Submission No 9

SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES

Organisation: NSW Child and Family Health Nurses Association Inc (CAFHNA)

Name: Ms Julie Maddox

Position: President

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The Child & Family Health Nurses Association (NSW) Inc
CAFHNA

CAFHNA response to the NSW Parliamentary Enquiry
Support for New Parents and Babies in New South Wales

Dear Committee Chair, Kevin Conolly MP

Thank you for providing the Child and Family Health Nurse Association (CAFHNA) NSW with the opportunity to comment on this important enquiry regarding support for new parents and babies in NSW. This response is the collation of work from general and committee CAFHNA members.

> ***The NSW Child and Family Health Nurse Association strongly advocates that all families with young children should have access to quality, comprehensive, safe and effective primary health care services provided by a qualified and competent child and family health nursing workforce to achieve the best outcomes for NSW families.***

For more than a ***Century*** [i] child and family health (CFH) nurses have been integral in ensuring that infants and children are healthy, safe and thriving by providing a comprehensive service to NSW families with a newborn or child up to the age of five years.[1] CFH nurses are registered nurses with a recognised child and family health postgraduate tertiary qualification. A majority of CFH nurses also hold further qualifications which include midwifery, adult/infant mental health, or paediatrics. The advanced level of knowledge and expertise of a CFH nurse enables the provision of a safe, effective primary health service that supports the best outcomes for NSW families.[2] Over the years the role of CFH nursing has significantly expanded and continues to evolve due to evidence-based research, population growth and the contemporary needs of NSW families. The neglect of workforce enhancement has however, considerably impacted on the CFH nursing services' capacity to provide an equitable comprehensive service to families across NSW.[3]

Uniquely embedded within rural and metropolitan communities, CFH nurses provide comprehensive evidence-based home/clinic based services and community parenting support groups. These specialist nurses are attuned to the intricacies of child-parent attachment, the science of brain development and the principles of public health that underpin their practice. The CFH nurses' role includes, but is not limited to:

- Comprehensive assessment, screening and surveillance of the emotional and physical development and wellbeing of the child[ii]
- Comprehensive psychosocial assessment and monitoring of the parent's emotional wellbeing[iii]
- Promotion of positive child-parent relationships
- Parental education and guidance that promotes safe parenting practices
- Early identification of emotional and/or physical risk of harm to the child and/or parent.

Whilst most families are well prepared to meet the challenges of becoming new parents, some face significant adversity. Throughout Australia, community based CFH nurses have remained at the forefront of care, monitoring and addressing children's physical and emotional development during infancy and early childhood. While the identification of risk of maltreatment is central to their work, they also provide education and guidance for safe parenting practices and psychosocial support that has a strong emphasis on the promotion of positive child-parent relationships. Active participation in CFH services provides families with early identification and intervention that can lessen or eliminate the effects of disadvantage before it becomes entrenched within the family context. Investment in the CFH workforce is therefore critical to the provision of a comprehensive universal primary health service that NSW families should expect to receive.

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[i] In 1906 Benevolent Society opened the first baby health clinic

[ii] Assessment, screening and surveillance as per the child's NSW My Personal Health Record scheduled health checks.

[iii] For the purpose of this document, the term parent refers to the primary carer.

1. The adequacy of current services and structures for new parents, especially those who need extra support, to provide a safe and nurturing environment for their babies

In early 2000, the NSW Government introduced the Families NSW Strategy (initially called Families First) in response to concerns about the welfare of young children and the implications of early childhood experiences on children's health trajectory. The Families NSW Strategy initiatives were based on the understanding that, firstly, many of the factors that influence health reside outside of the health sector and, secondly, that poor health in turn leads to poor social and economic outcomes. This government Initiative was grounded in public health principles of prevention and early intervention to support families with infants and young children and to strengthen connections between communities and families. The responsibility of NSW Health within the strategy was to develop a model for maternal and child health within a primary health care framework. This three-tiered model that involves the provision of universal comprehensive assessment and surveillance, coordinated care, clinical and/or home visiting **championed by CFH nurses** and consists of:

- Universal primary services informed by the NSW My Personal Health Record scheduled child health checks and the principles of primary health early intervention delivered in both local health clinics or home visiting. Service also includes the provision of valuable parenting groups that decrease isolation and helps link families to services. These services are available to all new parents within the first few weeks of delivery with the purpose of:
  - Commencing child physical and emotional developmental screening, surveillance and health monitoring
  - Completing comprehensive psychosocial assessment of the parent;
  - Formulating and initiating brief interventions in response to identified issues such as breastfeeding difficulties, feeding difficulties, persisting parenting concerns and others
  - Identifying early families that require further support e.g. families where the child's emotional or safety may become compromised without intervention
  - Organisation of appropriate referrals to secondary service/s if a need is identified.

