

**Submission
No 14**

SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES

Name: Ms Claire Carpenter

Date Received: 16 November 2017

Dear Mr Conolly and Committee Members,

Thank you for the opportunity to input into your inquiry. I write as a mother who has been advocating for better support services, in my community and across the state, since my child's birth in 2014.

To summarise, the issues I encountered were thus:

- The clinic advising they "could not offer a home visit" when my baby was two weeks old;
- This being recorded as my "declining a home visit", despite calling again to request such assistance, according to a letter from the Health Minister in 2015;
- Inability to contact the clinic directly or make appointments in a reasonable timeframe;
- No local mothers/parents' group or information clinics;
- Being denied access to closest other clinics due to health district borders.

Given our suburb's status as a priority growth precinct and major transport hub, I found this alarming. After attempting to address my concerns within the health district through 2014, in May 2015 I forwarded feedback from over 60 Sydney women regarding their experiences in their baby's first year through our local member. I have included that report with this submission, minus the individual data.

While not strictly representative, it seems clear that in some districts there are extensive support services available, but in others there are not. This problem is compounded, to my understanding, by Key Performance Indicators that focus on provision of home visits, and by a decentralised model of health care which prohibits carers from accessing services outside of their district.

I ask you to please consider making support to new parents consistent across the state, whether this means formalising a requirement for services like mothers/parents groups, or less ideally directing funding away from the 'extra' services provided in some locations to ensure higher nurse to patient ratios in regions that are struggling with the basics.

A policy review to allow new parents to attend services on the basis of what is most convenient to them would also be warmly welcome, even if only as a temporary measure. It is stressful enough, for example, to have problems with breastfeeding only to find there is an excellent clinic nearby you cannot access because you are technically in the wrong district.

If any further detail is required, I am happy to be contacted. My deepest thanks to the nurses, doctors and supporters who work so hard to do what they can within available resources. The journey through parenthood would be far more difficult without them.

Respectfully,
Ms Claire Carpenter

SUPPORT FOR NEW MOTHERS IN SYDNEY: A CASE STUDY

**Compiled by Claire Carpenter
20 May 2015**

SUPPORT FOR NEW MOTHERS IN SYDNEY: A CASE STUDY

EXECUTIVE SUMMARY

- This is a qualitative case study into recent experiences of early childhood support in Sydney. It focuses on satisfaction with Early Childhood Centres (EHCs) within the baby's first year.
- 63 new mothers provided input. The results are divided between the Epping/Carlingford area, which is designated by the NSW Government as a 'Priority Precinct', and wider Sydney for comparison.
- Responses indicated early childhood services were in high demand but actual service delivery was inconsistent. In the Epping area, in particular, there was major dissatisfaction with the availability of support.
- Specific issues include:
 - Over half of new mothers were not contacted within the first two weeks after the birth;
 - A number of mothers received a delayed home visit or none at all;
 - Epping mothers notably reported being turned away due to appointment unavailability or because they lived on the wrong side of a council border; and
 - Access to a weekly mothers/parenting group, breastfeeding clinics and short notice services was also substantially lacking.

Recommendations:

At a local level:

- A full EHC to function out of Epping, including staffing for weekly drop-in appointment slots, mothers/parenting groups, breastfeeding clinics and regular information sessions.

At a state level:

- Investigation into an improved funding model and program design for the delivery of early childhood support consistently across all health districts, particularly in the child's first year.
- Statewide relaxation of location eligibility criteria, enabling mothers and carers to attend the EHC that best suits their needs and access requirements.
- Up-to-date list of all EHCs and relevant availability information to be made available to mothers and carers via a central point.
- Education of health staff to include 24/7 helplines such as *Health Direct* and *Pregnancy, Birth and Babies* in parenting classes and discharge advice.

INTRODUCTION

Whether it is the first child or the fourth, the entry of a baby into the world can be a source of both tremendous joy and tremendous strain. Adequate support has been linked to mental health outcomes for new mothers¹ and the mitigation of developmental risks for children².

In New South Wales, new parents are referred to an Early Childhood Centre (ECHC). This service aims to provide free information regarding infant health and development through a variety of mediums including home visits, in-clinic appointments, group facilitation and referrals.³

Actual service delivery in New South Wales, however, appears to be inconsistent. This paper, originally designed to collate a number of complaints, will focus on the Epping/Carlingford area as an example of lack of coverage.

Epping, in Sydney's northwest, is a suburb of huge growth. It has been identified as one of eight urban activation precincts and will see 3,750 new homes in the vicinity of its town centre alone.⁴ This does not include a recent apartment boom near Epping Park, which has added around another 1,000 dwellings within the last year.⁵ Carlingford, similarly, faces higher density rezoning, with approximately 300 new homes due for completion opposite Carlingford Court, the local shopping centre.⁶

In addition to population expansion, Epping is caught in the rather unusual situation of straddling three local government area (LGA) boundaries. Carlingford and North Epping come under Hornsby LGA, West Epping under Parramatta LGA and Ryde LGA lies to the east (see Figure 1). As a result, it is also spilt between Western Sydney and Northern Sydney LHDs.

¹ Dennis, C. (2005), 'Postsocial and Psychological Interventions for Prevention of Postnatal Depression: Systematic Review'. *BMJ* 331(7507): 15

² Parenting Research Centre (2014), PRC Submission: Productivity Commission Inquiry into Childcare and Early Childhood Learning, http://www.parentingrc.org.au/images/stories/resources/Submission_PCI_CCEL_Feb2014.pdf [accessed 17 Apr 15]

³ Families NSW, Child health services, <http://www.families.nsw.gov.au/support/child-health-services.htm> [accessed 17 Apr 15]

⁴ NSW Planning & Environment (2014), 'Epping Town Centre Precinct, Priority Precincts', NSW Government, <http://www.planning.nsw.gov.au/en-us/deliveringhomes/priorityprecincts/eppingtowntowncentrep precinct.aspx> [accessed 12 Mar 15]

⁵ Haynes, R. (2011) 'Streets mobbed by units at estate called Epping Park', *The Daily Telegraph*, 13 Jan 11 <http://www.dailytelegraph.com.au/streets-mobbed-by-units-at-estate-called-epping-park-to-be-built-by-harry-triguboff-meriton-apartments/story-e6freuy9-1225986516177> [accessed 12 Mar 15]

⁶ Hornsby Shire Council (2011), 'Housing Strategy', Planning and Building, <http://www.hornsby.nsw.gov.au/media/documents/planning-and-building/housing-strategy/strategy-march-2010/Volume-2-Carlingford-Precincts-March10.pdf> [accessed 16 Apr 15]

