

**Submission
No 10**

SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES

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3Bridges Community Limited

Inquiry into support for new parents and babies in New South Wales

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.

Our Early Years Support Service (EYSS) strongly believe that there are inadequate services for new parents (especially those requiring extra support) in the St George and Sutherland Shire region of Sydney. This is based on our experience where the two coordinators have managed volunteer home visiting services for new parents in the Shire for over 20 years. Of note there has been an increase in referrals in both St George and Sutherland Shire for our service from health workers - child & family nurses, hospital social workers and the perinatal mental health team all seeking practical and emotional support for their vulnerable clients.

Whilst there is there is a universal home visiting scheme by the Child & Family Health Team (one visit by a nurse post delivery) it is inadequate to meet the ongoing needs of an isolated housebound parent and baby or babies/other children. The other issue is the limited access to the Child & Family Health Centres /Clinics due to reduced hours of operation. This in turn impacts on the waiting times to receive support which is usually required in real time. Many programs today look at secondary intervention methods when trying to help new mothers rather than primary prevention methods in those crucial early years between 0-3 years.

This situation is exacerbated for those parents/families from Culturally and Linguistically Diverse backgrounds who face language and cultural barriers being new migrants to the country with no family/community support. Communication becomes a major barrier to accessing support services which further isolates the parent.

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

There is a need to fund and increase the capacity of existing services (both funded and unfunded) to meet this escalating need. Our EYSS service is a volunteer based non funded service that supports approximately 100 families in South East Sydney.

By supporting local community groups who are at the grass roots level, clients are able to receive the appropriate support that meets their needs.

Currently 30% of our Early Years Support Service client group are families facing enormous challenges and issues of ill health and disability, such as mothers with Scar7(a rare neurological disease causing blindness and major neurological problems), post birth trauma to pelvis and back, narcolepsy, cardiac problems, and cancer. The health issues of mothers significantly impacts the care and management of their newborns and families.

The other significant group of mothers we support – 60% of case load suffer from post natal depression and or anxiety.

The Early Years Support Service helps to build self-esteem, confidence and parenting skills, resulting in more positive life long mental and physical health outcomes for both mothers and their babies. The program provides:

- Assistance to new mums with their new baby or young children
- Help with appointments or shopping
- Sleep-deprived mums receive some in-home respite
- Linking families to local community groups
- Offering information or resources where needed
- Reducing isolation by providing friendship and company
- Sharing parenting wisdom and experience
- Assisting with household organisation.

Our service interventions have:

- Reduced the incidence of Post Natal Depression and or stress
- Reduced costs of medical interventions.
- Reduced potential for crises or stress for family members.
- Improved confidence and strength for both parents and children.
- Significant gains for parents & positive outcomes on the infant's development
- Early detection of developmental problems
- Increased access to community services.

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

Being a new mother can be one of the most rewarding experiences in life. It can also be an extremely stressful and troublesome period for many mothers. Mothers who are experiencing stress, anxiety, difficulty in adjusting to motherhood, ill-health and/or disability, post-natal depression, multiple births and unwell babies are at a higher risk of struggling through the early years of their baby's life.

Mothers who lack social support are also at a higher risk of finding the first few years of their baby's life very difficult. This can lead to short and long term negative outcomes for the baby, the mother and the rest of the family. This is reflected in research stating that 1 in 11 children are affected by issues of child abuse/neglect, poverty, social isolation, family violence, parental substance abuse or parental mental health or disability issues.

Disturbingly, *1 in 7 mums experience Postnatal Depression* with Sane Research (2014) suggesting as many as 52% of mothers reported depression as a result of their pregnancy and/or early years as a mother. The impacts can be:

- Higher risk of Child Maltreatment which can create major health issues such as anxiety, depression, learning problems and growth retardation.
- Parents with pre-existing mental health issues, the challenges of early child rearing can have adverse impacts on the safety of their new babies.
- Children with depressed parents are more likely to show poorer cognitive functioning, more insecure attachment and a greater risk of developing depression later in life.
- Neurological, emotional and physical growth is impacted by the experiences of the first 3 years of an infant's life.

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

The Early Years Support Service is an early intervention program that has been created to respond to the gap in supports for the health & wellbeing of mothers and babies & young children (especially those with ill health and disabilities) by helping mothers who lack support & are facing challenges in parenting.

The EYSS is designed to save the lives of parents and new born babies.

We provide critical and cost effective early intervention by supporting vulnerable mums who may be experiencing issues such as post natal depression (PND), anxiety, multiple or premature births, disability or ill health for mother or baby. We also assist sole parents, new arrivals, migrants and Defence Force families.

