

SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES

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NSW Government Submission to the Parliamentary Inquiry into support for new parents and babies in New South Wales

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Executive summary

NSW has a strong system of support for parents and children. This is delivered through a complex service network within each community, including Government services, general practitioners, local councils, culturally specific service providers and non-government organisations.

This submission outlines the NSW Government services and funded non-government services that offer a range of supports to parents expecting a baby or caring for a young child to maximise the wellbeing of children and families. This support can promote optimal health and development, support positive parenting practices, minimise risks to children and families, and prevent harm and the escalation of harm.

In NSW the support system is tailored to the needs of the family in a stepped approach to care. The key elements are:

- Universal support services available to all families, such as access to a child and family health nurse soon after birth
- Secondary support, such as sustained health home visiting programs
- Tertiary services for families who need additional support, such as Tresillian residential care centres and the Department of Family and Community Services (FACS) Intensive Family Preservation Service.

This submission takes a broad view of the terms ‘new parent’ and ‘baby’ in recognition that the support needs of parents exist before their child is born, and continue throughout the early years of their child’s life. It is important that a continuum of support be available for parents from conception through infancy and childhood to achieve optimal outcomes for children and their families.

In NSW, FACS, the Department of Education (DoE) and NSW Health are jointly responsible for Families NSW, a whole-of-government overarching strategy to enhance the health and wellbeing of children aged up to eight years, and their families.

Families NSW encourages a high degree of flexibility in developing local solutions and place based initiatives to meet the specific needs of local communities. Case studies throughout the submission provide practical examples that illustrate the innovation and diversity among services that support parents expecting a baby, parents caring for a young child, and children directly.

Current reform projects such as Their Futures Matter will inform strategies to increase support for the most vulnerable families. There are also opportunities to provide greater geographical coverage of support services. Emerging technologies may also enhance access to support.

1. Introduction

NSW has a long history of providing services for mothers, babies and families. Government led initiatives in health, welfare and education have resulted in vast and long reaching improvements in child survival rates, quality and length of life, and participation in education and employment.

Supports to parents expecting a baby and caring for young children began to be a focus of government activity in NSW more than a century ago. Health home visiting commenced in 1904. Public antenatal care and baby health centres started to be established in 1912, and spread from Sydney out to the bush over time. Non-government organisations and local councils have been important partners in providing these services from the beginning.



Newtown Baby Clinic 1914

Scope of the submission

This submission describes the role of NSW Government Departments in providing support to new parents and babies in NSW. Three agencies provided input to the submission: NSW Health, NSW Department of Education (DoE), and NSW Department of Family and Community Services (FACS).

The term “baby” refers to children between birth and 12 months of age and the term, “new parents” includes people expecting a baby, as well as those caring for an infant, whether they are first time parents or have older children in the family.

In this submission the time that parents are expecting a baby and the time just after birth is referred to in three main ways:

- Antenatal (Prenatal) meaning the time during pregnancy, up until labour and birth
- Perinatal is used in the mental health context, to mean pregnancy and the first year after the birth
- Postnatal (or the postpartum period) means the first six weeks after the baby is born.

Support to new parents with a young child does not cease to be important once they take the baby home after the birth. In recent years, emerging evidence from research has shown that a continuum of support for parents and children from antenatal care through to school age can have a significant impact on the lifetime health, development and wellbeing outcomes those children experience. Because of the importance of offering a continuum of support to families throughout the early years of life, the submission also considers the supports offered to families with infants, toddlers and pre-school aged children.

The Government is a partner in a system of support

Although this submission is based on contributions from NSW Health, DoE and FACS, it acknowledges that support for new parents and their children is provided by a complex service network within each community. General practitioners, local councils, culturally specific service providers and non-government organisations all provide essential support options for families. Government service providers are an important source of referral into local support services.

Services provided are based on experience and evidence

In 2017, antenatal care remains an important intervention and source of support to parents. It provides health care in pregnancy, preparation for birth and parenthood, and a point of assessment of need and referral to other support services that a family may require. Baby Health Centres have now evolved into Child and Family Health Services. Child and family health nurses continue to provide an important role offering support for breastfeeding, immunisation, infant nutrition and monitoring growth and development.

However, with advances in the neurosciences, we now know that what happens in the early years is critical to long-term health and wellbeing. This includes addressing psychosocial risk factors such as perinatal depression, domestic and family violence, and parenting skills.

The level of support provided is determined by need

During pregnancy, and after the baby is born, health care provided by public maternity units includes a comprehensive assessment of psychosocial factors. Evidence shows these factors play a key role in influencing the quality of infant and maternal mental health, parent-infant attachment, and lifetime health and wellbeing.

The universal health system for well child health care, offered predominantly by Health, General Practitioners and Aboriginal Community Controlled Health Organisations (ACCHOs) in NSW, offers every family primary health care and early support. NSW Health policy is that every family is offered a health home visit from a child and family health nurse soon after birth. The My Personal Health Record (or Blue Book) is given to each family in hospital after a baby's birth.

The Blue Book is a key resource for parents and health professionals, to help them to more effectively work together to achieve the best health and development outcomes for children. It outlines the recommended schedule of development surveillance and screening for infants and children – a series of nine routine health checks. It is a place to record the child's health, illnesses, injuries, growth, development and immunisations. It is designed to be presented to every health professional so that the child's health history can inform their care.

It is recommended that all children attend a minimum schedule of health and development checks with a child and family health nurse or GP throughout their early years. At each check, the health professional assesses any additional needs the family may have while providing primary health care. Families who need extra support can be referred to other services available in their community.

Some families need a little extra support, or support for a short time. Others may have more complex needs, and require more intensive or longer term support from a number of services. The system of having a universal system of care that also acts as a gateway into moderate intensity support and high intensity support based on need, is known as a progressive universal model. It is also used in other jurisdictions such as the United Kingdom.

Multiple agencies support families need extra services

For families who need extra support, Health and FACS are important partners in funding and providing a range of support services, depending on individual needs. For young parents still at school, DoE plays an important role in supporting continuing engagement with education. For parents of children with a disability, the roll out of the National Disability Insurance Scheme (NDIS) provides new avenues for support.

In the same way, Health and FACS remain partners in the provision of supports for parents of toddlers. For parents of three to four year olds, the partnership again extends to include DoE, as the State lead on early childhood education and care. Early life experiences have a dramatic impact on health and wellbeing throughout life. Ensuring access to high quality early education and care in the early years is an important role of government. In addition, evidence shows that children will have greater success at school and beyond if they receive at least 600 hours of quality preschool education in the year before they start school. NSW DoE has a key role in supporting parents and service providers to ensure accessible high quality preschool education is available for NSW families.

Non-government services and local councils remain important partners in supporting families throughout the early years of their child's life. General practitioners are key supports to families. For Aboriginal families, ACCHOs are often vitally important in ensuring that services are locally available and culturally accessible. For families from culturally and linguistically diverse backgrounds, interpreter services and culturally specific services can be important sources of support, or play a key role in enabling access to local support services. Health and other services will often refer families to playgroups and other support services that foster social inclusion and access to the support of other families.

Consumer feedback helps shape the system

Many services, government and other partners, regularly evaluate their service provision with the help of consumers. Consumer needs are vital to inform decisions about priorities for service provision. This is also reflected throughout the submission.

State and National policy provides a framework for service providers

Australia, and NSW, has an increasingly strong policy response to the early years of life. Nationally, key policies that provide guidance on the type and scope of services available to support parents include:

- *Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health* which articulates a shared national vision of a future where all Australia's children and young people are resilient, thriving and healthy. The Framework supports the implementation of a range of high-level strategies including some listed below.
- *National Primary Health Care Strategic Framework*
- *National Framework for Universal Child and Family Health Services*
- *National Framework for Child and Family Health Services – secondary and tertiary services*
- *National Strategic Framework for Rural and Remote Health*
- *The National Framework for Protecting Australia's Children*
- *National Aboriginal and Torres Strait Islander Health Plan*
- *National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families*
- *Healthy Mouths Healthy Lives: Australia's National Oral Health Plan 2015–2024*
- *National Mental Health Strategy.*

In NSW, policies, guidelines and practices seek to ensure that families are supported to provide their children with the best start in life. FACS, the Department of Education (DoE) and NSW Health are jointly responsible for Families NSW, a whole-of-government overarching strategy to enhance the health and wellbeing of children aged up to eight years, and their families. Families NSW encourages a high degree of flexibility in developing local solutions and place based initiatives to meet the specific needs of local communities.

Other NSW key policies and initiatives include:

- *State Priorities NSW Making it Happen 2015*
- *NSW State Health Plan Towards 2021*
- *NSW Rural Health Plan: Towards 2021*
- *Healthy, Safe and Well: A Strategic Plan for Children, Young People and Families 2014-2024*
- *Families NSW – Supporting Families Early Policy Package 2009*
- *Towards Normal Birth in NSW 2010*
- *NSW Aboriginal Health Plan 2012*

The evidence is continually helping to shape policy and practice in offering support to new parents and their children

Children born in Australia today can expect to live approximately 30,000 days. The first 2,000 days from conception to school are critical. The first 2,000 days are acknowledged to be the most influential on how a child develops – physically, emotionally and socially. These first 2,000 days will affect their health and wellbeing for the rest of their lives.

Evidence from a range of disciplines including neuro-science, molecular biology, genomics and the behavioural and social sciences has shown that the most common diseases in adults (such as cardiovascular disease, diabetes, hypertension and stroke) are linked to processes and experiences that occur decades before, in childhood and prenatally.

There is also growing evidence that early intervention is effective for a range of risks. However, early intervention depends on early identification of risk.

In NSW, prevention and early intervention is a fundamental component of service provision. The early years of a child's life provide an opportunity for early identification of risk factors or vulnerabilities which may have an impact on longer term health, development and wellbeing. By identifying these factors early, and working supportively with parents, vulnerabilities can be addressed and managed to mitigate their potential impact. In many cases, working with families early can stop risk factors escalating into problems.