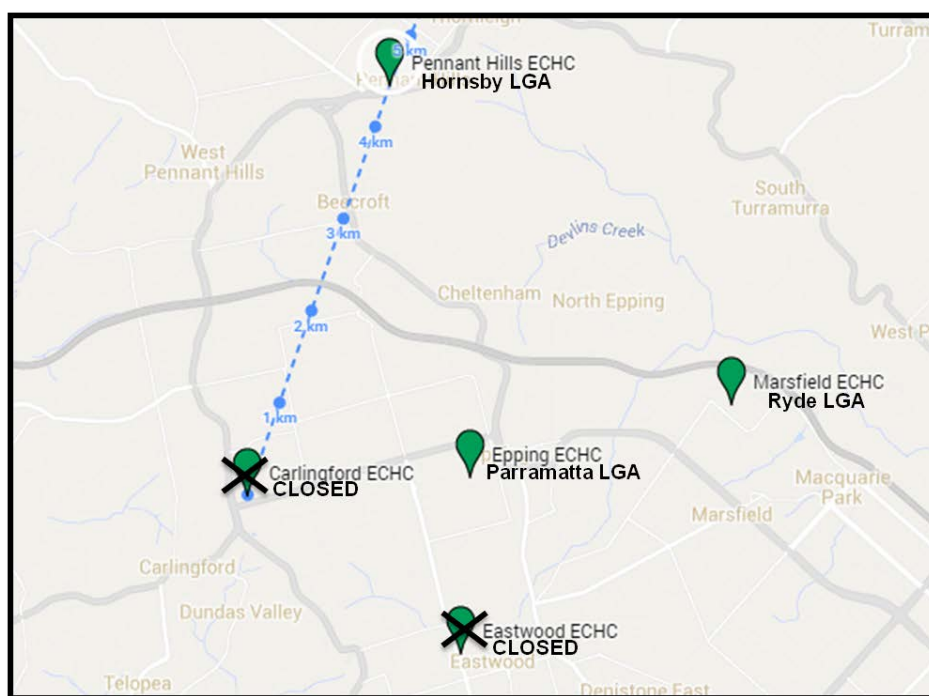


Figure 1. Epping and ECHC coverage.

The Epping area is serviced by the following ECHCs:

- **Epping ECHC, Bridge St:** Open Fridays and (as of 2015) Mondays by appointment only through Merrylands Community Centre. No parenting groups, information sessions, phone support or drop-in consultations. Limited home visit capability. Parramatta LGA residents only.
- **Carlingford ECHC, Darwin St:** Previously open throughout the week for appointments. Home visits conducted for Hornsby LGA residents. Some phone support. Weekly parenting group and occasional information sessions. Welcoming of parents from other LGAs. Closed late 2014, although the plan was to maintain a parenting group at a local venue.
- **Pennant Hills ECHC, Fisher Ave:** Open Monday – Friday for appointments. Home visits conducted for Hornsby LGA residents. Weekly parenting group and occasional information session on specific topics. Some phone support via message bank. No drop-in consultations.
- **Marsfield ECHC, Trafalgar Place:** Open Monday – Friday for appointments and drop-in consultations. Daily breastfeeding clinics. Parenting groups, information sessions and phone support. Ryde LGA residents only.

Which side of the border a parent lived, therefore, could drastically impact the quality of support they received in their baby's first year. The purpose of this report is to document how that difference was felt in real world experiences in comparison to wider Sydney.

METHODOLOGY

Method

This paper was designed to capture a snapshot of real world experiences of early childhood support, as serious issues existed that were not being highlighted to the relevant Local Health District (LHD) through usual feedback mechanisms.

I encountered mothers who desperately wished to share their stories but were unaware of the best method of doing so; finding the time to write a formal letter was out of the reach of most. The purpose was thus to collate the views of multiple women and provide a chance for their voices to be heard.

To this end, in Feb 2015 I released a survey with seven questions covering a range of quality indicators, plus space for free form comment and metadata.

A link to the survey was disseminated to parenting and playgroup connections through informal channels. It was also passed through motherhood Facebook networks, including those for Hills District, North Shore, Sydney and Australia-wide mother groups.

The targeted demographic was mothers who had given birth and utilised ECHC services in the last year. However, some women came forward wishing to provide input whose experience was slightly less recent. Dates of the children's birth were captured in the metadata and, if the time difference is significant (i.e. more than two years), it is noted alongside the quotation.

Over the two week duration of collection, 63 responses were received. 15 of these did not provide enough detail to determine the LHD and were therefore struck from the findings section. The full individual responses are nonetheless available for review in Annex A.

Analysis

This case study is qualitative; that is, I have attempted to group common themes raised in the responses to make sense of the situation.

Data from each question is also presented in graphical form to detect any noteworthy trends. Responses from the Epping and Carlingford areas are contrasted with those from wider Sydney for context. Given the small sample size, however, I acknowledge the limitations below.

In total, out of 63 responses, 48 were deemed complete enough to include in the data analysis. Of these, 26 were classed as within the 'Epping Area'; the remainder were sorted into 'Rest of Sydney'.

Originally the intent was to compare responses from Western Sydney LHD with the other metropolitan LHDs. Sources had pointed to a lower nurse ratio in Western Sydney which was impacting home visits and staff availability. As the Epping area lies across the boundary of two LHDs, however, this would have not presented a full picture, hence this approach. The experience of those in Western Sydney versus other LHDs is still worthy of consideration but is unfortunately outside the scope of this study.

Limitations

The survey is not statistically significant. It was conducted over a very short duration and with a non-representative sample. Far stricter quality controls would need to be in place to accurately measure the effectiveness of ECH programs. As discussed above, the purpose here was purely to capture the experience of those who were struggling and who did not have the resources to raise complaints through formal channels.

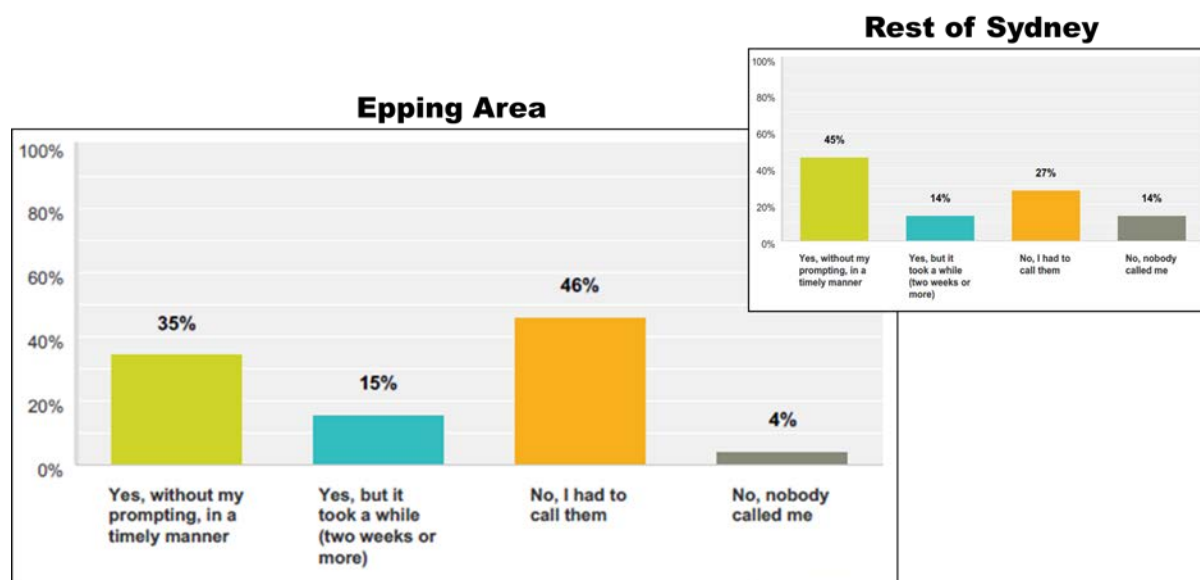
That said, participants were either those who had successfully linked in to the community's organisations or who were connected to online mothering groups. This precludes those without access to these resources, for example, those without English or computer literacy. These groups are of even higher risk of disadvantage and further efforts need to be made to ensure they do not 'slip through the cracks'.⁷