Each year our service trains 40 new volunteers (encouraging a range of linguistic and cultural backgrounds) who undergo a four day training held annually and attend monthly in-service. This is in addition to the professional supervision and management of a core team of existing volunteers. Volunteers are screened and must have current Working with Children Clearances, Criminal Checks and reference checks. Once the volunteer has completed all the requirements they ready to offer support to the parents/families 3-4 hours per week.

Our professionally trained and supervised volunteers are reliable, flexible and non-judgemental home visitors who enjoy working with families to build their confidence and parenting skill. This support is an extra resource for the family to get through difficult situations or regular child routines such as help with homework & attending playgroups. Additionally we will support young children to develop their health & wellbeing through a range of activities including healthy eating program, community garden and weekly playgroup sessions.

All the evidence endorses the need of early support during the first 12 months of life. By nurturing our mothers we can ensure that the mother - baby attachment, maternal wellbeing and family functioning has a firm foundation.

5. Any other related matters.

The 3 cases described below are actual clients supported by the service over the last 12 months. These clients were referred by health professionals who sought the support of our EYSS service. We were able to provide much needed case work intervention by the professional coordinators and weekly support and nurturing by the volunteers.

Case 1: Disability

Bridget was referred to our service by her mother who was looking for support services on behalf of her daughter. Bridget has a rare and complex neurological genetic disease which was diagnosed when she was 29yrs old. This disorder has meant increasing Ataxia and poor vision. In fact she is legally blind and manages using her peripheral vision. She is unable to drive and depends on family to get her out. She is able to manage around the house because she knows the house well. Without a cure in the future, Bridget will be blind and in a wheel chair by the age of 40.

Bridget has a six month old baby and her mother was looking for volunteer support on the one day the family were unable to cover. Her family are very supportive and cover most days with a family member visiting to take her out or get her to appointments.

Following a home visit assessment Anne (EYSS Coordinator) agreed that a volunteer could assist the family and reduce isolation of mother and baby on the Thursday. We also considered the importance of another person able to play and stimulate the baby and assist the mother with tasks such as bathing her baby, feeding etc.

On the afternoon our volunteer visits, they share lunch together, then change the cot linen, do some washing, bath the toddler and do some good developmental play and reading with the child with the mother participating where she can. We have shared appropriate and sound resources on toddler play, development and nutrition to keep a focus on the toddlers needs.

This is an example of a case where we have supported a mother with a major disability where her care of the baby is compromised because of her level of disability. Reducing isolation and providing another person to stimulate and play with her baby is both beneficial to the mother and her child. Our volunteer also feels she is making a difference in the family and in her community by sharing her time and expertise.

Case 2: Cultural and Linguistic Diversity

Sophie came to our service via another client she had made friends with and they were both from the same country. This client had benefited from volunteer support as a new mother from a different culture.

Sophie is from Mexico and is 26 years old. In the last two years she had a new relationship, moved countries and has become a mother of a new baby. All her family are in Mexico and she has no family support here in Sydney. Her husband who is Australian has no family locally. Sophie speaks limited English and has found the adjustment to a new country, culture and motherhood difficult. The first month of the baby coming home was very difficult as he was very unsettled and she was very distressed. She missed her family dreadfully visiting Mexico City and returned in the 2nd week of March.

One of the vulnerabilities she has is that since she was a teenager she has suffered from OCD. This has been managed by the GP with medication. Since having the baby the OCD has become worse and she becomes obsessive about issues such as being paranoid about putting the baby or anything on the floor for fear of germs. This is not ideal as the baby needs floor play. The volunteer was assisting her doing a sheet change of her bed and put the sheets to be washed on the floor and witnessed a melt down by the client. Often OCD clients need a medication review following the birth of a baby as the stress factors can exacerbate their condition. Anne has arranged for Perinatal mental health to do an assessment and a medication review. She could benefit from counselling if they can organise a Spanish speaking counsellor.

Sophie is breastfeeding and her baby is thriving but we would like to see her stress reduced and her anxiety managed.

The volunteer is providing a wonderful level of support. We have resourced this mother with information about ESL classes and a Spanish speaking playgroup.

Currently her baby is 6 months old and the volunteer will continue with her weekly visits when Sophie returns from Mexico City – as it is highly likely that she will be really stressed on her return because she has had to say goodbye again to her family.

Having a volunteer has reduced her isolation and helped her feel cared for. She has been introduced to her local community and discovered resources such as the local library and playgroups. She has been linked with services that will assist her with her mental health issues and ensure she is getting the best possible care.

The volunteer in return has loved supporting her and now has a reputation in Mexico City because of her support to two mothers from Mexico! She has learned about life in South America, cultural beliefs and ways of bringing up children which has broadened her scope of knowledge.