Universal services play an important role in identifying needs within the family in order to provide families with support and intervention as early as possible. This reflects the evidence about the complex interaction of risk and protective factors that influence a child's health, wellbeing and development and an acknowledgement of the social determinants of health and wellbeing.

How this submission is structured

This submission is structured to follow the Inquiry's terms of reference (TOR), and also aligns with the way services are "stepped" to progressively provide greater support to those with greater need. Reflecting the system structure in NSW that provides a universal level of support for all families, Section 2 provides an overview of the current services and structures for new parents, that support their efforts to provide a safe and nurturing environment for their babies (TOR 1).

Secondary and tertiary services provide "stepped up" levels of support, building on the foundation provided by universal services. Section 2.2 describes services that are designed to meet the needs of specific populations (TOR1). Section 2.3 describes services that focus especially on the needs of families who are identified as needing targeted support because of individual vulnerability, or complexity of need (TOR 1). Sections 3 and 4 consider some opportunities for improving supports for parents and babies, including through emerging technologies (TOR 2 and 5). Section 5 considers specific areas of disadvantage or challenge in relation to health outcomes for babies (TOR 3).

NSW Government services remain alert to promising practices in other jurisdictions, and display a level of agility in adopting models once there is sufficient evidence to support the likelihood that a model will be a responsible investment of public resources for the State. Section 9 provides some examples of success in adopting models from other jurisdictions in the past, and some examples of models that have been tested and show promise for broader implementation (TOR 4). Boxed "case studies" are placed throughout the submission to provide practical examples of the support offered to parents.

2. Current services available for new parents

2.1 Universal services

Universal services are available and expected to be required for every family in NSW. In pregnancy and early life, these services are public health services and general practice. Once children reach five to six years of age, they enter the other universal service in early life – school.

For parents expecting a baby or caring for a young child, health services are an important source of health care and support, as well as a source of entry into other services, usually by referral. The universal services provided for families are wellness focussed. Pregnancy and early childhood are important times for health care interventions that promote wellbeing and optimal health and developmental outcomes. Universal antenatal and child and family health services provide well-person health care and support for all families as well as routine screening and assessment. These routine assessments are critical to early identification of issues, to allow referral to additional and specialist services for those families that need extra support.

NSW Health delivers an integrated network of services for children, young people, parents and families, providing care that extends from preconception to pregnancy, birth and throughout childhood.

Maternity services



NSW Health delivers maternity services that provide continuity of care before, during and after pregnancy. Both public and private hospitals provide antenatal care and birthing services. In 2015, 94,989 women gave birth in NSW, with 96,391 babies born. Of these births, 72,972 women gave birth in 76 public hospitals and 22,017 birthed in private hospitals. The information in this section describes the care provided in NSW public health services.

NSW Health's networked system of tiered maternity and neonatal services ensure birthing care is managed at the right hospital for a woman's level of risk. The Newborn and Paediatric Emergency Transport Service safely oversees the transfer of care for babies requiring specialist care.

Antenatal care takes a woman-centred approach, which includes considering the woman's context, ensuring cultural safety and involving family following the woman's preferences

Starting at the first antenatal visit and continuing throughout pregnancy, women and their families are provided with information, support and advice about pregnancy and the transition to parenthood. This includes discussing a range of issues that may affect the health and wellbeing of the woman, her baby and family during pregnancy and beyond such as mental health, psychosocial issues, domestic violence, smoking, alcohol and nutrition.

NSW Health maternity care options include:

- **Antenatal clinics** – provided in public hospitals
- **Midwives clinics** – these clinics might be located at the hospital or birth centre, or in the community (for example, at a Community Health Centre)
- **GP shared care** – women see their GP for some appointments and attend an antenatal clinic for other check-ups
- **Midwifery continuity of care programs** – a midwife or midwives provide care through a woman's pregnancy, labour and birth and the postnatal period.

- **Special services** – some hospital antenatal clinics provide extra services to meet the needs of women who speak languages other than English, with specific cultural needs or who are younger.

Aboriginal Maternal and Infant Health Services (AMIHS) also provide maternity care for Aboriginal mothers, babies and families in 80 locations across NSW. Further information about this service is provided in Section 4, Aboriginal Specific Services.

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| CASE STUDY: Central Coast Local Health District | Pregnancy and Early Parenting Education (PEPE) |
| <p>PEPE is for pregnant women and their partner/support persons.</p> <p>The PEPE program offers antenatal education to all women in the District, to address normal fears of labour and birth, in line with Step 4 of the Towards Normal Birth Policy Directive (NSW Health 2010).</p> <p>The groups cover practical skills for keeping the first pregnancy and birth normal including coping with labour, an emphasis on the normality of pain in labour, normal length of pregnancy, implications of interventions in labour such as epidural anaesthesia, cardiotocography (CTG) and induction of labour.</p> <p>The groups also offer a good opportunity to establish a network of peers and develop skills for adapting to parenthood, involving the fathers/partners, which reflect the changing lifestyles and roles in parenting.</p> <p>The groups include a teaching style element, small group discussion element, a sharing, supporting social element and a strong focus on experiential learning and father groups.</p> <p>"Fathertime" is available which is conducted by male facilitators.</p> | |

Comprehensive primary care assessment

NSW Health's *Supporting Families Early Maternal and Child Health Primary Health Care Policy* outlines a model for the provision of universal assessment, coordinated care, and home visiting, by NSW Health's maternity and community health services, for all parents expecting or caring for a new baby. The model includes the following elements:

1. Comprehensive primary health care assessments
2. Determination of vulnerability and strengths
3. Team management approach to case management and care planning
4. Determination of the level of care required
5. Review and coordinated follow-on care.

Comprehensive primary healthcare assessment

The importance of physical health in pregnancy is well established and has been a longstanding focus of health care. There is strong evidence that parental psychosocial wellbeing is equally important. The relationship between a parent and their baby is a central determinant of child health and development outcomes, right from the start of life. Psychosocial risk factors impact significantly on a family's capacity to engage with and parent their baby. The aim of assessing all women/families during the antenatal and postnatal periods is to identify and provide care to those parents and their infants who are most at risk for poorer physical, social and mental health outcomes. Early assessment allows health professionals to work with parents to identify the extra supports they may need.

Comprehensive primary healthcare assessment includes all aspects of health, including physical health, medical history, relationships, support networks, accommodation, recent major stressors, family strengths, current or history of mental illness, substance use, child protection issues,

domestic violence, and physical, sexual or emotional abuse.

Policy recommends that a comprehensive primary health care assessment is conducted at the:

- **Antenatal assessment** – the first antenatal care visit will include psychosocial assessment (SAFESTART) and depression screening using the Edinburgh Depression Scale. The assessment is ideally commenced as early as possible in the pregnancy. The first visit is the first opportunity.
- **Postnatal assessment** – conducted during the universal (first) health home visit.
- **Assessment at 6-8 weeks** – conducted when the parent/family visits a child and family health service for the 6-8 week developmental check; it includes depression screening using the Edinburgh Depression Scale
- **Assessment at 6-8 months** - conducted when the parent/family visits a child and family health service for the 6-8 month developmental check.

SAFESTART

The SAFESTART model incorporates psychosocial factors and depression screening into the comprehensive primary healthcare assessment process to identify psychosocial difficulties and/or current depression in all pregnant and postnatal women. The model provides a framework to determine the appropriate level of support and care to be provided to families by maternity staff, child and family health nurses, secondary-level services (e.g. allied health) and specialist health services including mental health and drug and alcohol services.

An important part of the comprehensive primary healthcare assessment process is identifying vulnerabilities and strengths and determining an appropriate level of care for each woman and family. Risk factors are considered across several domains: the child, parent–infant relationship, maternal, partner, family, environment and life events and are categorised in the following way:

| Level of care | Risk factors | Service response |
|---------------|--|---|
| Level 1 | No specific vulnerabilities detected | Universal services, e.g. midwifery, early childhood health clinics, parenting groups, community supports, and parent support telephone or web links |
| Level 2 | Factors that may impact on ability to parent that usually require a level 2 service response including; <i>unsupported parent, infant care concerns, multiple birth, housing, depression and anxiety</i> | Early intervention and prevention services. Ongoing and active follow-up/review is required, e.g. day stay clinics, family care centres, specialist support groups and services, general practitioner, paediatrician or psychiatrist referral to 12 sessions of Allied Health assessment and care through 'Better Access Medicare Agreements' |
| Level 3 | Complex risk factors that usually require a level 3 service response including; <i>mental illness, drug and alcohol misuse, domestic violence, current/history of child protection issues</i> | Complex parenting needs – a coordinated team-management approach is required and referral to relevant needs-specific services |

When a woman or family has been identified through the assessment process as vulnerable to risk and in need of additional support, review by a multi-disciplinary care planning team is recommended to determine level of care and the service response required. The multidisciplinary team may include clinicians from maternity, childhood and family health, mental health/psychiatry, drug and alcohol, social work, psychology, and child protection. The team develop a care plan that

addresses the areas of risk, and builds on the strengths of the parents and family. The care plan is developed in consultation with the family, to address the priority issues identified with the family.

Newborn screening

Early detection of treatable disease in children allows for early intervention and results in better health and development throughout life.

Newborn Bloodspot Screening

Newborn Bloodspot Screening is a free blood test that is offered to every newborn baby in NSW and the ACT. Newborn screening aims to detect congenital metabolic disorders in apparently healthy babies, which may result in physical or intellectual problems, serious illness or even death. The Newborn Bloodspot Screening program screens for approximately 25 medical conditions. Only a small number of babies will be diagnosed with one of the medical conditions of which the following are the more common conditions detected: Primary congenital hypothyroidism; Cystic Fibrosis; Phenylketonuria (PKU); Medium chain acyl coenzyme A dehydrogenase (MCAD) deficiency.