⁷ McDonald, M., Moore, T.G. and Goldfeld, S. (2012), *Sustained home visiting for vulnerable families and children: A literature review of effective programs*. The Royal Children's Hospital Centre for Community Child Health, Murdoch Childrens Research Institute, Victoria.

FINDINGS

INITIAL CONTACT

Question 1: Did you receive a phone call from the health service following the birth?



Over half the respondents reported a lack of contact within the first two weeks. This trend was worse for the Epping area than other parts of Sydney. It is a NSW government commitment that all new mothers are entitled to a home visit within those first two weeks,⁸ yet a number are not even receiving a phone call in this time.

“I had to call multiple times, as my messages were not returned within the time-frames specified on the answering machine.” - #9, Epping

*“I called three times and left messages but no one ever called me back.”
- #62, Carlingford*

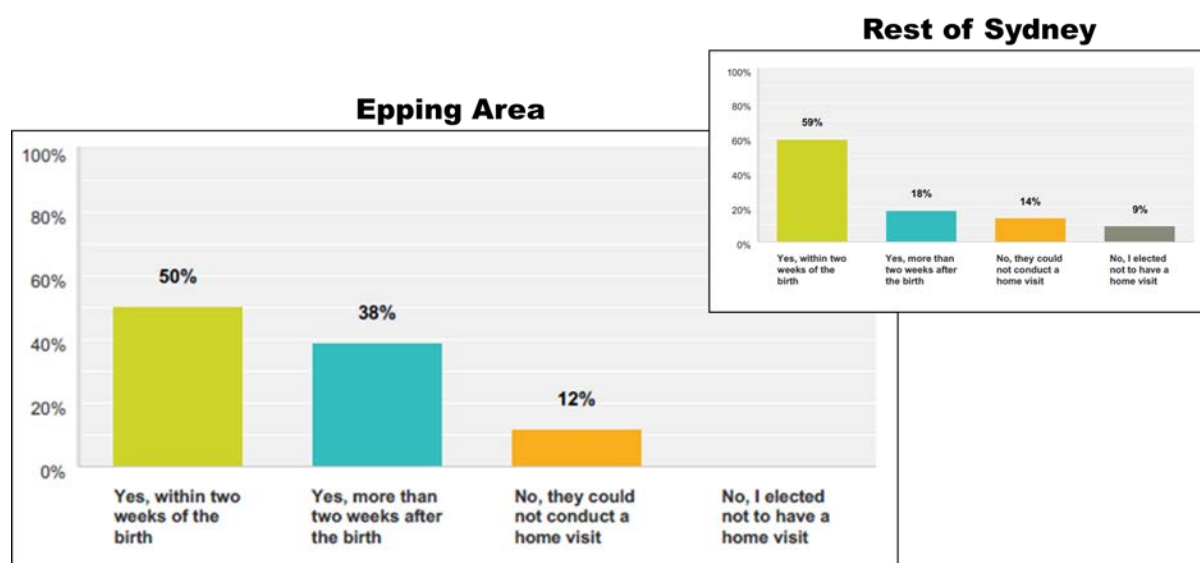
The target of two weeks was set for a reason, presumably as it is one of the most vulnerable times for new mothers. The resources of the hospital are no longer there, settling and feeding patterns are still to be established and babies are often waking every few hours through the night, leaving parents particularly fragile and fatigued. For 80 per cent of women, this will coincide with a period of ‘postpartum blues’; in others, symptoms may begin to manifest into postnatal depression (PND) or more rarely postnatal psychosis.⁹ For carers to be forced to pursue help, and in some cases not receive it, is of significant concern.

⁸ Families NSW, Child health services, online.

⁹ Department of Health, ‘Postnatal depression’, pregnancybirth&baby, <http://www.pregnancybirth&baby.org.au/postnatal-depression> [accessed 19 Apr 15]

HOME VISITS

Question 2: Did you receive a home visit from an early childhood nurse?



Despite delays in initial contact, half received a home visit within two weeks. The remaining mostly still did receive a home visit but significantly later than ideal. A smaller portion did not receive a home visit, being required instead to visit clinics in person. This experience was not isolated to Epping.

“They said seeing I had no concerns rather than sending someone out I had to go to the clinic, did so at about 3.5 weeks old.” - #60, North Rocks

“I was having fever due to mastitis and yet had to go to the centre for my baby’s one week check up.” - #59, Maroubra

While the numbers look adequate on paper, the impact on the individual women can be devastating.

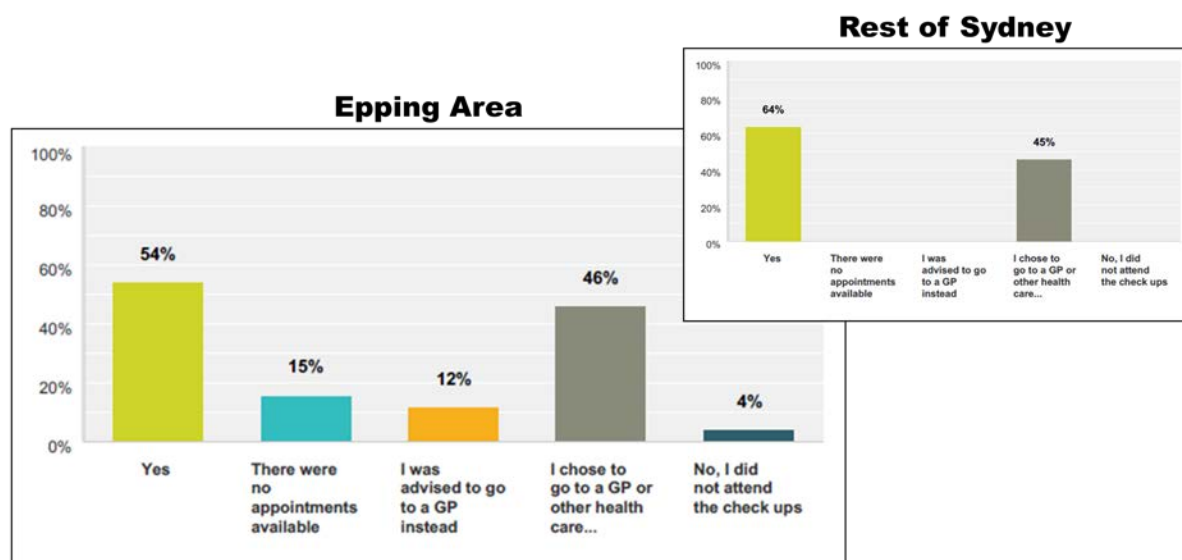
“I was triaged with a single question. Apparently answering ‘Okay’ to ‘How are you going?’ is enough to deem you unworthy of a home visit. They’re short staffed, I understand, but I couldn’t get into a local clinic or mothers’ group either. I felt alone, despite all my efforts to reach out.” - #4, Epping