Case 3: Post Natal Depression

Amy was referred to our service by the Perinatal Mental health Team. She was a 33 year old mother with a three year old and a 15 week old baby. Her husband was from Macedonia. Her parents lived on the far north side of Sydney and her mother works full time. The In-laws lived down the South Coast and also worked so there was no family support.

Amy had been diagnosed with Post natal depression and recently commenced on medication. She had PND with her first child and didn't enjoy the experience of having a baby. Additionally Amy had a demanding and stressful job prior to having her second child and her anxiety was extreme. There were some legal issues pending around her job before she went on maternity leave which were causing her a lot of stress. She suffers from migraines as a result of sleep deprivation and the anxiety.

When Lina visited for her assessment, she appeared bonded and responsive to her baby girl. She was attending counselling with a social worker and she felt she was

improving. Amy was trying to use Mindfulness and relaxation techniques to help manage her anxiety but was finding them difficult to apply.

The volunteer's role was to support her to feel more confident with her children, help her get to appointments, get out of the house, go to the park, allow her to rest, do chores, get meals organised, check out occasional care resources at Jannali and Miranda and allow her to exercise.

In Lina's regular check up calls to Amy she stated that the additional support from the volunteer had been fantastic. "We truly love our time with Jane. She instantly clicked with our son and daughter and she has helped me get out of the house. My anxiety is still quite high in terms of leaving the house and attending outing with one/or both children on my own. The stress and demands of being a parent with little family support is an ongoing, daunting process which I'm doing my best to get through. The help I have received from you is immeasurable – I would love to keep her forever"

This is an ongoing case and the support will continue for another term. The volunteer support as well as the counselling and supervision by the Perinatal Mental Health team ensured improved outcomes for this mother and her baby and three year old.

Our service often works in partnership with the Perinatal Mental health team to give mothers the best possible support at a critical time.

We thank you for the opportunity to briefly describe our early intervention service which deserves funding. It is vital that governments invest in the early years to improve health and wellbeing of mothers and infants and prevent long term problems and family crises. It is a very cost effective service as it is based on volunteer home visiting.

Early Years Support Service

The Early Years Support Service (EYSS) is a vital early intervention program for isolated mothers lacking support who may be experiencing vulnerabilities such as post natal depression, anxiety, ill health/disability for mother or child, multiple babies, and other stresses of parenthood.

Our EYSS provides a home visiting program by trained volunteers to support mothers with new babies in their own home.

What do we do?

Our service supports families in the following ways:

- Lend a hand by assisting a mother with her new baby and/or small children.
- Help with doctor or counselling appointments or shopping.
- Give sleep-deprived mums some in-house respite.
- Link a mother with her local community eg. Playgroup.
- Provide a weekly visit of three to four hours by a trained and professionally supervised volunteer.
- Offer information and resources where needed.
- Reduce isolation by providing friendship and company.
- Share parenting wisdom and experiences.
- Assist with household organisation.

Who do we help?

- Isolated mothers who lack support.
- Mothers experiencing stress, anxiety, difficulty in adjusting to motherhood, ill health and or a disability, post-natal depression, multiple births, unsettled or un-well babies.
- Australian Defence Force families and new arrivals to the community.
- Families with newborns are given priority.

Who are our volunteers?

- Women who are parents or grandparents, or who have experience with babies and children.
- Trained members of our EYSS Team.
- Reliable, flexible, trusted and non judgemental home visitors.
- Screened workers with Criminal History and Working With Children clearances.

"It can be tough to admit you need help as a parent so having someone offer practical help like taking the kids to the park or just sitting down for a chat can make all the difference."

Steve Armitage

Family and Child Commission, Qld, 2014

Who is 3Bridges Community?

We're an independent, non-religious community organisation with 40 years experience in partnering with local communities to provide solutions that make a positive difference.

- We take time to listen, to understand, to help.
 - We're inclusive and support everyone.
 - We serve over 25,000 people each year
- Our vision is for *people living in connected and enriched communities*.

We create healthy and resilient local communities by providing help in people's life journey and vital support in times of need. One of those times is following the arrival of a new baby.

How to contact us?

Early Years Support Service

PO Box 269
GyMEA NSW 2227
EYSS mobile: 0400 791 487
EYSS office: 02 9531 7684
Email: EYSS@3bridges.org.au

Donations of \$2 or more are tax deductible.