- Secondary services for vulnerable families that are identified as at risk of poor health outcomes. Families are identified through a universal comprehensive health assessment that ideally commences during pregnancy (in the public system) and continues until the child's second birthday. Exemplars' of effective secondary services in NSW include: the Sustaining NSW Families Program, the Maternal Early Childhood Sustained Home-visiting, and Building Strong Foundations for Aboriginal Children, Families and Communities in partnership with aboriginal health workers.

- Tertiary services located across metropolitan and rural local health districts. There are a variety of limited tertiary services for families with multiple needs and intensive intervention if required. The most represented groups include parents with: a history of drug and alcohol misuse, a mental health illness or learning difficulties. Family and Community services are frequently involved due to domestic family violence occurrences. Some tertiary services target parents with refugee status and immigration trauma who benefit significantly from intensive informed interventions. An example of a metropolitan program includes the Tresillian Early Intervention Home Visiting Program.

Recent Australian statistical data suggests the need for a robust understanding of the impact of domestic and family violence and sexual abuse on children's growth development and wellbeing. Confounding issues such as mental illness and substance misuse in our communities strongly impacts on parental ability to keep their children in a safe and nurturing environment. Evidence also indicates that one in ten women experience depression during pregnancy and one in seven women in the year following birth suffer depression. Anxiety disorders are also prevalent being around one in five women in both the antenatal and postnatal periods and comorbidity with depression is high.[4] CFH nurses, as core to their practice, comprehensively assess the emotional and physical wellbeing of the parent and risk of harm to the child and /or parent. CFH nurses determine the level of indicated interventions, which they can provide or instigate the referral pathways to appropriate service providers.

The NSW three-tiered service model is in line with the international primary health care service reform that has an emphasis on the vast benefits of service models that are safe, efficient, and supported by evidence and where nurses' skills and abilities are harnessed and maximised. CFH nursing prevention and early intervention strategies influence children's, parents' or families' behaviours and are aimed at reducing the risk, or ameliorating the effect of less than optimal social and physical environments, these interventions are not only essential but should be expected by all families.

Issues that impact on successful implementation of the NSW model

1.1 Disconnection between maternity and community CFH services results in fragmentation of care. This well documented issue is exacerbated by inconsistencies between state policies regarding handover of care resulting in communication breakdown and costly service overlap. For example, some parents are visited by both midwives and CFH nurses delivering similar messages in an uncoordinated manner. One of the benefits of early pick up by CFH nursing is linking into services early. When midwifery hold onto families for extended times, the process of linking parents into secondary services or parenting groups is delayed which can be detrimental to early parenting adjustment.

1.2 Supporting the promotion and maintenance of breastfeeding is core practice of CFH health nursing services as the benefits of breastfeeding for infants and the mother are well documented. While more than 90% of Australian mothers initiate breastfeeding prior to leaving hospital, this number declines rapidly at 3 months and by 6 months as low as 14%. To ensure continuity of care and support of optimal parenting practices, including breastfeeding, the transition point between birthing and community services must be robust and seamless; which is a critical element in the continuity of service provision and breastfeeding support.

1.3 The alarmingly high rate of childhood obesity across Australia is a significant public health issue. The NSW My Personal Health Record scheduled child health checks provide an opportunity for opportunistic education that helps parents choose healthy lifestyle options for self and their family, and enables the monitoring of healthy feeding practices. A decline in accessibility to CFH nursing services means that parents are less likely to receive accurate, up-to-date information about their child's and the families' nutritional needs.

1.4 Community parenting groups can reduce the likelihood of child maltreatment by breaking the cycle of isolation and promoting healthy lifestyles and resilience through parents' sharing experiences and knowledge. Attendance at a group enhances a families' awareness of invaluable resources in their local area. Parents who attend groups talk about feeling and are more mentally positive and better equipped to face challenges.[5] However, this invaluable strategy is steadily disappearing as fewer groups are being held across local health districts due to the reduced resources and a focus on providing the Universal Health Home Visit which is scrutinised by Key Performance Indicators.

1.5 High density urban development, population growth and contemporary family complexities have impacted on the ability of parents to access to CFH nursing services. In many families, both parents are working, and mothers return to work early for various reasons. CFH nurse services that are only delivered Monday to Friday, during normal business hours which makes it challenging for working parents to attend. Limited health resources do not support the urgent adaptation required to meet such challenges.

1.6 The number of expert CFH nurses across NSW is declining, and several CFH community nurse clinics have been closed. The decline in CFH nurses and closure of clinics can be attributed to several factors, including, but not limited to:

- exclusion of CFH nurses from consultative and decision-making processes (often made by senior management of other disciplines)
- the cost of postgraduate education to obtain qualification
- the ageing population of nurses evident across all disciplines
- a lack of workforce enhancements
- inability to provide the intended comprehensive service that results in a frustrated workforce

- patchy workforce support demonstrated in poor work environment (neglected buildings, outdated IT equipment and software, isolation from other professionals).

