
- Environmental health assessments, home/school and hospital discharge assessments
- Assistance in coordination of medical transportation for children with special health care needs
Types of Nursing Referrals

- Formal
- Emergency referral * (emergency referral)
- Notification Only
- Casual Inquiry
- The Nursing Process is utilized as our format for documenting findings/goals
Centralized Nursing Referral Form

- Request for consultation services (Formal, Emergency, and Notification Only) must be initiated by completing the Nursing Referral Form (CFS 531). The form must be completed in detail. **Form will not be processed if it is handwritten**

- Nursing Referral Form CFS 531 – Sacwis templates as well as DCFS D-Net *under forms (State Automated Child Welfare information System)
Nursing Referral Form CFS 531

- Complete nursing referral form (CFS 531) is e-mailed to “nursereref” via DCFS Outlook e-mail system. **All nursing referrals are to be e-mailed**

*Not on DCFS D-Net e-mail system (Fax CFS 531 form to 1-866-531-1459)*

- Fax – additional medical records, documentation to 1-866-531-1459 (if medical records can not be scanned and e-mailed to nursereref).
Nursing Referral Form CFS 531

- CFS 531 is an 11 page document
- Pages 1-4 completed by the individual making the request for nursing consultation
- Pages 5-11 completed by CWNS * nursing documentation will be noted on pages 5-11
- Review of pages 1-4 of the CFS 531
**Case Study**

- **12 hours (emergency referrals)**
  - Nurse assigned from Central office will contact referral source
  - Make an assessment & provide verbal health safety recommendations
  - Documentation of assessment & health safety recommendations submitted to Central office- approved document disseminated to DCFS worker/supervisor

- **5 days (formal referral)**
  - Referred Evaluated
  - Chief Nurse contact ref. source with disposition

- **531 - complete all applicable areas - email to nurse reference (via outlook)**
  - Denied no spec. Health Care needs (logged onto database)

- **Consultation Complete**
  - Accepted logged onto database
References