Newborn bloodspot screening detects about 95% of babies with Cystic Fibrosis. Screening will also detect some babies who may only be healthy carriers. For these babies a sweat test at about six weeks of age determines whether the baby has Cystic Fibrosis or is a healthy carrier. The risk of any baby having a disorder included in the current routine newborn dried blood spot screening panel is 1 in 850 – this means that for NSW and ACT approximately 123 babies could be expected to have a disorder detected from 105,000 samples received.



Early diagnosis and treatment can prevent death or serious complications and can lead to significantly improved outcomes.

NSW Statewide Infant Screening - Hearing (SWIS-H)

The SWIS-H program provides universal hearing screening to all babies born in NSW. The screening is usually done in hospital soon after the baby is born. About one to two in every 1,000 babies has significant hearing loss.

The SWIS-H program aims to identify babies born with significant hearing loss and link them to appropriate services as soon as possible after birth. Early detection of hearing loss in children is associated with better developmental outcomes. Research indicates that intervention starting by 6 months of age can result in optimal speech and language development and minimise the need for ongoing special education.

Information about the SWIS-H program is available in five parent/carer brochures. A special brochure, *Hearing loss and your baby: the next step* is given to parents/carers of infants who are diagnosed with a hearing loss. The brochure has information about different types of hearing loss, ways of communicating with your baby with a hearing loss, support services and other useful resources. SWIS-H program resources are available in English and a broad range of community languages.

Universal health home visiting

In NSW, it is policy that all eligible families are offered at least one home visit by a child and family health nurse within two weeks of the birth of their baby. This service, known as Universal Health Home Visiting (UHHV), aims to engage all families with newborns and provide support to parents as early as possible.

UHHV introduces all families to health home visiting in a non-stigmatising way. It also engages families who need extra support but may not normally use early childhood health services.

During the home visit, the child and family health nurse:

- spends time establishing trust and talking with the family about early parenting experiences and any concerns they may have about the health and development of their baby
- reviews the antenatal comprehensive primary care assessment (or conducts the assessment if needed)
- conducts the 1-4 week child health check as per the My Personal Health Record (Blue Book) to monitor the baby's growth and general progress
- provides support and health education on key issues such as safe sleeping, minimising exposure to tobacco smoke, breastfeeding, infant nutrition, infant safety and immunisation
- discusses support needs and options with parents
- connects parents with services and supports suited to their needs, including centre-based early childhood health services and the broader child and family service system.

By visiting the family home and working in partnership with the family, health workers are able to more accurately determine families' needs for ongoing care. The home visit provides early connection with the child and family service network, especially for families that may not usually access these services.

In 2016, of the 94 per cent of eligible families who were offered a Universal Health Home Visit 83 per cent accepted and received a visit. There are a number of reasons why families decline an offer of a Universal Health Home Visit. Two common reasons are that they prefer a clinic visit or they prefer to visit their own GP.

Child and family health services

Child and Family Health Services

Child and Family Health Services are available for all new parents in NSW. These services operate from approximately 410 sites providing preventive health care and addressing the significant health and development issues of infancy and childhood. Child and Family Health Services are staffed by child and family health nurses who offer health, development and wellbeing checks for children as well as support, education and information on all aspects of parenting. Services are offered on a one to one basis either drop-in or appointment, in group situations, by home visiting or by telephone.

Family Care Centres

Family Care Centres (also known as Family Care Cottages) are a secondary level of service available in some LHDs, supporting the services of early childhood health providers at the primary service level. There are 12 Family Care Centres offering clients an intensive intervention for problems that need longer appointments or a multidisciplinary focus. They provide day stay facilities for some more complex developmental, behavioural, feeding, sleeping and adjustment problems of infancy. Issues experienced by families referred to Family Care Centres or Cottages may include post natal distress or depression; sleep and settling; breast feeding; feeding and

weaning problems; child behaviour patterns; parent concerns and stress and anxiety. Many of the families referred for these services have multiple issues that impact on their ability to meet the emotional needs of their infant. Clinicians work in partnership with families to enhance family functioning, with emphasis on the parent – infant relationship.

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| CASE STUDY: Central Coast Local Health District | COS – Circle Of Security Parenting Group Program |
| <p>The Circle of Security program is an attachment-based group program with the aim to promote secure attachment between infants/children and their primary care giver. It has been identified that the quality of parenting is one key factor in the maternal psychopathology and positive outcomes for infants and children. In looking at what can affect the relationship between the primary carer and the child can be whether such cares are behaviourally inhibited or impaired in the ability to recognise and react with appropriate responsiveness to the child's needs.</p> <p>Key Activity</p> <p>The Circle of Security aims to alter developmental pathways for primary caregivers and their children and to stop maladaptive interactional behavioural patterns thus aiming to build secure attachment pathways. Currently the work is undertaken in a group format running for 8 weeks for 2 hours per session and currently there are between 4 day time groups (split between the north and the south) and 2 evening groups. The COS is facilitated by Child & Family Health (CFH) Family Assessment Consultation Education Therapy Services (FACETS) and Family Care Centre Staff.</p> <p>Outcomes</p> <p>Currently all clients undertake psychometric questionnaires at the beginning of group and at the end of the group. Qualitative data has also been collected and this consistently shows the program to be worthwhile. The data for the last five years has been collated and this is currently in the process of being evaluated. This will allow for clinical outcomes to be measured and will result in a research report that will contribute to the skills and knowledge base of clinical staff.</p> | |

Childhood screening and monitoring of development

Routine child health and development checks

The NSW Health My Personal Health Record (Blue Book), given to all new parents in NSW, outlines the recommended schedule of development surveillance and screening for infants and children – a series of nine routine health checks.

The health checks start with the newborn check and the schedule continues to the before school check at about 4 years of age. The checks monitor growth and development as well as assessing any concerns about learning, development and behaviour. Blue Book checks can be conducted by child and family nurses, general practitioners or paediatricians. Translations are available in 18 community languages.

Statewide Eyesight Preschooler Screening



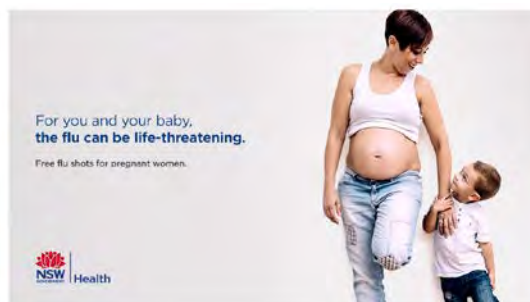
The StEPS program is an initiative of NSW Health and offers all 4 year old children free vision screening. NSW Health advises all children to have their vision screened before they start school and strongly recommends that all four year old children participate in the vision screening program.

There is a StEPS program and coordinator in each Local Health District. Local Health Districts target preschools and child care centres to offer all four year old children a

free vision screening.

To have their child's vision screened, parents/carers simply need to complete a consent form and return it to their child's preschool/childcare centre. Parents and carers can arrange screening at their child care centre by contacting their local StEPS coordinator. Information brochures are available in 26 languages.

Immunisation



Preventable illness

Immunisation is a simple, safe and effective way of protecting people against harmful diseases before they come into contact with them in the community. Immunisation not only protects individuals, but also others in the community, by reducing the spread of disease.

NSW children and young people are provided universal access to free vaccinations included in the National Immunisation Program schedule, as well as school-based vaccinations against chickenpox (varicella), pertussis (whooping cough), diphtheria and tetanus, and human papillomavirus (HPV). Vaccination requirements for enrolling in child care have recently been strengthened, requiring evidence that children are up to date with their vaccinations, or are on a recognised catch-up schedule, have a medical contraindication to vaccination, or their parents have a conscientious objection to vaccination. From 1 January 2018 children who are unvaccinated due to the beliefs of their parents will no longer be able to enrol in child care in NSW

The immunisation schedule provides a summary of the vaccines that children need and the ages at which they should be given.

NSW Health provides extensive information on immunisation for parents, carers and the community on its website and in a range of brochures, factsheets and videos available including materials in a wide range of languages. NSW Health writes to all new parents advising them of measures to take to reduce the risk of their infant catching whooping cough and since 2015 NSW Health has provided free whooping cough vaccine to all pregnant women. A study by NSW Health shows that vaccinating women during pregnancy is over 90% effective in preventing their infants being hospitalised with whooping cough.

Services NSW Health contributes to support parents

In 2015-16, NSW Health provided funding to over 300 non-government organisations through the NGO Grants Program across a range of key portfolios including children, youth and families, Aboriginal health, drug and alcohol, mental health, HIV/AIDS and infectious diseases, women's health and chronic care support.

Under Partnerships for Health, NSW Health is working collaboratively with the non-government (NGO) sector to ensure that NGO funding is aligned with strategic health priorities and addresses local conditions, and demonstrates effectiveness and value for money.

Some examples of grants provided to NGOs to assist new parents are listed below.



Kidsafe

NSW Health provides ongoing funding to deliver child injury prevention initiatives through education, research, advocacy and strategic partnerships.



Royal Far West

Grant contributes to the Paediatric Development Program (PDP) which provides the delivery of services to families residing in rural, regional and remote NSW and to activity undertaken in other streams of the RFW health service which enhances the reach, quality and effectiveness of the PDP including Early Identification, Navigation and Referral Pathways, Isolated Practitioner Support, and Continuous Improvement.



Red Cross

NSW Health provides ongoing funding to the Australian Red Cross Society to deliver the Young Parents Program. The program builds the capacity of young pregnant women with complex needs, and newly parenting young men and women aged 12 to 25 years to respond appropriately to the needs of their children.



Red Nose (Formerly SIDS and Kids)

NSW Health provides ongoing funding to Red Nose to deliver bereavement support to individuals and families who experience the death of their baby or child.