2 Changes to current services and structures that could improve physical health, mental health and child protection outcomes.

2.1 For CFH nurses to continue to provide parents with valued support, guidance and referral pathways regarding the care of children and their families, including vulnerable families, the nurses' unquestionable worth must be acknowledged and reflected in ways that advocate once again for CFH nursing services to be in the forefront of primary health care. To provide an optimal service, that is a systematic, ongoing collection, analysis, and interpretation of a child's physical, social and emotional health and the parent's emotional health and wellbeing to identify, investigate and, where appropriate, correct deviations from predetermined normal parameters, services must be adequately resourced. CFH nurses must be given a voice in the important process of reform, service transformation and/or redirection to ensure the integrity of service delivery remains.

2.2 Comprehensive, active collaboration between all maternal and child health services (midwives and CFH nurses) is crucial. Effective transition of families between services should be seamless to ensure continuity of care and the best outcomes for children, families and community. An inter-professional approach to practice and education for optimal health outcomes for NSW families would promote:

- effective sharing of information
- a complimentary approach based on respect and trust
- maximal use of resources
- cross-fertilisation of knowledge and most importantly.

2.3 CFH nurses have been developing partnerships and have worked collaboratively with other health professionals for many years. Some of the most salient partnerships are with local GPs, midwives, mental health, drug and alcohol, Aboriginal and TSI and CALD services, and Family and Community Services to help meet the needs of the families they provide a service to. These partnerships however, need to be constantly re-engaged to address staff turnover and/or movement.

2.4 Collaborative partnerships between the CFH nurse and the local GP practice is ideal as both professions are highly skilled, knowledgeable and are complementary. An example of best practice would be for a CFH nurse (a day/few hours per week) employed by Health, to work within a GP practice delivering NSW families the best primary health care for the child, parents and community.

2.5 Area health service structures must communicate and work collaboratively to prevent services being frequently organised within separate streams or divisions. Management structures, such as maternity and CFH nursing reporting lines and responsibility should not be isolated and/or have little interaction.

2.6 The NSW electronic health system has many issues one being that it does not talk across Local Health Districts and therefore restricting information sharing and results in a system of paper records and electronic. CFH nurse's clinical time has been greatly impacted by the time required to complete documentation on a outdate clunky system.

2.7 It is well established by strong evidence and documented in State and National policies[6] that enhancing primary health care, health promotion and prevention for families promotes the development of positive parent-child relationships, family resilience, the health and wellness of individuals, and reduces reliance on and the expenditure of secondary and tertiary care. The CFH nurse's workforce however, for many years has not matched population growth within rural or metropolitan regions. The historic neglect of policy planners/executive managers to review population growth and the needs of contemporary family's against the appropriate workforce ratio (clinician to family ratio[iv]) impacts on access to a comprehensive primary health services, early intervention

[iv] In some local health districts, the ratio of CFH nurse to family can be as low as 1 nurse to a 1000 families.

initiatives and referrals to secondary service providers at the expense of the health, wellbeing and safety of NSW children and families.

3 Specific areas of disadvantage or challenge in relation to health outcomes for babies.

3.1 Child health comprehensive screening, on its own, monitors whether a child is at risk of delays in their growth and development. It is a snapshot of a child's health and developmental status and can identify potential difficulties that might necessitate interventions. When combined with ongoing assessments that are performed over time not only helps build a professional relationship that ensures parents are supported during the formative years of parenting, but also enables assessment and monitoring of a child's emotional and physical developmental progress. A decrease in access to CFH nursing services means that many children are at risk of not being identified, monitored, and/or provided access to early intervention.

3.2 There is no formalised, standardised holistic service model for families with highly complex needs such as substance misuse, mental health illness, learning difficulties, Family and Community service involvement or domestic violence.

3.3 Even though CFH services recognise the crucial role of fathers, service provision still fails to reflect this awareness. This can be attributed to the limitation of Monday to Friday service provision and the diminishing access to CFH nursing services in general.

3.4 Secondary service delivery is inconsistent across NSW, leading to inequity across rural and metropolitan Local Health Districts. The disparity can restrict families with social and economic disadvantages from accessing services that would otherwise strengthen interpersonal relationships; build parenting capacity; and enhance child development, wellbeing, and therefore improve childhood trajectory.

3.5 In rural and regional areas, whilst CFH nursing services exist, there is a scarcity (or even non-existence) of important programs such as breastfeeding clinics, parenting groups and/or day and residential services. In most instances, the nearest services can be as great as a 2 hrs drive and admission to the programs can be highly competitive. Poor transport, slow and/or limited internet access and reduced NGO services contributes to significantly disadvantaging families who live in these areas.