Website: www.3Bridges.org.au

EYSS Benefits Framework	
<ul style="list-style-type: none"> • Improved diet • Improved lifestyle with focus on health activity and social skills • Improved father/child relationship • Improved mother/child relationship • Positive experience in school years, with greater potential to contribute to school • Well adjusted child in the longer term • Societal benefits from a community spirited family/person 	<ul style="list-style-type: none"> • Able to show love and caring to siblings as they are not stressed • Know when to comfort and support rather than takeover situation • Feels as if making a contribution rather than being left out • Develop closer relationship with son/daughter • Understand everyone has different needs and cater to same, not what you think is best or as you did when you had children
<p>The Schools</p> <ul style="list-style-type: none"> • Fewer incidents of poor behaviour • Less disruption to other students • More teaching time for other students • Happier classroom for teacher and students 	<p>The volunteer</p> <ul style="list-style-type: none"> • Rewarding, enriching, empowering and capacity building

Key line evidence based research

- Postnatal Depression affects around 15% of childbearing women (NHRMC, 2000).
- Around 80,000 women in Australia are diagnosed with antenatal or postnatal depression each year (Deloitte Access Economics, 2012).
- Women are three times more likely to develop depression within the first 3 months after the birth than women of the same age (Foreman, 1998).
- Children with depressed parents are more likely to have insecure attachments, difficult temperaments, behavioural disturbances and poorer cognitive functioning (Foreman, 1998).
- Women with postnatal depression also have difficulty developing a healthy attachment with their child (murray et al, 1999), this makes it harder for the child to make secure and healthy attachments later on in life.
- Postnatal depression can have a lasting impact on the social, emotional and cognitive growth of children (Carter, Grigoriadis, Ravitz & Ross, 2010).
- MacLennan, Wilson, and Taylor (1996) reported that only 49% of mothers who felt seriously depressed sought help.
- MacLennan, Wilson and Taylor (1996) found that a lack of social support is a big risk factor for postnatal depression and other problems faced by mothers with a newborn. Being able to have one person to confide in and share personal matters with can make a big difference.
- People who suffered from child maltreatment are also more likely to suffer psychosocial problems and chronic diseases in adulthood (Gilbert et al, 2009).
- Parenting strategies can vastly improve the behavioural outcome of young children which will continue throughout their life. One study has found that incorporating

stronger parent strategies through training has a positive outcome in 60-80% of cases (Webster-Stratton, 1991). Through talking with experienced, trained volunteer mothers will be able to gain a better understanding of parenting and may also be able to incorporate stronger parenting skills into their daily lives.

- Child maltreatment is a big public health concern and is associated with growth retardation, anxiety, depression and long-term deficits in educational achievements (Gilbert et al, 2009).
- People who suffered from child maltreatment are also more likely to suffer psychosocial problems and chronic diseases in adulthood (Gilbert et al, 2009).
- Children who suffered from maltreatment are also more likely to mistreat their own children (Felitti, 1998).
- Child maltreatment also causes enormous strains on community resources and makes these people less likely to be employed (Fang et al., 2012).

Secondary evidence based research

- Behaviour problems can stem from poor parenting strategies – parent training interventions incorporated with the EYSS through parenting wisdom and experience being shared could be very beneficial as parent training interventions have been found to be clinically significant in 60-80% of cases (Webster-Stratton, 1991).
- Childbearing can exacerbate schizophrenia (foreman, 1998).
- Postpartum blues is a very common mental disturbance which affects women in the puerperium period, it generally lasts up to 3 days but is believed to affect anywhere between 26%-85% of women. It can be a marker for postnatal depression (Kelly and Deakin, 1992).
- Children with depressed parents are more likely to show behavioural disturbances, poorer cognitive functioning, more insecure attachment, more difficult temperament and greater risk for developing depression when older (foreman, 1998).
- Risk of developing depression while within 3 months of the birth of the child is about 3 fold than other women at the same age (Cox et al, 1993).
- Onset of depression in postnatal period is more likely to result in cognitive disturbance (Hay and Kumar, 1996).
- 25% of women use drugs (tobacco or alcohol included) during pregnancy (Foreman, 1998).
- 1 in 3 chance that the mother of a clinically referred child will have identifiable mental illness, most often it is depression (Dover et al, 1994).
- Conversely, depressed mothers are three to five times as likely to have children with psychiatric disorders as normal control mothers (Foreman, 1998).
- Women with postnatal depression also have difficulty developing an healthy attachment with their child (Murray et al, 1999), this makes it harder for the child to make secure and healthy attachments later on in life.
- Postnatal depression can have a lasting impact on the social, emotional and cognitive growth of children (Carter, Grigoriadis, Ravitz & Ross, 2010). This can also impact the rest of the family including other children and the partner.
- Depression in the mother can also lead to delayed motor development, reduced attention span, anxiety and other behavioural problems (Huizink et al., 2003; Glover, O'Connor, 2005).