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WESTMEAD

Ronald McDonald House at Westmead

In 2015 NSW Health provided \$10 million in funding towards the expansion of the Ronald McDonald House at Westmead. Ronald McDonald House Charities provide accommodation, in-hospital support (family rooms) and family retreat opportunities for families of children with chronic illness. RMHC has five houses in NSW (Newcastle, Orange, Randwick, Tamworth and Wagga Wagga) and a house located on the grounds of The Children's Hospital at Westmead.



Australian Breastfeeding Association NSW/ACT (ABA)

The ABA works in partnership with NSW Health to promote, protect and support breastfeeding. ABA has a network of trained and supported volunteers providing support and information to mothers and families in NSW via breastfeeding education classes, groups, counselling, Breastfeeding Friendly Workplace program and publications.

Universal resources



Thinking of having a baby – planning a pregnancy and becoming pregnant

This brochure provides a guide to women planning a pregnancy and on becoming pregnant. It is part of a suite of services for women as part of the early pregnancy care project. It is available through general practitioners, pharmacies, community health services and NSW Health website. It accompanies the *Having a Baby* book - a guide for women on what they can expect during pregnancy and after birth.



Having a Baby

This resource is for all women who are pregnant or planning a pregnancy. It also provides valuable information for partners and families, helping them understand and participate in this significant phase of their lives. *Having a baby* has a strong focus on healthy pregnancies and normal birth; however, it also provides information and advice when things do not go to plan. Most importantly this resource explains the options for pregnancy and birth care in NSW and promotes informed choices for pregnant women.



Safe Sleep Cot Card

The Cot Card was developed in response to identification of need for more information for parents regarding safe sleeping for babies, both in hospital and at home. The cards are provided to each maternity facility across NSW.



Statewide Infant Screening - Hearing (SWIS-H)

The SWIS-H program provides universal hearing screening to all babies born in NSW. The SWIS-H program brochure is available in 31 languages.



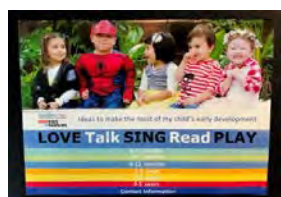
MyPersonal Health Record – (Blue Book)

The Blue Book is given to all parents in NSW soon after the birth of a baby. It is a place to record the child's health, illnesses, injuries, growth, development and immunisations. It recommends parents take their child to their child and family nurse or doctor for at least nine routine child health checks that start at birth and continue to about 4 years of age.



Save the Date to Vaccinate

The Save the Date to Vaccinate app has been designed for parents to create an immunisation schedule for each child, access a summary of the vaccines children need and the ages they should be immunised. It will automatically set reminders for parents to make the doctor appointments for their child's immunisations. This information is also provided in the Blue Book. There are also a range of brochures, factsheets and videos available including materials in a wide range of languages.

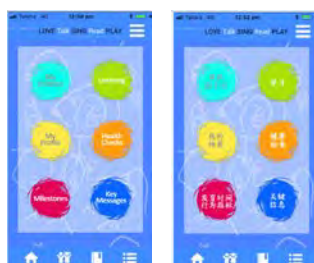


Love Talk Sing Read Play

This resource developed with Families NSW.

Initially it was a flip chart which provided parents with guidance about normal child development, how they can best support their child's development, and when to seek help. The App was developed as a Families NSW partnership between South Western Sydney, South Eastern Sydney and Sydney Local Health Districts, Families NSW St George Child and Family Interagency and Resourcing Parents. It is available in English, Bengali, Nepali and shortly in Chinese and Arabic,

see <http://tsrp.resourcingparents.nsw.gov.au/>



Learn the Signs. Act Early.

NSW Health has adopted a new developmental monitoring process called *Learn the Signs. Act Early* (LSAE). LSAE checklists are printed in the Blue Book to help parents understand their child's developmental milestones. Parents are encouraged to complete the checklists to discuss with their health practitioner at each of their child's health checks. *LSAE* includes clear advice to parents and carers to seek help when a developmental delay or issue is identified. The checklists and monitoring process are also designed for early childhood educators. The checklists provide common tools and common language so that all those caring for children early in life can communicate about where health and development is on track, and where issues need to be investigated.



Statewide Eyesight Preschooler Screening

The brochure provides information on the StEPS program - an initiative of NSW Health which offers all 4 year old children free vision screening. It explains why children need screening, how the screening is conducted, where screening can be accessed and what happens if a problem is detected. The brochures for parents /carers are available in 26 languages – in hard copy and online.

2.2 Population specific supports

Aboriginal Specific Services

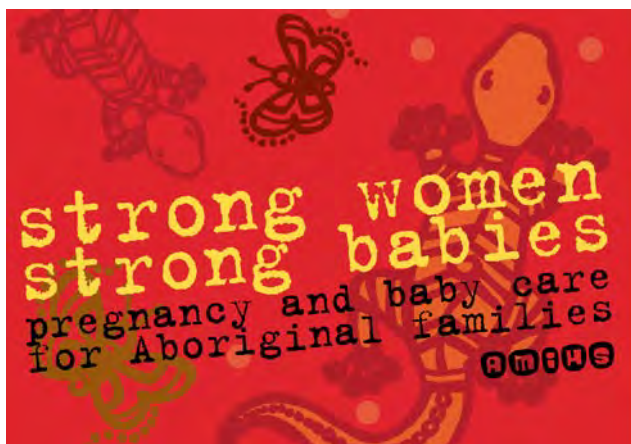


Summary

A wide range of NSW Health programs and services focus on improving the health outcomes of Aboriginal children and families. NSW Health has:

- Funded the Community Mentoring Program grant enabling the Australian Breastfeeding Association (NSW) to provide accredited community mentoring workshops on breastfeeding across NSW for Aboriginal health workers and Aboriginal women. At the completion of the program Aboriginal participants were endorsed as 'breastfeeding mentors' for their local communities
- Developed the Deadly Dads program in consultation with the Australian Breastfeeding Association (NSW) to bring Aboriginal men into the breastfeeding conversation and enable them to understand the importance of their roles as supportive partners to encourage breastfeeding
- Implemented the Aboriginal Maternal and Infant Health Service Data Collection in October 2015. The online system supports monitoring, reporting and evaluation of outcomes for pregnant women and their Aboriginal babies who access over 40 sites across NSW. An independent evaluation is underway
- Finalised the evaluation of the Aboriginal Family Health Strategy and secured recurrent funding for four Aboriginal Family Health Coordinator positions in NSW during 2015-16
- Launched seven Our Health, Our Way videos to provide young Aboriginal people with information about keeping healthy and how to navigate health services. The videos and resources are for health, education and other services working with young Aboriginal people and use the words of young people as key messages.

Aboriginal Maternal and Infant Health Services



The Aboriginal Maternal and Infant Health Service (AMIHS) is a culturally safe maternity service for Aboriginal families in NSW. Aboriginal health workers and midwives work collaboratively with other relevant services to provide continuous, high quality antenatal and postnatal care.

AMIHS teams provide antenatal and postnatal care, from as early as possible in pregnancy through to eight weeks after birth. The care is provided in the community but is linked into mainstream maternity services.

Some Building Strong Foundations (BSF) programs (see below) are co-located with an AMIHS, which allows a seamless transition of care for a family from the maternity service to the child and family health service.

AMIHS services include:

- Comprehensive and regular antenatal health checks
- Booking into maternity hospitals
- Smoking cessation programs
- Referral and support to access other services
- Health promotion and community development activities
- Postnatal checks and support
- Breastfeeding support
- Information on infant feeding and nutrition.

A number of programs are being implemented to support AMIHS, including the *Quit for New Life* smoking cessation program which has been implemented in all AMIHS sites.

AMIHS operates in 47 sites across NSW, delivering services to mothers of Aboriginal babies in over 80 locations.

Building Strong Foundations for Aboriginal Children, Families and Communities



Building Strong Foundations (BSF) for Aboriginal Children, Families and Communities services provide a free, culturally safe and appropriate Child and Family Health Service for Aboriginal children from birth to school entry age, and their families.

Teams of Aboriginal health workers and child and family health nurses provide the service. In some locations, the core team is supported by other allied health therapists, such as social workers. BSF services can be provided in the home, local community health centre/clinic, or in a place where families, parents, carers and children feel safe and comfortable.

The BSF service works with families, parents, carers, and the local community, to support the health, growth and development of Aboriginal children, so they are able to fully engage in life and learning.

The BSF service includes:

- Developmental surveillance and health monitoring
- Health promotion, health education and community development
- Early identification of child and family needs
- Information, support and referrals for identified needs.

Families can access assistance and information on: breastfeeding, other feeding issues, their child's sleep and settling issues, their child's immunisations, childhood safety, their child's growth and development and other parenting issues.

BSF services are in 15 locations across NSW: Taree, Gosford, Kempsey, Nowra, Eurobodalla, Newcastle, Narrandera, Penrith/Cranebrook, Albury Wodonga, Bathurst, Tamworth, Lake Cargelligo and Murrin Bridge, Menai, Lithgow, Wentworth and Balranald.

Deadly Dads



Deadly Dads is a joint NSW Ministry of Health and Australian Breastfeeding Association program that has been designed to engage Aboriginal men to support their partners to breastfeed their family's baby. Breastfeeding rates for Aboriginal mothers in regional and rural areas are lower than non-Aboriginal mothers but remain high in remote areas. Research indicates that in addition to peer support from community members, positive support for breastfeeding from fathers and partners is critical to improving breastfeeding outcomes.

However, Aboriginal men often see breastfeeding as women's business and may be reluctant to become involved in the breastfeeding conversation.

