

**Submission
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SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES

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Public Health Association of Australia submission on support for new parents and babies in New South Wales

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Introduction

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia. The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Preamble

PHAA welcomes the opportunity to provide input to New South Wales Legislative Committee on Community Services inquiry into support for new parents and babies in New South Wales. The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on promoting a healthy ecosystem and reducing social and health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

PHAA Response to the Inquiry Terms of Reference

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.

All new parents will require services and support, with the types and level of support varying according to need and circumstance. Becoming a parent affects so many areas of one's life that the range of support and services needs to be broad for the whole community. However, wide variation in availability and provision of services has been reported in NSW.¹

The prioritisation of vulnerable children has been found to be ad hoc and inconsistent.² There are many population groups who are adversely affected by this inconsistency and lack of service provision:

- Gaps have been identified in home visitation to refugee mothers who do not speak English
- Support services for incarcerated parents to maintain a connection with their infants or young children are limited. Support for parents post release³⁻⁵ is often difficult with multiple significant needs including housing, employment and access to their children
- Mothers who are experiencing domestic violence
- Parents who are seeking support with stopping substance misuse
- Less than 50% of women at risk of poor perinatal mental health receive adequate care due to poor uptake of specialist services for mental health problems in postnatal women⁶
- Fathers who are at risk of postnatal depression often do not receive mental health screening and care due to a lack of contact with health services in the postnatal period⁷
- Disadvantaged Aboriginal and Torres Strait Islander families

There are only 10 early parenting services located across Australia that provide specialist, multidisciplinary interventions to support parents experiencing complex parenting difficulties. These services are located in major cities with only minimal services provided for rural families. However, some early parenting services are developing innovative models to take services to rural areas.

Insecure funding arrangements and/or short-term grants impose significant difficulties for non-profit organisations to provide continuity of services and workforce planning. For example, few Aboriginal Community Controlled Health Organisations (ACCHOs) receive secure funding through the Aboriginal Maternal and Infant Health Strategy, which restricts access to culturally appropriate services for new parents. This is especially important since Aboriginal and Torres Strait Islander women face disparities in their maternal health outcomes compared with non-Aboriginal women, and a clear need for cultural safety training within mainstream services has been identified.^{8,9}

Inconsistent approaches to transfer of information about mothers and newborns from maternity services to child and family health nursing¹ services or GPs¹⁰ has been reported. Electronic medical records have been identified as the key means of communication, however, selective information sharing or poor information transfer between midwives and child and family health nurses (CFHNs) has been identified that may reduce quality of care.¹ Collaboration between midwives and CFHNs is constrained by service disconnection.¹¹

Issues with communication and referral have been noted between midwifery, early childhood nursing and general practice, affecting continuity of care and highlighting the lack of inter-professional relationships between maternity and CFH nurses, GPs or practice nurses.¹²

It is difficult to locate services on the internet with broken links on the Families NSW child health services site and limited information for parents. This is a smaller and more manageable issue which can and should be resolved immediately.

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

Enquiry by a health professional about women's past or current mental health is associated with help-seeking throughout the perinatal period.¹³ Improving the opportunities for such enquiry by enhancing the relationships between the local midwifery program, CFHN home visits and GP is therefore important.¹⁴ This will improve referral and service uptake of specialist perinatal and infant mental health services which have been favourably received by women. For this to be successful, there is a need for further investment including for consistent clinician support across a minimum of a 12 month period^{15, 16} with a preference for programs to continue until the child's second birthday.¹⁷ Innovations identified in research include improved information sharing, the efficient use of funding and resources, development of new roles to improve co-ordination of care, the co-location of services and working together.¹⁸

No matter how appropriate the models of service that are chosen to work with families, having an adequately educated, culturally appropriate and skilled workforce is of paramount importance and a continuing issue. Many of the parents and children who have the most complex histories and vulnerabilities are often provided home visiting services with the least skilled workers or volunteers. This sets up inequities within the system that need to be resolved. Nurses have been clearly identified as highly suited to providing home visiting services to parents and their infants and young children. However, these nurses need to have as a minimum a child and family health nursing qualification to enable a strong focus on comprehensive assessment and intervention design, growth and development, infant nutrition, child protection, child health and perinatal and infant mental health. They also need to be able to work collaboratively with parents building on their existing knowledge, skills and cultural preferences.

Depending on the complexity of the family's situation, whoever is the lead worker, they need to be able to work within an interdisciplinary team to provide the best support and service to the family. It is unrealistic to think that one worker can be skilled in all aspects of care.

