

## *Evaluation of the effectiveness of child protection work in primary hospitals in the form of families*

Xu Jing<sup>1</sup>, Jiang Fenglin<sup>2,\*</sup>

<sup>1</sup>Chengdu Fourth People's Hospital of Jinniu District, Caojiaxiang Nursing Service Center, Chengdu, China

<sup>2</sup>Chengdu Second People's Hospital, Chengdu, China

\*Corresponding author

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**Abstract:** This paper discusses the evaluation of the effect of child insurance work in primary hospitals in the form of families, which is a new and effective model of child insurance in primary hospitals in the form of families, and the child insurance work in primary hospitals in the form of families can be better realized in grassroots hospitals, which is conducive to improving the capacity of child insurance services in primary hospitals, conducive to the transformation of child insurance work from institutionalization to family, and can better meet the demand for child insurance services, thereby promoting the development of child insurance work nationwide.

The National Health Commission issued the 2021 Statistical Communiqué on the Development of China's Health Undertakings. The Communiqué shows that the health status of Chinese residents has continued to improve, the average life expectancy of residents has increased from 77.93 years in 2020 to 78.2 years in 2021, the maternal mortality rate has dropped from 16.9/100,000 to 16.1/100,000, and the infant mortality rate has dropped from 5.4 per thousand to 5.0 per thousand. While China's health care undertakings are thicker and the people's health protection is more powerful, various indicators continue to be optimized, and the overall development trend of "two increases, one stability and multiple ways in parallel" is presented. Total number of medical and health institutions <sup>[1]</sup>. At the end of 2021, the total number of medical and health institutions in the country was 1030935, an increase of 8,013 over the previous year. Among them: 36,570 hospitals, 977,790 primary medical and health institutions, and 13,276 professional public health institutions. Compared with the previous year, the number of hospitals increased by 1,176, and the number of primary medical and health institutions increased by 7,754. There are 10 categories of national medical centres and national regional medical centres for children. In the past 20 years, China's child care work has made great progress in many aspects such as economy and policy, but due to economic, social and other reasons, there are still many problems in the child insurance work of grassroots hospitals <sup>[2]</sup>. The service capacity of child insurance institutions is limited, unable to meet the growing demand for child insurance, the service level of child insurance personnel is uneven, which affects the quality of child insurance, grassroots hospitals undertake the important tasks of "ensuring the basic" and "ensuring health", but in practice there are often differences between the goals of "ensuring the basic" and "ensuring health", and the following evaluation is made for further exploration of the basic work

mode of child insurance.

## **1. Information and Methods**

Taking Jinniu District of Chengdu as a pilot, 50 families were randomly selected from all community health service centers and some village clinics in the jurisdiction, and questionnaire surveys were conducted on family members (parents or children), children and caregivers (nannies, aunts), etc., to understand the basic situation of child protection work, the results achieved and the existing problems.

### **1.1 The questionnaire survey includes**

Questionnaire survey format: 50 families were randomly selected in Jinniu District, Chengdu for questionnaire survey. All investigators have been uniformly trained to understand the requirements and methods of questionnaire surveys, and have been trained accordingly.

Research method: Using the questionnaire method, under the premise of informed consent, the questionnaire is designed by the investigator according to a unified method and distributed to the participants.

### **1.2 Questionnaire survey subjects**

Investigators contact participants (including parents and guardians) by telephone or visit their homes to learn about their family members and the development of child protection work, and publicize and educate them on relevant knowledge, so that they can understand the development of family members and child protection work, and on this basis, they are issued the "Shanghai Minhang District Child Protection Work Questionnaire Questionnaire" (hereinafter referred to as the "Questionnaire").

The contents of the survey include the basic information of family members and children, family members' satisfaction with child care work, family members' own diseases, chronic medical history, etc. Survey method: A uniformly designed questionnaire was used to set up a total of 9 questions, covering children's growth and development monitoring, children's physical examination and vaccination, and family members' satisfaction with children's health care work.

### **1.3 Findings**

(1) General information of respondents: General information mainly includes basic information of family members and children, family members' satisfaction with child protection work, family members' own diseases, chronic medical history, etc. (2) Survey content: The basic information of family members and children mainly includes basic information of children and basic information of parents, the development of child protection work mainly includes children's physical examination, vaccination, etc., and family members' satisfaction with child protection work mainly includes parents' satisfaction with child protection work and suggestions to the government, family members' own illness and chronic history mainly include physical conditions and diseases.