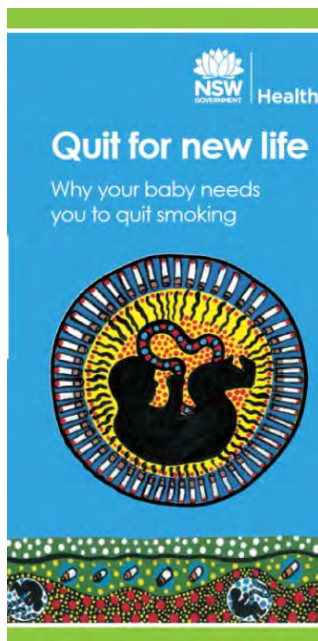
Deadly Dads is a one day workshop facilitated by an Aboriginal man that uses everyday parenting items such as baby blankets, towels and nappies to bring Aboriginal men into the breastfeeding conversation. The workshop enables Aboriginal men to explore their roles as fathers in a culturally safe and supportive environment as well as improve their understanding of the importance of breastfeeding and how to support their partner to breastfeed. Workshops also cover a range of other topics associated with new born babies such keeping baby healthy and safe.

Seven Deadly Dads workshops have been held. Evaluation of the program is underway.

"What I learned from that program [Deadly Dads] is support your wife or your partner and make them feel comfortable and make them realise it's not their fault that things happen for whatever reason and just be the best partner you can to support them."

Rodney - Deadly Dad

Quit for new life



Five time as many pregnant Aboriginal women smoke (45%) than non-Aboriginal women (9%).

Quit for new life is a best practice smoking cessation program for women having an Aboriginal baby that aims to address the high rate of smoking during pregnancy and prevent relapse to smoking after birth.

The program provides culturally appropriate smoking cessation support to Aboriginal pregnant women and their household members who smoke. This includes advice, behavioural strategies, referral to Quitline, up to 12 weeks free nicotine replacement therapy, and extended follow-up support. The program is delivered by all Aboriginal Maternal and Infant Health Services and Building Strong Foundations programs. In some locations, other services are also involved in delivering the Quit for new life program such as mainstream hospital antenatal clinics, child and family health clinics and some Aboriginal Community Controlled Health Services.

Quit for new life is informed by the evidence of what is likely to be most successful in supporting Aboriginal women to quit smoking during the antenatal period and to remain quit in the postnatal period. The program is delivered as part of routine clinical practice as women attend antenatal and postnatal care.

The Aboriginal Ear Health Program



The Program is a NSW Health initiative to help prevent Otitis Media (middle ear infection) in Aboriginal children aged 0-6 years.

Otitis Media is the inflammation and infection of the middle ear. It is a major source of ear disease in Aboriginal children, often beginning just weeks after birth, recurring frequently, and can persist into adolescence¹. Otitis Media can result from a cold, allergy or respiratory virus or bacteria.

If there is a build-up of fluid behind the ear, in the middle ear, this may cause ear ache, swelling and redness. This is called acute Otitis Media, which prevents the ear drum from vibrating properly which leads to temporary hearing problems.

If a child has hearing loss, their speech may be delayed which will, in turn, affect important developmental milestones. Sometimes, this can result in life-long disadvantage by affecting educational achievement and employment.

Aboriginal Ear Health Program – Healthy Ears, Happy Kids

Healthy Ears, Happy Kids - works to reduce the number of young Aboriginal children affected by Otitis Media in a number of ways:

- **Working with families** – by reducing the risk factors among parents, carers and their extended families
- **Working with the community** – by increasing awareness of ear health in the Aboriginal community, health and education professionals can support a preventative approach and early detection
- **Improving services** – to Aboriginal families to lessen the impact of Otitis Media on health and learning.

The NSW Aboriginal Ear Health Program is delivered in collaboration with existing maternity and child and family health services, including through NSW Health services, Aboriginal Community Controlled Health Organisations and other non- government organisations supporting Aboriginal women expecting a baby or women pregnant with an Aboriginal baby and Aboriginal children under six years.

Healthy Ears, Happy Kids has been developed to support the Aboriginal Ear Health Program. The resources consist of a poster, brochures, a story book, and stickers.

Australian Breastfeeding Association – Community Mentoring Program

Since 2014, NSW Health has funded the Australian Breastfeeding Association to deliver Community Breastfeeding Mentoring courses in Aboriginal communities across NSW. The courses equip Aboriginal elders, aunties, other influential community members and local Aboriginal health workers with the skills and knowledge to protect, promote and support breastfeeding within their community in order to improve breastfeeding rates and long term health outcomes.

Community Breastfeeding Mentoring courses:

- Provide participants with the breastfeeding knowledge and mentoring skills they need to support mothers in their community
- Cover respecting parents' rights to make their own decisions whether to breastfeed or not and where to refer mothers for further assistance
- Are based around practical activities where participants work with each other.

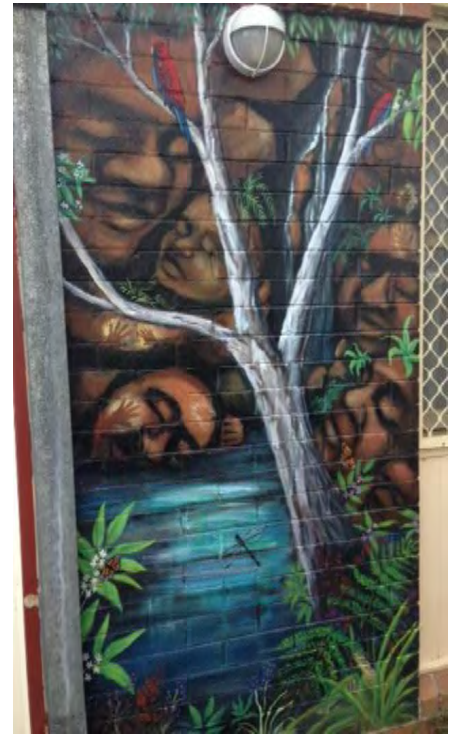
¹ Closing the Gap Clearinghouse: Ear disease in Aboriginal and Torres Strait Islander children November 2014, AIHW.

Welcoming Aboriginal Women: Making Maternity Services Culturally Inclusive Places

In 2015 NSW Health Maternity Services were invited to pilot a Cultural Inclusion Checklist for Maternity Services. The Checklist aimed to assist maternity services to strengthen the cultural inclusiveness of their services for Aboriginal women, fathers/partners and families. After completing the audit, services could apply for funding to implement strategies and/or projects to enhance the cultural inclusiveness of the service.

Achievements included:

- Engaging with local families, local artists and communities encouraged a sense of ownership for the projects
- Culturally appropriate signage with local symbols, colours and local welcoming language developed for maternity services
- Purchasing of breastfeeding posters with images of Aboriginal mothers and children
- Acknowledgement of Country posters placed in each area of maternity services
- Refurbishing waiting areas and courtyards to be more welcoming for Aboriginal families
- Creating a totem pole to mark the entrance to a birthing unit
- Facilitating and attendance at Yarning Circles with local women and their communities provided opportunities for consultation regarding cultural inclusiveness.



Mini haha Falls mural Women's Healing Space, Blue Mountains Memorial Hospital

Providing Trauma Informed Care

Since 2015, NSW Health has been supporting AMIHS and BSF staff and managers to attend Trauma Informed Care training workshops.

The workshops provide workers with an understanding of trauma and its impact in the lives of Aboriginal parents, their children and communities. Workshop participants gain and extend their skills and knowledge to effectively practice within a trauma informed care framework.

Areas explored in the workshops include:

- The dynamics of child abuse and domestic family violence for Aboriginal women within the context of lives impacted by racism and oppression
- Implications of childhood abuse and family violence on parenting and parenting capacity, and the ways that this may impact the newborn and growing child
- Ways to work together to promote the safety and wellbeing of mothers and children
- Best practice approaches to linking vulnerable families to appropriate services and ongoing support.

The Possum Cloak project was developed in partnership with the Aboriginal Cultural Resource Centre to better meet the parenting and cultural needs of Aboriginal fathers in the Nepean Blue Mountains Local Health District. The project was developed through a transparent process of shared knowledge to design a men's parenting group that would be culturally acceptable and culturally safe for Aboriginal fathers.

The approach taken was to focus on a traditional and symbolic activity which strengthened the role of Aboriginal men in their families, i.e. the creation of possum cloaks celebrated as a traditional activity of fatherhood.

The program was designed to address the poor uptake of Aboriginal men into traditional health parenting programs. The strengths-based consultative approach resulted in more efficient use of resources and improved working relationships. The increase in attendance and positive anecdotal evidence from the participants support the positive impact of the project.

Key Activity

The Possum Cloak project was launched at the Blue Mountains Cultural Centre on 12 July 2014 during NAIDOC week and the Possum Cloaks created were later put on display at Nepean Hospital for two weeks. These events became the mechanisms for the local Aboriginal men to showcase their artwork.

Outcome

Overall, the project delivered positive outcomes for all participants and partner agencies. The sense of collaboration between services has been fostered, with all stakeholders working together to re-build cultural identity and strengthen the role of men in Aboriginal families in the region.

Staff involved have increased their awareness of cultural competency, and have enjoyed improved working relationships with members of the Aboriginal community. The Possum Cloak project has also provided the Blue Mountains community with an increased appreciation of the cultural skills and knowledge of Indigenous people in the region.

This project was a finalist at the 2015 NSW Health Awards.

Resources for Aboriginal parents



Pregnancy Care and Diary

The Aboriginal Maternal and Infant Health Service is a free community based maternity service that provides pregnancy and baby care for up to 8 weeks for Aboriginal families in NSW. The diary is a culturally appropriate resource for Aboriginal families that promotes healthy pregnancies and breastfeeding with a strong focus on prevention and early intervention.



Safe Sleeping Your Baby

Babies up to 12 months of age are at most risk of dying suddenly or unexpectedly during sleep. This brochure provides safe sleeping messages for Aboriginal families. It's available in hard copy and also online.



Quit for Life New Life

There are 5 brochures that support the messages of the Quit for Life New Life program. They reinforce the risk to infants from maternal smoking and the harm of exposure to second-hand tobacco smoke. They are available in hard copy and also online.