Home visits offer unique benefits to in-clinic or phone consultations. They ensure new mothers are not overwhelmed with the logistics of leaving the house with a new baby, as well as allowing staff to observe actual rather than self-reported behaviour in the home.¹⁰ Despite the clear benefits, these results indicate a large number may be either facing delays or no support at all.

¹⁰ Centre for Community Child Health (2011), ‘Research evidence to support a revised service delivery model for the Victorian Enhanced Maternal and Child Health Service: A literature review.’ Murdoch Children’s Research Institute, Melbourne.

ECHC ATTENDANCE

Question 3: Did you attend your Early Childhood Centre for your baby's check-ups? (select as many as applicable)



In most cases, parents were either able to attend an ECHC or chose to visit another service provider for their baby's check-ups. Only in the Epping area did a handful of parents indicate they were unable to make an appointment with the Epping ECHC or were diverted away from the service.

"I got told I could not attend an early childhood centre that was two minutes away from me for services, even just to weigh my baby as I had concerns around breastfeeding and my milk supply, and that my closest early childhood centre that I could attend was 20 minutes away ... I ended up having to rely heavily on my mother who is a GP." - #46, Epping

"[The] Early Childhood Centre assigned to me was much further away. I live on the same street as an Early Childhood Centre but because of staffing they only open one day a week, by appointment. The centre I eventually attended closed down half way through (Carlingford). The 8 week check-up did not have appointments and I was advised to go to GP instead." - #5, Epping

Note that in 2015, the Epping ECHC increased its opening hours from one to two days a week. However, there is still with no mothers' groups, drop-in support or phone contact with nurses.

The Carlingford ECHC had been used as a viable alternative, however following its closure Hornsby residents were directed to attend the Pennant Hills ECHC. The flow-on has obviously impacted availability, as one local mother notes:

"I had to follow up for check-ups ... Have to wait three days for call back, felt like they didn't want me to come for help." - #24, Thornleigh

In many cases, this resulted in parents turning away from ECHCs altogether, relying instead on other services.

“The initial one I [attended the ECHC], but then the local centre closed so subsequent ones I have seen a GP.” - #9, Epping

“Our local GP has a very experienced up to date early childhood nurse as part of the practice. I tried the early childhood centre for my first child but it was hard to get in so went to the GP for my second.” - #48, Epping

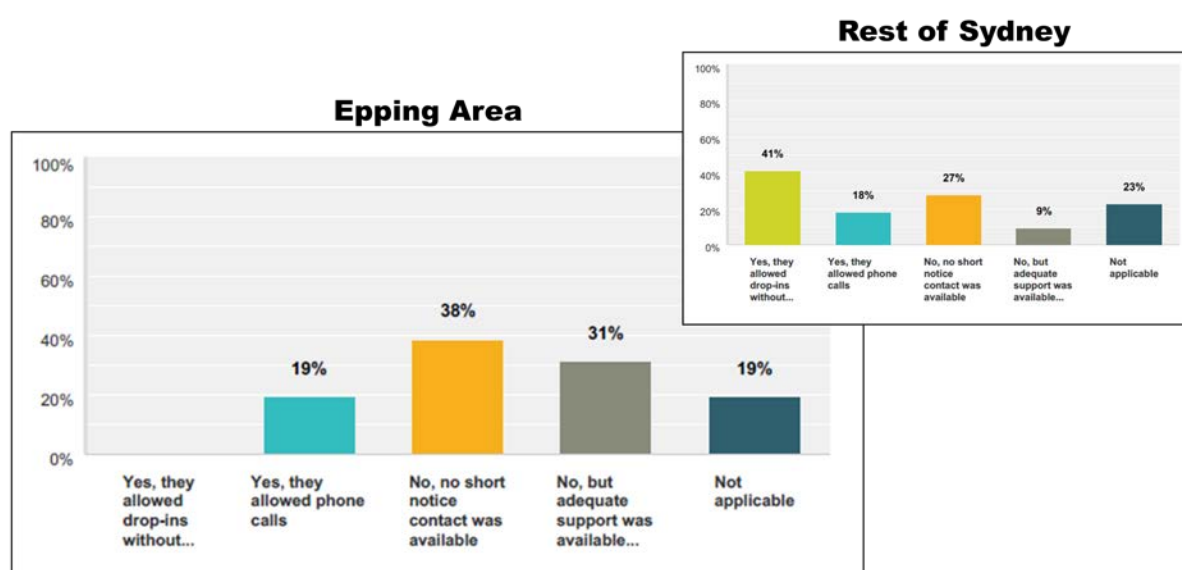
“The Carlingford centre was not a great experience. I stopped going there after baby number one. I used a nurse at my GP clinic for my two other babies (most locals in Epping do because Carlingford was rubbish).” - #14, Epping

“I ended up seeing a children's nurse at my local medical centre. She and the other staff there were amazing and I was grateful to have found them. Community health was a very negative and frustrating experience.” - #63, Epping

GPs, however, do not generally offer the comprehensive support that ECH nurses do, who are able to provide advice not only on health but also parenting issues such as settling and introducing solids. While at least one Epping practice has a dedicated ECH nurse, they cannot facilitate mothers' groups or information sessions. Reliance on GPs may be an acceptable stop-gap, but side effects in terms of fewer resources to the carer and potentially higher cost to the taxpayer need to be examined.

SHORT NOTICE SUPPORT

Question 4: If you had questions, could you speak to an Early Childhood nurse at short notice? (select as many as applicable)



In contrast to other areas in Sydney, no clinics around Epping provided for drop-in consultations. Those within the Parramatta LGA were directed to the Merrylands

central service which handled appointments; no phone contact with the nurses themselves was available. By contrast, the closed Carlingford ECHC had allowed for phone contact with the ECHC nurses, replaced by Pennant Hills ECHC, but again mothers reported difficulty accessing this support in a timely manner.