The survey results show that in 50 families, parents' satisfaction with child care work is 100%, of which 100% are satisfied with the government's suggestions and suggestions, indicating that parents are very satisfied with the government's service attitude, and in 50 families, parents' satisfaction with the government's suggestions and suggestions reaches 100%, of which 85.7% are very satisfied with the government's service attitude.

## 1.4 Research Summary

(1) Carrying out child insurance work in primary hospitals in the form of families has the advantages of being simple and easy to implement, easy to carry out, low cost, convenient and fast, (2) It is feasible to carry out child protection work in primary hospitals in the form of families (3) Carrying out child protection work in primary hospitals in the form of families is in line with the national policy orientation, and can improve the health awareness and health literacy of residents.

## 2. Discuss

The childcare work in primary hospitals in the form of families is a new and effective childcare model, which is conducive to the transformation of childcare work from institutionalization to familyization, and can better meet the needs of childcare services, thereby promoting the development of childcare work nationwide [3]. The childcare work in primary hospitals in the form of families can be better realized in grassroots hospitals, which is conducive to improving the capacity of child protection services in grassroots hospitals and increasing the accessibility of services. The model of child protection in the family form is also discussed in depth. Next, the paper analyzes the advantages of working in the home format and illustrates it with practical examples. Finally, by comparing other working models, it can be concluded that the child protection work model in the family form is an effective child protection work model. Child protection is an important social work aimed at safeguarding the rights and well-being of children. However, due to the continuous development and change of society, the traditional child protection work model has faced a series of challenges and problems. In order to effectively address these problems, the model of child protection in the family form has gradually received widespread attention. Protecting the rights and well-being of children is fundamental to maintaining social stability and development. However, current child protection efforts face many difficulties and challenges. The traditional institutional work model has shown shortcomings in some aspects, such as uneven distribution of resources and insufficient individualized services. The connotation and advantages of the child protection work model in the form of the family, the child protection work model in the form of the family is a new work model, which focuses on the participation and support of the family. The family, as an important environment for children's growth and development, is uniquely positioned and can provide lasting support and services. The family-based working model has advantages in providing personalized services, enhancing family support and participation, and improving work effectiveness and satisfaction. Take a case study as an example to describe the specific operation and benefits of child protection work in the family form. A child protection agency introduced a family-style working model for children from vulnerable families. Under the new work model, staff enter the home, develop a close relationship with the child, and provide more personalized services and support. Through interaction with family members, staff are able to better understand the needs of children and actively intervene and counsel families. Over a period of time, child protection in the family form has seen significant improvements in the quality and effectiveness of service delivery. In order to further prove the effectiveness of the family-based child protection work model, this paper compares and analyzes other common work models, such as institutional work mode and community work model. Through comparative analysis, it can be found that the family-based working model has advantages in terms of personalization, lasting support and satisfaction, and through the comparative analysis with other working models, it is concluded that the family-based child protection work model is an effective working model. Finally, it was suggested that future child protection efforts should tend to be based on family-based working models and provide better services and support to safeguard children's rights and well-being. , so that public health services extend from institutions to families, greatly reducing the cost of public health services. After carrying out the child protection work in grassroots hospitals in the form of families, we can make

full use of the existing resources and conditions of grassroots hospitals, transmit information and resources to the vast number of rural and community residents, and improve the ability and level of grassroots hospitals to carry out child insurance management [4]. Through the implementation of childcare work in primary hospitals in the form of families, a large amount of effective information can be collected, so that the health sector can formulate relevant policies and measures in a targeted manner, and provide more valuable information to rural areas and communities [5]. The childcare work of primary hospitals in the form of families can promote the construction of pediatrician teams in China.

### 3. Conclusion

The family form of child protection work mode is an effective child protection work model, which carries out the management of children's growth and development, nutritional status, etc., effectively reduces the incidence of childhood diseases, improves the quality of child protection work, and is worthy of promotion and application in China. The childcare work model in the form of a family has obvious social and economic benefits, and its development requires the support and cooperation of all sectors of society.

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