Dads Know Breast Is Best – Video

The video was developed and produced by South Western Sydney Local Health District. The video was made in collaboration with a group of local Aboriginal men, and encourages Aboriginal fathers to support their partner in breastfeeding their babies.



Love Yarn Sing Read Play - Deadly Tots App

Deadly Tots App contains information for every Aboriginal family to help their Bub learn and grow. Parents can get messages on how to help Bub learn and grow; add photos of their child and create a memory book; be sent reminders on immunisations and blue book checks and add their own local contacts for a quick way to contact local services.



Healthy Ears, Happy Kids

Healthy Ears, Happy Kids resources have been developed to support the Aboriginal Ear Health Program. The resources consist of: poster, brochure, story book, stickers and pocket brochure.

Culturally and linguistic specific services



Of the NSW population,
31.4%
were born overseas and
24.5%
of households speak two or more
languages

A major feature of the NSW population is its cultural and linguistic diversity. Within the context of this diversity, there are shared factors across culturally and linguistically diverse populations that may impact on the health, development, safety and wellbeing of parents and their children. In addition, factors that influence the health of people from a culturally, religiously and linguistically diverse background may have a greater impact on children, who are more vulnerable because of their age and dependence on adults. Recently arrived migrant children face a range of barriers to accessing health services, including:

- Their parents/carers limited understanding and knowledge of the NSW health care system
- Potentially hidden health vulnerabilities resulting from the lack of health screening and immunisation provided in their originating countries.

Newly arrived migrant children may also experience behavioural and learning difficulties, depression, anxiety and other psychological disturbances associated with living in financial disadvantage after settling in a new country. These experiences, if not resolved satisfactorily, may have long lasting impacts on health.

Interpreters

Many Local Health Districts and health services are working on improving interpreter use and providing significant internal training to staff, especially for emerging language communities. The NSW Health Interpreters Policy is currently under review, with a focus on improving the communication of the steps health care practitioners should take to satisfy themselves that a patient understands health advice when using an interpreter. A new policy will also set clear rules on using new technology including electronic medical records and video interpreting.

NSW Health is extending and expanding specialised health services for refugees, including:

- Improved access to and use of interpreters
- Interpreting for all health care appointments
- A new statewide telephone number for all Health Care Interpreter Services.

Early Childhood Refugee Nurse Program (ECRNP) – NSW Refugee Health Service

In February 2017, the NSW Refugee Health Service established the ECRNP to provide services to newly arrived refugee children. It offers an initial home based visit to newly-arrived refugee families who have a child aged 0-5 years old. The initial assessment consists of a physical examination of the child, a developmental check, and a psychosocial assessment for child and their primary carer. Parents are linked to local support groups, playgroups, and referred to other appropriate services within the community, as required.

The ECRNP is a sustained home visiting program that works with mothers and families to ensure their children are meeting appropriate developmental and health milestones. Children under five

years who arrive as refugees into Australia have special health needs, as they have often missed routine newborn and early childhood health checks such as hearing and development. The nurses have an in-depth understanding of the risks facing refugee populations, including instability in accommodation, finances and exposure to traumatic situations. This better allows them to understand and predict problems, and help people access and refer to the most appropriate services, both mainstream and refugee specific.

An example of a recent multicultural health programs for new mothers from culturally and linguistically diverse backgrounds follows.

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| EXAMPLE: Western Sydney Local Health District | Maternal Health Education – Empowering pregnant women from migrant and refugee backgrounds |
| <p>Key Activity</p> <p>Westmead Hospital introduced two pilot education programs, “Maternal Health Literacy” and “Healthy Relationships” in antenatal clinics in 2016-17. The two pilot programs were specifically developed to improve services and achieve better health outcomes for mothers and their babies from migrant and refugee backgrounds and to equip them to successfully engage with the health system as equal partners in their health journey. Participants included women, their partners and extended family members (mothers, mothers-in-law and sisters). A Multicultural Health Services health educator delivered the program, in partnership with the Women’s Health Clinic and the University of Sydney. Interpreters were provided when required.</p> <p>Outcome</p> <p>The pilot programs were delivered to over 100 women, providing them with relevant, easy to understand information and opportunities to practice their new skills and knowledge. The women who participated reported that they felt more confident to care for their babies and interact with health services and professionals. They were also more aware of the impact of positive and harmful behaviours on their relationships, their health, and the health of their baby, as well as services they could reach out to in times of need. The ‘Healthy Relationships’ program was also used as a soft entry approach to improve women’s awareness about domestic and family violence.</p> | |

Refugee paediatric clinics

The new Sydney Children’s Hospital Network (SCHN) Children’s Refugee Service (CRS) combines two separate refugee services provided at Sydney Children’s Hospital and The Children’s Hospital at Westmead. The CRS provides advocacy, research, training and clinical services to children with a refugee-like background, their families and the health professionals caring for them.

Eight part-time positions have been created or enhanced, including a Project Manager, two Staff Specialist Paediatricians, two Paediatric Refugee Health Fellows, a Clinical Nurse Consultant, two social workers and an administration officer. The additional funding is enhancing:

- Clinical services and programs
- Policy, research and quality improvement
- Education and training programs.

Newly aligned referral processes are available from a new website:

<http://www.schn.health.nsw.gov.au/parents-and-carers/our-services/refugee-service>

Resources

Having access to information is critical for parents and families. NSW Health’s Multicultural Health Communication Service (MHCS) develops and provides multilingual health resources, multicultural social marketing and health communication campaigns. MHCS has a website that hosts over 400

free downloadable multilingual health resources on a variety of health topics in 65 languages. MHCS offers a number of services ranging from translation, ethnic media advice and research, to the production and distribution of multilingual resources. It also specialises in providing strategic advice to health-funded services on multicultural communication and social marketing. NSW Health provides translations of most resources.

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| EXAMPLE: Injury Prevention | 'Kids Health's Kids Can Drown Without A Sound' Pool Safety Project |
| <p>Drowning is a leading cause of death among children under five years of age.</p> <p>Goal To reduce the incidence of drowning and near drowning in portable swimming pools in NSW.</p> <p>Objective To raise awareness of the safety issues associated with portable swimming pools and the legal requirement for fencing to English and non-English speaking community groups. To research community knowledge, awareness and behaviour change regarding the purchase of portable swimming pools.</p> <p>Activity A campaign to raise awareness of culturally and linguistically diverse (CALD) communities on the dangers of portable pools and the regulations to fence portable pools.</p> <p>The audience of the project were parents and carers of young children in the pre-school age from the An A5 booklet was developed which had multiple images with text. The top languages targeted in the campaign were Arabic, Mandarin, Cantonese, Vietnamese and Korean. The resource was also translated into Tamil, Sinhala, Tagalog, Hindi, Urdu, Bengali, Punjabi, Persian, Dari, Turkish and Spanish.</p> | |



NSW government agencies are responsive to the needs of families from different cultural and linguistic groups. As outlined above agencies provide an extensive range of information and services specifically designed for families from different cultural and language groups.

NSW agencies are responsive to the emerging needs of the NSW population. For example there have been changes in the languages spoken by groups immigrating to NSW, so in response translations were made of key information and resources. Where a specific issue for cultural or language group has been identified services or programs are developed.

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| EXAMPLE: Hunter New England Local Health District | Afghan Refugee Women and Antenatal Care |
| <p>Key Activity</p> <p>The HNELHD Multicultural Health Service collaborated with John Hunter Hospital Maternity Services to improve attendance by Afghan refugee women at Antenatal Clinics. The project aimed to increase the proportion of Afghan Refugee Women receiving antenatal care at John Hunter Hospital by 50 per cent by December 2016. This target was exceeded with 100 per cent of Afghan women attending the minimum number of antenatal visits post intervention, compared to 46 per cent pre-intervention. The project identified reasons for low attendance and addressed some of these barriers by providing cultural competency training for 70 Maternity staff at the John Hunter Hospital, developing a flyer for Afghan women, creating Resources for Maternity & Gynaecology, as well as building a webpage for culturally and linguistically diverse maternity sources on the HNELHD intranet.</p> | |



The number of teenagers who give birth in NSW continues to fall

NSW has the third lowest proportion of births to teenage mothers (19 years and under) behind ACT and Victoria. Over the last 20 years, the number of teenage mothers has fallen across all demographics in NSW. Births to teenage mothers have decreased from 3853 or 4.4% of births in 2000 to 2377 or 2.5% of births in 2015. However, rates remain higher for Aboriginal teenagers and for young women from lower socio-economic status groups.

Local Health Districts will have different approaches for engaging young parents in antenatal care. Young mothers have been identified as a priority group for innovative care approaches. Key maternal health and wellbeing indicators, such as gestational age at first antenatal appointment² and rates of smoking in pregnancy³, show that parents aged 19 and under often present later in pregnancy for care, and can be more likely to have other risk factors that can lead to poorer health outcomes for them, and for their baby.

Intensive programs support health and wellbeing of young mothers and their babies

NSW Health has antenatal, postnatal and early childhood programs for vulnerable mothers, babies and families, including young mothers. For example Sustaining NSW Families, Aboriginal Maternal and Infant Health Services and Building Strong Foundations programs all provide services to young parents.

Local Health Districts (Districts) also provide specific programs for young parents, and some non-government organisations provide services through the Partnerships for Health NGO grants program. As an example, South Eastern Sydney LHD has a long running collaborative young parent project to improve services and health outcomes for young women in South Eastern Sydney who are pregnant or parents and their children.

For young parents in custody, Justice Health & Forensic Mental Health Network (JH&FMHN) partners with Corrective Services NSW (CSNSW), Family and Community Services (FACS), and Districts to provide all support required for pregnant women in custody to prepare for the birth of the baby. This includes an Antenatal and Parenting Coordinator position and monthly meetings with key stakeholders in the care of pregnant women in custody to ensure the development, implementation and communication of an ongoing care plan. A parenting program is delivered to all young people who are expectant parents.