“When I phoned the [Carlingford] ECHC it's only a voicemail service. I had to leave messages three times over a three week period before someone got back to me. And the nurse at mothers group (who is your main contact on a weekly basis) did not explain what help was available nor what services they provide.” - #55, Epping

“The ability to leave answering machine messages is not much good for new mums as you never know how long it will take to get a return call.” - #47, North Epping

“The first couple of months were good. I like the walk-ins without booking any appointment. But this has been stopped and it is so difficult to get a booking because they don't pick up or return your call for a few days. We have to end up going to GP instead just for advice and my baby health in general. I would prefer the walk-ins time slot back.” - #29, Carlingford

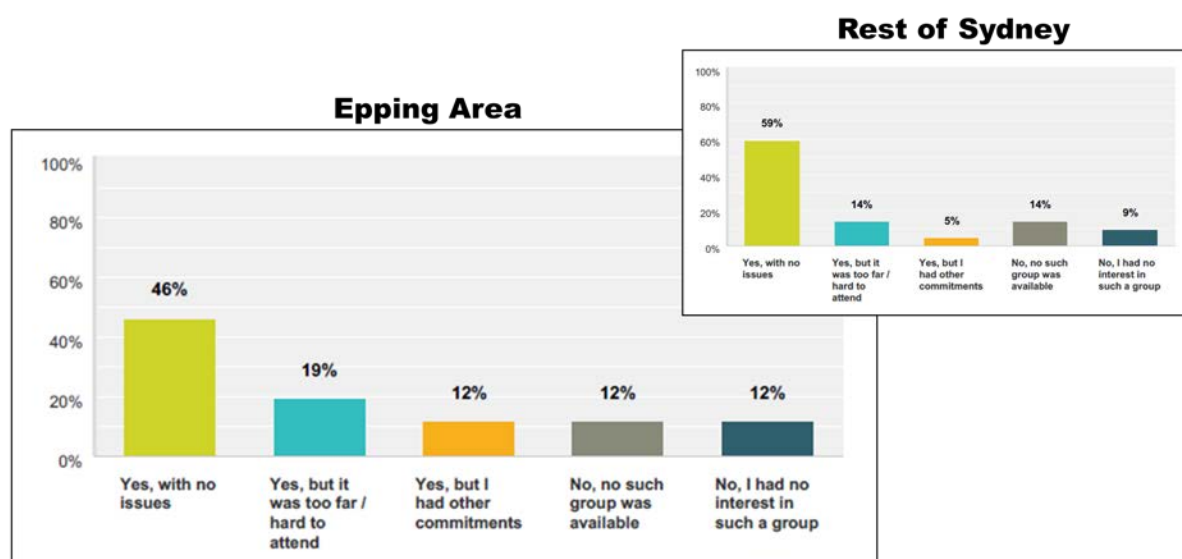
Conversely, the Marsfield ECHC had multiple avenues of contact for short notice support, including weekly drop-in times and reliable telephone support. Mothers in this LHD consequently reported very high levels of satisfaction, as seen in Question 7. This service was only for the use of Ryde and North Shore residents, however, and is therefore unavailable to those in Epping.

Lengthy wait times for appointments cause problems in a number of ways. It makes rescheduling almost impossible, should something arise with the baby – or the staff. In one case, at Carlingford ECHC, a 6-8 week check was cancelled due to *staff* illness but they were so under resourced they were unable to reschedule the appointment within that two week window. The mother had to arrange a GP visit instead at short notice and additional stress to her.

If this was the experience for a mandated Blue Book check, how did mothers find support for unforeseen issues, for times when they were not coping? And how will the closure of the Carlingford ECHC impact accessibility under such conditions? The issue of local appointment availability is discussed further under Question 6.

MOTHERS/PARENTING GROUPS

Question 5: Were you allocated to a mothers/parents group?



While the results appear even across localities, analysis proves problematic. Firstly, on finding no mothers group at the Epping ECHC, Parramatta LGA residents were crossing council boundaries to attend at the Carlingford ECHC.

"I called the administration centre back twice to ask about a mothers group in Epping. I was told instead to try Rhyme Time or the Australian Breastfeeding Association, neither of which are run by nurses nor targeted at newborns. I was lucky someone invited me to join the Carlingford ECHC mothers group – none of the Merrylands staff seemed to know about it – as the support provided by the nurses there and the other mums has been outstanding, and saved me so many times." - #4, Epping

"Carlingford Early Childhood Centre gave me a mothers group for my first child and it [was] invaluable but Epping Early Childhood did not offer it. It is a real shame as mothers group is a lifeline for mums." - #48, Epping

However, many respondents were describing their experience prior to the closure of Carlingford ECHC. According to Carlingford nurses, the intent was to keep a mothers group running locally by hiring a venue, but it is unclear how permanent this arrangement is and how widespread knowledge is of its existence.

"The nearest centre to me was being shut down so the land could be developed and I was expected to travel to a centre much further away in a location with inadequate car parking. As a new mum, I found this quite stressful. Local centre that was shutdown was Carlingford ECHC, conveniently located and in an area that is being developed and with large residential growth. And the centre we are expected to go to is Pennant Hills, the few times I've been I've had to spend 15-20 mins searching for a car park,

and at times had to park far away from the centre ... Thankfully they arranged to hold mothers group at a local venue nearby temporarily even though the local ECHC was shut down.” - #55, Epping

“Ours has been moved to a further less convenient location (Carlingford to Hornsby) and my local Epping centre was not offered ... I felt overwhelmed trying to get there as the first two months were extremely difficult.” - #51, Epping

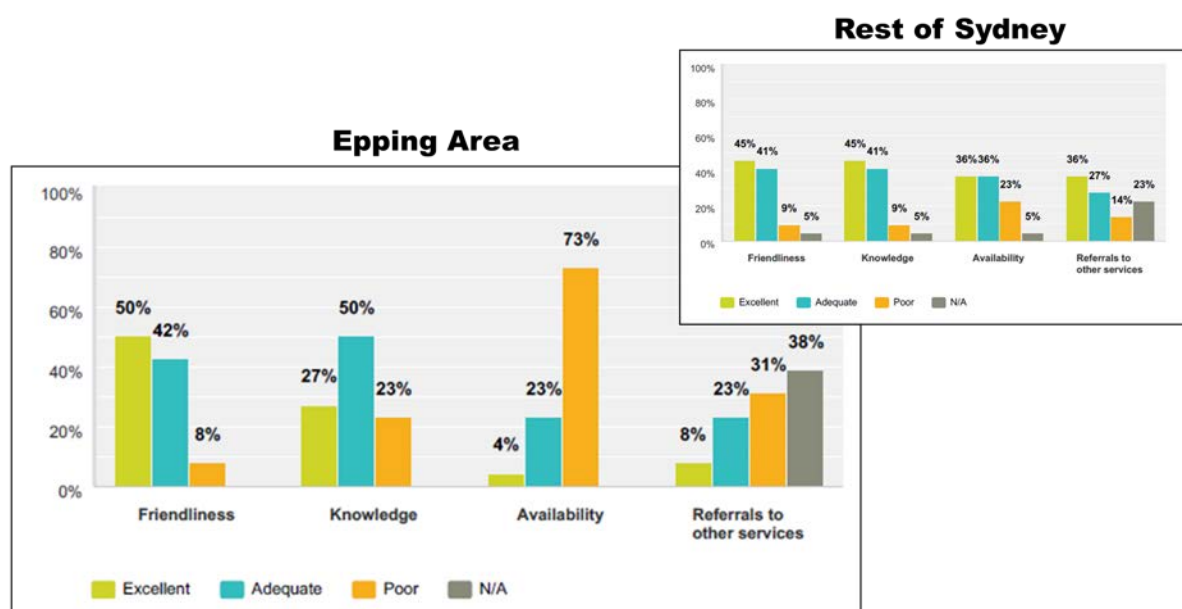
The difficulty of travel was indeed highlighted by a number of participants as a major challenge in accessing the service, especially in the first six weeks, when support is arguably needed the most. This went doubly so for women who have had caesareans and who are commonly prohibited from driving during this time, or who have other logistical hurdles to overcome. Hurdles that may have seemed like nothing prior to parenthood suddenly become a very real barrier to new mothers.