While we have seen an improvement in health outcomes and child infant mortality rates in recent years, for Aboriginal and Torres Strait islander children there is still a disparity.¹⁹ The Aboriginal and Torres Strait Islander child mortality rate is 1.9 times that of other children in Australia, and they are 7 times more likely to be taken into care.²⁰ ACCHOs offer culturally appropriate, holistic health care to reduce the number of children in out of home care. With appropriate funding and resourcing, they are best placed to offer services to Aboriginal and Torres Strait Islander people.²¹ Supporting ACCHOs to work intensively with families within the first 1000 days of life will help to ensure healthy, happy children and reduce child protection notifications and removal from families.^{22, 23}

Developing rapport with new parents and improving communication between health professionals is required. A return to the CFH nurses visiting new mothers in maternity services might assist with connecting families and service providers²⁴ GPs also need to receive both feedback about families they have referred, and maternity discharge summaries.¹⁰ All providers should be involved in group meetings to support families with psychosocial needs. These could also be facilitated by telehealth (telephone or videoconference) as well as face to face. Midwifery and CFHN collaboration has been found to be facilitated through liaison staff roles; co-location and joint working.²⁵

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

There are several groupings of infants who need to be provided with significant support due to their vulnerable state:

- Infants in temporary out-of-home care as they are likely to have disrupted relationships with their main carer
- Infants of incarcerated parents
- Infants of parents who have a substance use disorder
- Infants in kinship care that perpetuates the intergenerational transfer of dysfunctional parenting and abuse
- Infants of parents with mental health issues including post-natal depression
- Infants in families with socioeconomic disadvantage such as unstable housing or unemployment

Other infants and parents that can be forgotten by the system are infants who are premature, infants with a disability or who have chronic illnesses requiring significant clinical intervention. The focus is usually on stabilising their health condition rather than on providing parenting interventions which may be beneficial in supporting parents, and in turn, assisting health outcomes for the infants.

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

New models of shared care between practice nurses and family physicians as shown to be effective in Canada.²⁶ However, these nurses need to have appropriate child and family health knowledge and skills as stated in Question 2.

For Aboriginal and Torres Strait Islander parents, family focused, community embedded programs that address social determinants of health such as the provision of housing with appropriate social, behavioural and community-wide environmental interventions are the most effective²⁷.

NSW Health may benefit from an investigation into other models of care to support refugee parents such as the Bridging the Gap Partnership in Melbourne. This is a model that aims to implement and evaluate co-designed quality improvement strategies and early childhood services to support families of refugee background.²⁸

Corrective Services NSW has established parenting programs for incarcerated mothers (Mothering at a Distance) and incarcerated fathers (Dads and Family (Babiin Miyagang)).²⁹ Both these programs have been well received by the participants and correctional staff.³⁰ The approach used in these programs could be extended to the wider community.

Developing service models that encourage capacity building of the parents as well as the health worker/professional are essential. For example, Kathleen York House staff have been working with Tresillian Family Care Service to provide a parenting service for the admitted mothers. This has resulted in capacity building for both the KYH staff (in parenting) and Tresillian staff (in substance misuse management).³¹

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

Mhealth interventions have been found to be promising in increasing the uptake of antenatal, postnatal care and child immunisations.³² However, the use of technology must be based upon high level evidence that is often lacking. The Text4baby program that promotes healthy pregnancies and babies by the use of text messages in the United States that might provide a useful model to for NSW as it has been rigorously evaluated.³³ Mobile apps for fathers may be useful to support them with mental health issues in the postnatal period³⁴ and to assist their partners in breastfeeding.³⁵ The SMS4dads project being conducted through The Family Action Centre at the University of Newcastle provides new fathers with information and connections to online services from pregnancy to 12 months after birth, through their mobile phones. A feasibility study showed positive results and the project has progressed to an efficacy study currently underway.³⁶

An essential requirement other than the appropriate staff to provide these services is the provision of reliable internet services. Without this internet reliability these services will fail and cause significant frustration for parents and health workers.

Conclusion

PHAA supports the broad directions of the review of support services for new parents and babies in NSW. We are particularly keen that the following points are highlighted:

- services must be adequately and securely funded to ensure continual service provision
- services must be available, especially to vulnerable populations, across the whole of NSW
- collaboration, coordination and information sharing among an interdisciplinary team are important to ensure needs are met
- Programs and services must be culturally appropriate, with ACCHOs best positioned to provide services to Aboriginal and Torres Strait Islander communities

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to improved support to new parents and babies in NSW.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.



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