The Australian Red Cross Young Parenting Program works to ensure best outcomes for children and families by building the capacity of young parents aged 13 to 25 to live and parent independently and respond appropriately to the needs of their children. The program is delivered in three stages (Residential, Outreach and Aftercare). NSW Health provides a grant to the Australian Red Cross to support the Residential stage. The Residential stage provides intensive 24 hour support and case management for up to 8 pregnant/parenting young women (13-18 years) and their children, for up to 12 months.

The NSW Youth Health Framework 2017-24 identifies young people who are pregnant and/or parenting as a priority group. The Framework will build staff capacity, embed adolescent health

² http://www.healthstats.nsw.gov.au/Indicator/mum_antegage/mum_antegage_age_snap?&topic=Pregnancy and the newborn period&topic1=topic_mab&code=mum_mab

³ http://www.healthstats.nsw.gov.au/Indicator/mab_smo_cat/mab_smo_cat_age_snap?&topic=Pregnancy and the newborn period&topic1=topic_mab&code=mum_mab

and wellbeing assessments, and support improved partnerships that support health services to engage with adolescents and provide opportunistic health interventions and education.

Programs to support continued participation in high school education for pregnant young parents

The NSW Department of Education provides distance education for students living in NSW who are isolated or whose special circumstances prevent them from attending school on a regular basis. This includes pregnant students and young parents.

Specialist support for pregnant students or students who are new parents at risk of disengaging from schooling is available through one of five secondary distance education schools. Distance education has been successful in providing flexible assistance for students and their families to enable them to continue their education.

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| EXAMPLE: Sydney Distance Education High School | Pregnant Girls and Young Parent Program |
| Key Activity Sydney Distance Education High School has a dedicated program to support the wellbeing and learning of students enrolled as a pregnant student or young parent, which includes a Supervisor of Pregnant Girls and Young Parents (SPGYP) who coordinates the support for these students. Since 2014, the SPGYP has supported 76 pregnant students and young parents. The SPGYP supports the school executive on issues relating to pregnant girls and young mums and dads with the objective to assist and increase the participation and retention of students in school. This includes adjustments to learning programs, family liaison, referral to community support services and communication with medical practitioners. The program develops Individual Learning Plans for every student in this category. This has proven to be effective in supporting students to achieve goals, stay engaged and develop a plan for their future after school. A key community program offered to young parents is a 'Mums and Bubs' group operating at the school every Thursday. This program allows students to meet with their teachers and other young parents to engage in learning while their children play. | |

NSW Health and the NSW Department of Education are part of a new collaboration that also includes FACS, to enhance the impact of regional school wellbeing initiatives. The trial of a Wellbeing and Health In-reach Nurse (WHIN) coordinator model at Young High School Wellness Hub from February 2018 was announced in October 2017. The role will be available to improve access to health services for all students in the target schools. This model can improve health support to teenagers that are pregnant or parenting, to increase the probability that they will stay engaged with education and finish their schooling. The WHIN will be able to help identify the health supports needed for any students who are pregnant or new parents. They will coordinate the way those services are provided to help young parents stay at school, while being supported in their role as parents.

2.3 Families needing targeted support

Families at risk of entering or escalating within the statutory child protection system

There are a range of programs funded by FACS that work with new parents and babies in NSW, where there has been a Risk of Significant Harm (ROSH) report. A key aim of these programs is to allow children to stay with their families when they can do so safely.

Brighter Futures

Brighter Futures is a FACS-funded program delivered by non-government agencies across NSW. It provides targeted, voluntary child protection early intervention services to families with children who are at high risk of entering or escalating within the statutory child protection system. These services include case management, casework focused on parent vulnerabilities, structured home visiting, quality children's services, parenting programs and brokerage funds.

FACS is currently working with a number of non-government agencies that deliver Brighter Futures to implement two trials within Brighter Futures. The first trial is of an evidence based program called SafeCare, which has been developed by Georgia State University (GSU) and has been implemented across the United States and in a number of other countries. SafeCare is a highly structured, empirically-supported parenting program for parents at-risk for, or with a history of, child neglect or abuse. SafeCare is delivered in families' homes over an 18-20 week period by trained home visitors and teaches skills related to parent/child interaction, home safety and health (aiming to prepare for and recognise sickness and injury). SafeCare will be trialled in eight sites: Orana/Far West; Illawarra; Mid North Coast; Riverina/Murray; Hunter; Western Sydney; Cumberland/Prospect and Nepean. The timeframe for roll out is late 2017.

An independent evaluation will be conducted.

Intensive Family Preservation

The Intensive Family Preservation (IFP) service is based on the understanding that it is in the child's best interests to remain in the care of their family, wherever this is a safe option. The focus is to improve children's safety, placement permanency and wellbeing. The service targets families with children aged from birth to 18 years who meet the eligibility criteria.

The FACS IFP service model is informed by Homebuilders®, an evidence-based family preservation model that teaches families new problem-solving skills to prevent future crises and prevent unnecessary placement in Out of Home Care (OOHC). Three months of intensive support including 24-hour access to a caseworker is followed by a less intensive level of individually-tailored and multi-faceted services which include advice and referral; assessment and case planning; counselling; family focused casework; home visiting; parent support groups; and skills focussed groups.

Intensive Family Based Services

Intensive Family Based Services (IFBS) works with Aboriginal families that have at least one child aged under 18 years, or are expecting a child in preservation, placement support and restoration. IFBS aims to protect CYP by working with families and carers to minimise immediate risk of significant harm concerns, to stabilise crises and prevent unnecessary placement into OOHC. It also aims to facilitate the safe restoration of children and young people from OOHC and provide support to children/young people in care, and their carers, where placements are at risk of breaking down.

Newpin Social Benefit Bond (SBB)

The Newpin SBB funds the operation and expansion of the Newpin program, which is run by Uniting. The Newpin SBB will operate for 7.25 years, utilising \$7 million of capital from investors, under an outcomes-based contract between the NSW Government and Uniting. The most recent report on the Newpin SBB gives the results after the fourth year of the contract.

The purpose of the Newpin program is to restore children in out-of-home care to the care of their parents by creating and supporting safe family environments (Cohort 1), and to prevent children at risk of significant harm from entering out-of-home care in the first place (Cohorts 2 and 3). It is an intensive 12 to 18-month therapeutic course for families with young children aged five years or less, and operates centres supporting both mothers and fathers.

In total, just under 400 children in Cohort 1 families have participated in the Newpin program over the first four years of the SBB. There are 322 children with an outcome recorded so far. To date, a total of 228 restorations have been achieved, 25 of which were reversed within 12 months of the restoration, resulting in 203 net restorations. Estimates are that without Newpin intervention, about 74 of the 322 children would have been expected to be restored, which means Newpin has been successful in reuniting an additional 129 children with their families instead of those children remaining in out-of-home care.

Overall, Newpin SBB is reported to have delivered a restoration rate of 63 per cent, compared with only 19 per cent for similar families not in Newpin. It has delivered a return to investors of 13.16 per cent based on the fourth year results.

Targeted Earlier Intervention (TEI) reforms

There are also a number of reforms taking place within FACS aiming to improve the outcomes for new parents and their babies. This includes a large scale reform to its Targeted Earlier Intervention (TEI) programs, which include community strengthening activities, community centres, parenting programs and supports, and other early intervention activities.

The TEI reforms focus on improving the outcomes for vulnerable children and families, in particular children 0-3 years, young parents, and Aboriginal families. It is recognised that families need to be able to access support earlier in their children's lives, and the risk factors that lead to child abuse, neglect and domestic violence need to be addressed earlier. In particular Aboriginal children and families need access to effective and culturally safe supports and services.

Prenatal Policy and Practice Mandate

FACS is presently updating the department's Prenatal policy and practice mandate, to improve service delivery and outcomes for expectant parents and their children. This work is occurring in partnership with NSW Health. It includes work to improve the use of high risk birth alerts to improve interaction with expectant parents, at a time when it is likely that with support they will be able to improve their parenting skills.

Victims of domestic and family violence

During pregnancy, women are at an increased risk of experiencing domestic and family violence (DFV). Women are also at greater risk of experiencing violence from an intimate partner during pregnancy and after the birth.

If DFV already exists within a relationship, its severity is more likely to increase during pregnancy. This is a particularly vulnerable time for young women, as women aged 18-24 are more likely to experience DFV during pregnancy. Aboriginal women are also at a greater risk of experiencing DFV during pregnancy.

DFV during pregnancy has significant health impacts for both mothers and children. These include poor birth outcomes (such as low birth weight, premature birth, miscarriage, foetal stress and/or trauma) and post-natal depression. Women experiencing DFV while pregnant are more likely to experience depression, trauma and anxiety. There is also emerging research on the long-term effects of in-utero exposure to DFV. Evidence about the impact of maternal stress on the unborn child suggests newborns that were exposed to DFV are born with high levels of stress related hormones. In addition, exposure to DFV before birth and in infancy is thought to have long-term effects on children's wellbeing.

For this reason, screening for DFV is part of routine psychosocial screening performed by Maternity and Child and Family Health Services. Each LHD has pathways into care and support for families that are identified through the screening.

Families affected by mental health problems

Perinatal Infant Mental Health Services

Having a baby and becoming a parent is a time of many physical and emotional changes. These changes can have a great impact on every day and family life. It is well recognised that becoming a parent or adding to the family may be a stressful time. Many parents experience mental health concerns such as changes in mood or feeling overwhelmed following childbirth. The additional demands of an infant can also lead to relapse or worsening of symptoms of mental health problems.

Parents and care providers with good mental health are more able to provide responsive care to an infant. This is important as infants depend on attentive, emotionally responsive care for their physical, social and emotional development.

Perinatal infant mental health services provide a specialist perinatal service for women who have a diagnosed mental health problem who are pregnant or have a child under the age of two. People who have past or current mental health problems may find the challenges of pregnancy and their transition to becoming a parent challenging. It's very important to talk to someone as evidence suggests women who have mental illness have an increased risk of illness relapse during pregnancy or after childbirth. Additionally men are also at greater risk of depression if their partner is depressed.