“[Pennant Hills] met upstairs and I have twins. Impossible.” - #24, Thornleigh

Uptake of a service will naturally be low if it is not widely advertised or inaccessible to the majority of its clientele. This does not mean that the service is unneeded or unwanted, as discussed below.

ECHC SERVICE DELIVERY

Question 6: How would you rate the Early Childhood Centre staff on the following?



On the whole, Epping and Carlingford ECHC staff were well rated for their friendliness and knowledge. Availability stands out as the major weakness. This is in staggering contrast to results from other areas. This potentially explains the low rating for onwards referrals but further investigation is necessary.

"Would have loved more availability for support. Pennant Hills is certainly understaffed. I had PND with my twins but the referral to Koala Cottage wasn't of much help. I am currently asking for help with solids and formula. It's taken a number of calls and pleading to get an appointment." - #24, Thornleigh

"More support and availability is needed. Distance should be a consideration for new mothers as well ... Staff are great but they are extremely understaffed which offers us less support. It took them a month to connect me with the [Carlingford] centre." - #51, Epping

"Pennant Hills was excellent except for the availability - they were often too busy to get in at short notice." - #50, Carlingford

"I had twins, it would have been nice if they were more easily available. I also had to ask quite persistently before they were happy to pass details to me about Tresillian." - #54, Epping

"They are short staffed; need more resources." - #40, Carlingford

Knowledge was occasionally noted, however, as an area needing improvement. Some respondents highlighted contradicting advice given by ECHC staff and other services, with some ECHC nurses appearing to lag behind the latest findings. This proved confusing to already frazzled new parents. Again, resourcing could be partially to blame here – if staff levels are not adequate to allow nurses to time to keep updated, it is reasonable they will fall behind in the constantly evolving guidelines.

"The nurses to me were outdated with knowledge and very 'old school' with information! For example baby led weaning advice and I was also told because I had breast issues the only thing I could do is get tablets to help bring in the milk." - #13, North Epping

"The staff were out of touch and looked like long time public servants. Depressing experience." - #14, Epping

"Solids information conflicting, told me I have four weeks to introduce everything, even when discussing my child's eczema flaring up (e.g. 'Don't start solids till 6 months but must be eating everything by 7 months', 'Introduce one thing at a time with 3-5 day gap')." - #43, Quakers Hill

"Nurses were very helpful with advice on both breast and bottlefeeding but there was no knowledge, or recognition, of the real issue of insufficient mammary glands which affects a small number of women." - #53, Chatswood

"Mothers group sessions were just Q&A sessions and often the nurse running the session would ask the other mothers to answer the questions. It would be more helpful to have a theme or topic to discuss each week and then open

questions because as a new mum you just don't know what you don't know ... I've been told that Chatswood ECHC and West Ryde ECHC run these sessions much better." - #55, Epping

While friendliness was by and large ranked very highly by participants, there were a few cases where mothers felt attacked or unwelcome. This is unfortunately enough to put them off the service entirely, which can restrict their access to other services. Conversely, a pleasant and helpful approach enables parents to take advice where required and build their confidence.

"Pennant Hills mothers group was excellent and helped make the huge shock transition to motherhood much easier and also helped to have such positive and friendly early childhood nurses. Such an essential service to new mothers - Sue Covey was the best! However can't say the same for Epping/Carlingford - service was lacking warmth and friendliness and made me feel more anxious about motherhood than I already was." - #50, Epping

"Adequate in that there was some level of support but not what you call quality support. Feels like someone just ticking a box that they have done what their job [was]. Put this group of new mums through the process and move onto the next group." - #55, Epping

These sorts of encounters, however, were not isolated to Epping and highlight the need for empathy and care with new parents.

"Very rude and unhelpful when I called. Very condescending like I didn't know what I was doing or talking about (this was my baby #2)." - #32, Dural

"Assigned to Castle Hill for baby #1 in 2010 and again baby #2 in 2014. Attended around six visits for daughter as she was preemie and extremely underweight and had to be regularly weighed. Different 'know it all nurse' every visit and I left in tears most visits ... I dreaded every single visit and made my first few months as a first time mum dreadful. Second time around I knew better and still traumatised I only attended once as felt I should." - #34, Dural

"Found staff at the Randwick ECHC to be obnoxious and didn't know how to deal with a premature baby." - #61, Kensington

"I saw two different early childhood nurses ... I didn't like both of them as I didn't feel I was emotionally supported by them. I am now battling postnatal depression and I deeply feel that if the nurses were more supportive, I would've handled my depression better. I saw them three times and hated it, I felt like I was being judged." - #39, Hurstville

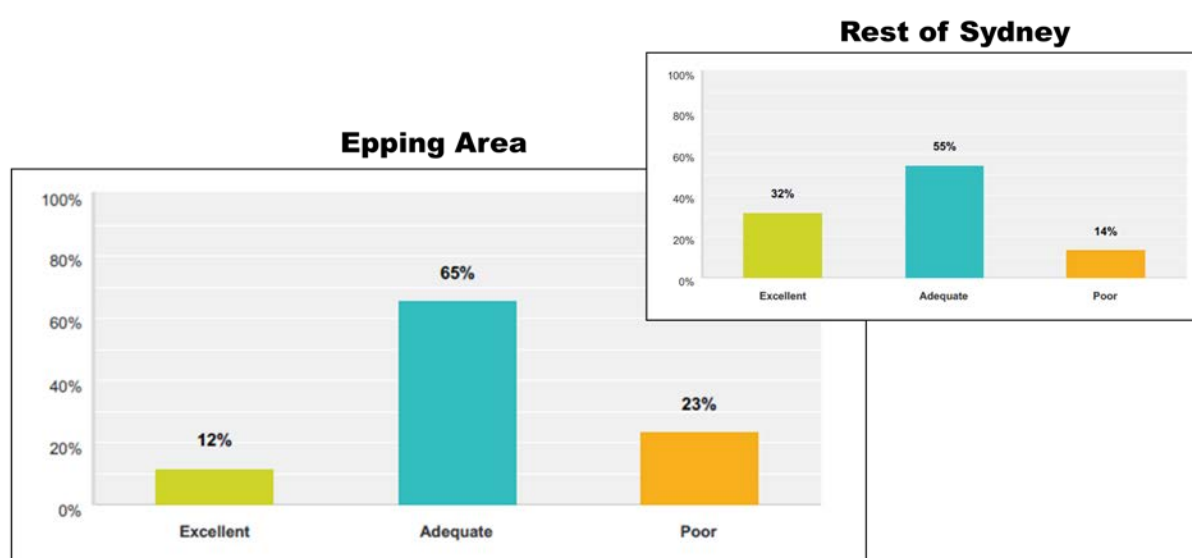
"No option for second and subsequent children, disappointing as I still needed support and friendship." - #21, Kenthurst