3.6 The implementation of the National Disability Insurance Scheme Early Childhood Early Intervention Pathway is a substantial change in the services that support children aged 0-6 years. Currently, there are children placed on waiting lists that are not actively being seen, assessed or referred on for treatment. CFH nurses have the skills and the ability to support early detection by completion of an evidenced based assessment of developmental delay and/or disability in children in this age group. CFH nurses are competent in the assessment of need for referral into early intervention services, and therefore decrease the waiting times of children in need of intervention services.

4 Models of support provided in other jurisdictions to support new parents and promote the health of babies.

4.1 There are currently several service models operating nationally to provide maternal child and family health nursing services. In several states, (Victoria, Tasmania and ACT) non-health government departments or local councils are responsible for service delivery. In the remaining states and territories, whilst there is a clearer connection to health departments or Local Health Districts, there is a mix of service models in operation. There does not appear to be any consensus on which is the preferred model.

4.2 Evidence clearly identifies that early experiences in a child's early years has a major effect on a child's health and social development through to adulthood. The experiences that children have in early life, and the environment in which they live, determines life trajectory, social resilience, health and wellbeing. State and National policies and strong evidence indicates that enhancing *primary health care*, health promotion and prevention for families promotes the development of positive parent-child relationships, family resilience, the early identification for referral to secondary service providers, and increases the health and wellness of individuals (especially families with a lot of complexities and high needs) and the community.

5 Opportunities for new and emerging technology to enhance support for new parents and babies

5.1 The use of technology is changing rapidly and has led to many advances in the global health community. Technology can play an even greater role in the delivery of quality parenting support advice, access to health care services and the overall support of the health system regarding professional online education. Parents are often looking for up-to-date parenting information however, a plethora of websites that provide unreliable parenting information is increasing. Health needs to take a lead and develop partnerships with existing service providers that deliver up-to-date, evidenced-based parenting information.

5.2 Identify one electronic health record system for community and standardise it across NSW to enable seamless communication across NSW Local Health Districts and between of relevant health workers e.g. GPs, FACS.

5.3 Improved IT tools such as tablets have been used is some early intervention programs helping parents to access appropriate websites and YouTube videos that improves health literacy and their ability to access appropriate resources.

5.4 Telehealth, whilst extensively used in acute health care is not used for promotion, prevention and early intervention activities, in supporting parenting and/or the early childhood years.

5.5 The use of Skype or Facetime (especially in rural areas) to connect with clients when clients are unable to attend clinic would be beneficial to the continuum of care.

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6 Any other related matters

The rapid social, economic and technological changes that have occurred over the past half century have seen dramatic improvements in longevity, standards of living, and health care. However, the growth in inequalities, the high costs of living, mental health issues past and present, trauma and the identification of domestic and family violence (currently one in every four women in NSW families) all contribute to the conditions under which families are raising young children, and therefore children's developmental and health outcomes. Education and empowerment of families is not just about providing the public with more information (e.g. a parenting website, information resources and telephone advice), it is about engaging and building relationships during the critical early years to help parents develop understandings of best parenting practices and how it can be applied in their family context, in a way that encourages and enables families make the best choices for their child and family. To ensure the best outcome for NSW families it is therefore, crucial for NSW health to provide families with a comprehensive primary health service that provides a continuum of care and includes referral to and access to well-resourced secondary or tertiary level services.

CFH nurses provide a holistic, comprehensive primary health care service and are particularly well positioned to promote the child's physical and emotional development and wellbeing, while providing families with the identified support required to enhance family resilience during the early years. Research strongly suggests that without a solid primary health base, families (especially those with complexities that if not addressed can escalate) will be missed and as a consequence impact on the child's health trajectory.
NSW Health is currently developing a '2000 Days Framework' which aims to provide health workers with the information they need to support children, women and families in the perinatal period and early years of childhood. To ensure an equitable service delivery, (especially for families with complex needs) the right balance between universal and targeted service provision will be a constant challenge.[7] The movement from universal to secondary and tertiary services needs to be informed by a comprehensive assessment of family needs that is be best performed by a competent, well resourced CFH nursing services that provides a continuum of care to ensure the best outcomes for NSW families.

CAFHNA strongly advocates that for families to receive a safe, comprehensive primary health care NSW Health must to focus on **strengthening** the existing primary health care sector. This would include the utilisation of **existing service models** that are based on the best practice, best available evidence, and specialist knowledge and skills provided by the appropriate health professionals. Health needs to be careful to not **reinvent** or **redirect the service delivery** to untrained or time-limited health workers which **dilutes** the service provision. Health needs to match population growth with the appropriate **professional workforce** and resources to ensure NSW children and their families are receiving the best available care and support . Any perceived immediate cost-saving will be detrimental to the long-term future health and well-being of NSW children and their families.

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