Thankfully, unlike the last quote, second-time parents were welcomed at Epping clinics. It is a shame that is not the case in all areas, as parents of multiple children not only can be of great assistance to less experienced new parents, they also need different styles of support and access.¹¹

The results here demonstrate that a quality ECHC service is valued highly by new parents, but that delivery is very uneven. In the Epping area at least, it is sorely under resourced.

SUPPORT OVERALL

Question 7: Overall, how would you rate the support you received in your baby's first year?



Overall, the majority of participants rated the support received as adequate. There was a slightly greater result of 'poor' in the Epping area, which is unsurprising considering the findings in Question 6.

"My first child ended up underweight as I was having trouble breastfeeding. I didn't feel like I was getting adequate support from the Early Childhood Centre to deal with this so I went to the paediatrician, who confirmed my daughter was quite underweight and told me what to do about it. The Early Childhood [staff] are stretched too thin and are basically unavailable for immediate help so it is a real concern. Consequently for my second child I went straight to the nurse at the GP particularly since Carlingford closed and it takes months to get into Epping. It is completely unrealistic and impractical. I don't [know] how mothers with postnatal depression could get diagnosed or assisted in time [to] help them. Lastly the lack of ability to have a mothers group cuts mothers off from a much needed lifeline, amazing support both emotionally and physically as well as network of friends for their baby." - #48, Epping

¹¹ Department of Education and Early Childhood Development Victoria (2014), *Victoria's Maternal and Child Health Service: Proposed Future Directions Consultation Paper*, East Melbourne, Victoria.

"I am a second-time mother and wonder how I might have coped had I had my first baby in this district. My first baby was born in Perth and I note a remarkable difference in state services in WA, my experience being completely different, and much better there. For instance, my home visit was organised whilst I was in hospital and occurred on the second day after going home with baby. My local clinic was open five days a week, for full business hours, and one of these days each week was dedicated purely to drop-ins. There was an abundance of state developed pamphlets containing all matter of information readily available. I was placed in a facilitated and well organised mother's group. Vaccinations were also able to be done at a state clinic, free of charge. Appointments for check-ups could be made within about one week's notice. Needless to say, I did not experience any of this in NSW, but thankfully the level of assistance I required was reduced as I've had my second baby. A shock to me though, as I never imagined the discrepancy between states to be so large." - #9, Epping

"I had my first baby in the Concord area. The ECHC was amazing there! I felt I was well taken care of and all my concerns were addressed. I had breastfeeding issues and I attended some breastfeeding clinics at Homebush. I had a very positive experience with the Concord ECHC. My second pregnancy was with twins. We had just moved so we were allocated the Carlingford ECHC (Hornsby). I was very disappointed with the long waiting lists and the fact that it was very hard to get ANY kind of support. I had to call a few times just to make an appointment. I had issues with settling my twins but the childhood nurse did not offer me any services I could use to help me (esp since I had 3 under 3...). The Carlingford ECHC was run very poorly and lacked a lot of resources. I was never told about the mother's group. With my first pregnancy I always went back to the ECHC for my firstborn's checkups. But with my twins, I gave up on the Carlingford ECHC and went to my GP instead. It was very frustrating (esp with twins). I am grateful that I didn't get PND because the support from the Carlingford Centre would not have helped me at all. I have also heard rumours that the Carlingford ECHC is closing. I have no idea how my local mums will get enough support - esp when it is already so lacking." - #54, Epping

As clearly seen above, the impact of a lack of support at this crucial time can be drastic. The resulting isolation can flow onto other difficulties in other areas, such as mental health and breastfeeding:

"I learnt something about the problems I had with breastfeeding once I started attending the groups. This knowledge would have helped me greatly [had I received it earlier] and it was very different to the Breastfeeding Association's advice. I stopped breastfeeding. This may have helped me try for a longer period of time." - #51, Epping

"I felt I had PND and the lack of support was concerning." - #12, North Epping

"I had a lot of trouble with multiple blocked ducts from breastfeeding and had to get support elsewhere rather than the ECHC, also am still currently having lots of difficulty settling my 4.5 month old baby and with her sleep and don't even bother with contacting the ECHC, there is no point because it's voicemail and I need help that is more prompt at getting back so I phone Tresillian instead they always get back within 30 mins. The only thing I've got out of the ECHC is joining a mothers group which I still see socially and we email questions to each other and timed checkups for weighing and baby's progress, however, as mentioned before Pennant Hills is a difficult location." - #55, Epping

"I had three bouts of mastitis and found it too difficult to get to mothers group with a baby who screamed in her baby seat. My husband and I don't have any family that could help, if my husband wasn't so unusual in that he cooks and cleans and supports me, then I would have descended into depression in a major way. The lack of sleep coupled with mastitis and recovery from child birth rendered me a useless depressed zombie unable to look after myself, never mind a baby." - #20, North Ryde

This is an extreme pity as, when done well, the support provided by the clinics and affiliated mothers groups can make a significant and enduring difference.

"I was so pleased by the care and attention of the nurses and lactation consultants in the early childhood centres. I had problems breastfeeding in my first month and was ready to give up, but after visiting the centres three times they built my confidence to continue breastfeeding and now I am doing it with no issues (exclusively breastfeeding). I really enjoy the advice via phone calls as well. Overall the nurses were just fantastic!" - #41, Campsie

"The drop-in breast feeding clinic was fantastic ... The ECHC at Chatswood was excellent! The support I received from Cate was especially valuable for breastfeeding. I would have loved it if the formal mothers group at the centre could have gone on for longer." - #33, Artarmon

"Great support at the West Ryde Early Childhood Center. Tresillian was also a great resource and place for us. Also like how Ryde offers immunization clinics twice a month." - #25, Ryde

"I had brilliant support - but I still had PND but the wonderful ladies at west Ryde supported me every step of the way." - #22, Ryde

"It's a great service, lots of great work and support." - #57, Crows Nest

"Had great support at Carlingford. Developed into a great mothers group with great support." - #18, Epping/Carlingford border (2008)

“Handover between ‘departments’ was flawless ... Our mothers group continued from the women I met at the Early Childhood Centre following a four session educational [program] held there ... Due to the excellent educational sessions and drop-in clinics I never felt the need to be referred to other services.” - #49, Marsfield

DISCUSSION

ECHC staff are the conduit through which new mothers access all other types of support. The comments presented here indicate that it is a service that is greatly valued, particularly in the baby’s first year. The primary frustration lies in difficulties accessing the service and, occasionally, with the differing quality of material presented.

While not statistically representative, this survey suggests there is a large gap in service coverage in the Epping area. A shame, considering its status as a community hub and plans to expand that considerably in future. Yet one town over, Ryde residents can access the incredibly comprehensive support of the Marsfield ECHC.

The question is, why the disparity? How can service delivery vary so widely across suburbs? And how many other areas outside of Epping are suffering similar shortfalls?

Funding arrangements are likely to be a key component. Other states seem to have managed to roll out ECH services more consistently – perhaps there is some argument to adopt a Victorian approach, for example, which calculates funding on number of children enrolled in age cohorts, the socioeconomic situation of families and rurality.¹² Given the size of the health system it is no doubt a complex problem; all we can do here is highlight how the current situation is impacting mothers and to urge decision-makers to prioritise addressing this issue today.

Another matter, tied up with funding, is the arbitrary nature of boundaries. As the above responses show, when new mothers reach out for help but find only walls, it serves to increase their feelings of frustration and social isolation. This is doubly so where the support they seek is physically there but denied due to their residential address. Again, there are probably logical reasons as to why this has developed. If possible though, the relaxation of eligibility based on LGA would make a huge difference to accessibility, especially in areas bordering multiple districts.

In searching for an easier short-term solution, there could be the temptation to cost cut by pointing to the existence of online communities as a replacement for

¹² Department of Education and Early Childhood Development Victoria (2012), ‘Memorandum of understanding between Department of Education and Early Childhood Development and Municipal Association of Victoria In relation to Maternal and Child Health Services July2012 – June 2015’, <http://www.education.vic.gov.au/Documents/childhood/professionals/health/mou-deecd-mav-2012-15.DOCX> [accessed 19 Apr 15]

traditional peer support. While social media provides an extremely powerful medium to allow parents to communicate, it does not establish communities on its own – users must be introduced to each other. Nor does it replace face-to-face consultations with medical professionals.

That said, there are a number of examples of online or phone services effectively working alongside EHCs. In addition to established organisations, *Health Direct* and the *Pregnancy, Birth and Baby* advice lines are amazing resources and available 24/7. The problem is making them adequately well known – certainly the women in this survey did not appear to have been aware of their existence. This was despite the number (with no description) being on the cover of the Blue Book itself! Ensuring mothers are alerted to such services *prior* to their departure from hospital is crucial, particularly if contact with EHCs is going to continue to be limited.

To sum up, I hope the research in this document provides an insight into the shortfalls new mothers are experiencing with ECH services in Epping and potentially Sydney more broadly. I respectfully ask the testimony given by the women who participated is taken seriously and the issues mentioned are flagged and, even better, rectified. Below are some non-expert suggestions which may assist in addressing the situation in the short to long term.

RECOMMENDATIONS

At a local level:

- A full ECHC to function out of Epping, including staffing for weekly drop-in appointment slots, mothers/parenting groups, breastfeeding clinics and regular information sessions (potentially to be factored into the Epping Town Centre Priority Precinct project).

At a state level:

- Investigation into an improved funding model and program design for early childhood support, similar to Victoria, to deliver consistently across all health districts, particularly in the child's first year.
- Statewide relaxation of location eligibility criteria, enabling mothers and carers to attend the ECHC that best suits their needs and access requirements.
- Up-to-date list of all EHCs and relevant availability information to be made available to mothers and carers via a central point, e.g. the Families NSW website.¹³
- Education of midwives and other health staff to include 24/7 helplines such as *Health Direct* and the *Pregnancy, Birth and Babies* services in their parenting classes and discharge advice.

¹³ <http://www.families.nsw.gov.au/support/child-health-services.htm> - the 'Find an Early Childhood Centre near you' link is broken.

REFERENCES

Centre for Community Child Health (2011), 'Research evidence to support a revised service delivery model for the Victorian Enhanced Maternal and Child Health Service: A literature review.' Murdoch Children's Research Institute, Melbourne.

Dennis, C. (2005), 'Postsocial and Psychological Interventions for Prevention of Postnatal Depression: Systematic Review'. *BMJ* 331(7507):15

Department of Education and Early Childhood Development Victoria (2014), *Victoria's Maternal and Child Health Service: Proposed Future Directions Consultation Paper*, East Melbourne, Victoria.

Department of Education and Early Childhood Development Victoria (2012), 'Memorandum of understanding between Department of Education and Early Childhood Development and Municipal Association of Victoria In relation to Maternal and Child Health Services July 2012 – June 2015',

<http://www.education.vic.gov.au/Documents/childhood/professionals/health/mou-deecd-mav-2012-15.DOCX> [accessed 19 Apr 15]

Department of Health, 'Postnatal depression', *pregnancybirth&baby*, <http://www.pregnancybirthbaby.org.au/postnatal-depression> [accessed 19 Apr 15]

Families NSW, *Child health services*, <http://www.families.nsw.gov.au/support/child-health-services.htm> [accessed 17 Apr 15]

Haynes, R. (2011) 'Streets mobbed by units at estate called Epping Park', *The Daily Telegraph*, 13 Jan 11 <http://www.dailytelegraph.com.au/streets-mobbed-by-units-at-estate-called-epping-park-to-be-built-by-harry-triguboff-meriton-apartments/story-e6freuy9-1225986516177> [accessed 12 Mar 15]

Hornsby Shire Council (2011), 'Housing Strategy', *Planning and Building*, <http://www.hornsby.nsw.gov.au/media/documents/planning-and-building/housing-strategy/strategy-march-2010/Volume-2-Carlingford-Precincts-March10.pdf> [accessed 16 Apr 15]

McDonald, M., Moore, T.G. and Goldfeld, S. (2012), *Sustained home visiting for vulnerable families and children: A literature review of effective programs*. The Royal Children's Hospital Centre for Community Child Health, Murdoch Childrens Research Institute, Victoria.

NSW Planning & Environment (2014), 'Epping Town Centre Precinct, Priority Precincts', NSW Government, <http://www.planning.nsw.gov.au/en-us/deliveringhomes/priorityprecincts/eppingtowncentrepresinct.aspx> [accessed 12 Mar 15]

Parenting Research Centre (2014), *PRC Submission: Productivity Commission Inquiry into Childcare and Early Childhood Learning*, http://www.parentingrc.org.au/images/stories/resources/Submission_PCI_CCEL_Feb2014.pdf [accessed 17 Apr 15]