Perinatal and Infant Mental Health services provide a full range of specialist perinatal services including assessment, supportive counselling, medication management and advice on maintaining a healthy balanced lifestyle during the perinatal period. They work in partnership with mothers and families with diagnosed mental health problems during the perinatal period. The aim of this partnership is to optimise mental, social and physical health by offering a holistic approach. As well as partnering with families, they partner with maternity, parenting and other support services to ensure every family receives the best possible care focusing on the quality of attachment between a mother and her baby during pregnancy and in early infancy.

Perinatal and Infant Mental Health Service (PIMHS)

Specialist Perinatal and Infant Mental Health Services (PIMHS) deliver assertive hospital-in reach and intensive in-home support services to perinatal women (pregnant women and mothers of infants < 2 years of age) with severe and complex mental illness. Priority is given to women admitted to or being discharged from inpatient mental health facilities who have bipolar illness, puerperal psychosis, psychoses, serious affective disorders and personality disorders. Priority is also given to women subject to involuntary inpatient or community care, pregnant women who are

subject to high risk birth alerts and mothers who are at risk of or have been separated from their baby due to child protection proceedings.

This service is delivered by over 58 perinatal and infant mental health clinicians from multi-disciplinary backgrounds in both adult and infant mental health. The service aims to treat and manage the woman's psychiatric illness, promote early caregiving capacity and foster a responsive parent-infant relationship. The service also provides education and support to the wider family. In 2015/16, this program delivered 6,430 client-related hours to 662 mothers and recurrent funding will allow services for up to 850 women with severe and complex mental health condition. A specialist state-wide perinatal and infant mental health outreach service (SWOPS-mh) provides additional support and prioritises mothers in isolated remote, rural and regional areas where there are limited perinatal psychiatry services. The service is hosted by Westmead Hospital and delivered by a part-time psychiatrist and full-time senior Perinatal and Infant Mental Health clinician. Using telehealth facilities the service offers women preconception counselling, mental health assessments and treatment plans, assessment of parent-infant interactions, and psychiatry consultations. The service also provides education and supervision activities to staff in rural, remote regions to build the mental health workforce capacity.

In 2016, a new PIMHS service was commenced in Justice Health and Forensic Mental Health Network (JHFMHN) due to the identified high needs population of pregnant women and mothers in correctional centres. Within the first 9 months of this service the PIMH clinician assessed 52 women across these centres, half of whom were Indigenous. The service works integrally with other JHFMHN maternity and mental health professionals as well as associated teams within Correctional Services particularly the Mother-baby Jacaranda unit in Emu Hills. PIMHS clinicians work integrally with other health services specifically inpatient and community adult mental health, child and adolescent mental health, child and family health, maternity and obstetrics and drug and alcohol services. PIMHS clinicians work in collaboration with non-health providers such as NGOs including Karitane, Tresillian and Wesley Mission ("Mums and Kids Matter" program) who provide a range of social, maternal health and parenting supports for perinatal women.

Perinatal Depression and Anxiety Awareness and Community Education

Since 2013, NSW Health Mental Health Children & Young People (MH-CYP) has also annually funded an education and awareness raising campaign administered by WayAhead, NSW Association of Mental Health which is a well-established peak body for mental health awareness. The funds (ranging around \$10,000-\$15,000) offer community grants to successful community agencies to enable them to deliver promotion and education activities during the annual Perinatal Depression and Anxiety Awareness week in November.

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| EXAMPLE: Central Coast Local Health District | Embracing Mums: A support group for women experiencing Post Natal Depression and Anxiety |
| Key Activity <i>Embracing Mums</i> is a support (therapeutic/educational) group for appropriate clients with perinatal depression and anxiety. <i>Embracing Mums</i> supports women to look at the expectations of motherhood, fear of failure, education around managing anxiety and depression, talks about treatment options for mothers and tries to de-stigmatise post natal depression that allows women to access further support. The group meets in a community setting and the group is facilitated by suitably qualified Central Coast LHD staff. The ability to offer timely and effective interventions to mothers experiencing perinatal mood disorders can significantly ameliorate the impact on the mother herself, the developmental trajectory of her infant and her relationship stability. | |

The *Embracing Mums* group has only been running 18 months. So far qualitative data is indicating that the clients feel the program is worthwhile. However, there will be an evaluation using analysis of psychometric questionnaires to look at whether there has been a positive impact on clinical outcomes. The group currently runs 4 times a year, 2 in the south and 2 in the north.

Currently the use of the Edinburgh Depression Scale and the DASS 21 has helped to identify those mothers attending group that they may need to access additional support to address their mental health needs. This at times has led staff to linking them into the Mental Health Intake Line, offering additional counselling sessions or referring them back to their G.P. for a medication review if applicable.

Currently Central Coast LHD FCC clinicians are liaising with Hunter New England health to look at their PND groups to see if we can share any learning.

Alcohol and other drugs treatment and care for vulnerable families

NSW Health delivers comprehensive education, brief intervention, treatment and aftercare programs to address misuse of alcohol and other drugs through public sector and non-government services. There have been recent investments in increasing the capacity of services that provide specialised care for vulnerable women and families. In particular:

- **Substance Use in Pregnancy and Parenting Services (SUPPS)** is a key component of the 2016/17 NSW Drug Package. The Package allocated \$15 million over four years to provide specialist medical and nursing care services for women who use substances during pregnancy and post-delivery including ongoing support for up to three years
- **Residential rehabilitation care for women with children** The NSW Drug Package also provided an additional \$8 million over four years to increase residential rehabilitation for women with dependent children. This funding has been allocated to services in Orange, Malabar and Wyong. NSW Health funds six NGO residential rehabilitations services across NSW to accommodate women with children
- The **Get Healthy Alcohol Program** launched in May 2016, is an enhancement for the Get Healthy Information and Coaching Service for participants nominating reduction of alcohol consumption as their primary goal
- **Stay strong and healthy: it's worth it!** a project aiming to raise awareness among Aboriginal women, their partners and young people, of the risks of alcohol consumption during pregnancy, and the availability of support services.
- **CICADA Centre NSW** (Centre for Care and Innovation for Children and Adolescents affected by Drugs and Alcohol). The CICADA Centre provides services for children, adolescents and families affected by drugs and alcohol. The centre is funded by NSW Health and is situated at The Children's Hospital Westmead. The three CICADA Centre clinical service arms are the CICADA Fetal Alcohol Spectrum Disorder (FASD) Service; the CICADA Family Service; and the CICADA Adolescent Service.

Whole Family Teams (WFT)

A Whole Family Team (WFT) enhancement was provided as part of the NSW Government Mental Health Reform. Three additional teams were established in Western Sydney, Nepean Blue Mountains and South Western Sydney.

WFTs funded by KTS are based in the following Local Health Districts.

- North Coast - Lismore
- Hunter New England - Newcastle
- Northern Sydney Central Coast - Wyong
- South Eastern Sydney Illawarra – Nowra

Key Activity

Keep Them Safe Whole-Family Teams (KTS-WFT) were established in NSW in 2010. Lismore was one of four pilot sites in NSW.

The establishment and implementation of the KTS-WFTs aims to address the needs of whole families where carers have mental health and/or substance use problems and significant parenting and child safety concerns. Priority is given to referrals from Family and Community Services (FACS). This program is available to residents in the catchments of the Lismore and Ballina Community Services.

KTS-WFTs provide specialist comprehensive assessments for the whole family; and specialist group, family, and individual interventions over a 6-month period. In addition, the teams co-ordinate, link, and network with other support services to facilitate appropriate ongoing care, interagency collaboration and comprehensive service delivery for the family. The Northern NSW program is only available to Lismore and Ballina residents.

An independent evaluation found that Whole Family Teams were successful in delivering against the project objectives. There were clinically significant improvements in parental mental health as measured by both clinicians and parents. Drug and alcohol outcomes also improved. Measures of family functioning, which include aspects such as parenting, family relationships and child wellbeing, all improved significantly."

Families with a child with disability

With the National Disability Insurance Scheme (NDIS) roll-out families and carers of children with disabilities will be able to receive additional supports. The NDIS has engaged Early Childhood Partners around Australia to deliver the Early Childhood Early Intervention (ECEI) approach. Children will be entitled to access ECEI supports, which will allow children with observed developmental concerns to seek support prior to a formal diagnosis and assessment. NSW Health is working closely with the National Disability Insurance Agency (NDIA) to ensure that patients, their families and carers can make the most of the opportunities and services available through the NDIS.

NSW Health supports schemes which aim to provide health services in the most convenient location for new parents in addition to engaging families with the network of services available to support them.

The incoming ECEI approach from the NDIA is one supported by NSW Health. The benefit of providing early therapy and associated services for children is strongly supported by evidence and decreases the need for formal supports over the lifetime.

NSW Health has been an active partner in the development of many NSW strategies to address the needs of children with a disability and welcomes continuing this work with the NDIA. The ECEI's capacity to provide some short-term early intervention supports, when fully functional, will be of great benefit. NSW Health sees this approach as complementary to the work of securing both a formal health diagnosis and for the provision of formal health treatment. This partnership, once in place, will see children living a life with potentially the minimum level of disability. The service continuum of support for children exiting the ECEI pathway, who are deemed eligible for the NDIS, will see a smoother point of entry to the scheme potentially offering a less complex phasing approach than what is in place at the moment.

When fully implemented the ECEI pathway will result in faster access to targeted supports, at the required level, for children from 0-6 years old. This represents a positive diversion from state based therapies that have historically been budget based and often at, or near, capacity. Greater involvement by Early Childhood Early Education providers could see new and innovative approaches to disability supports become available for children.

With the focus on early intervention there is the possibility that, through the rapid early provision of supports, some children may experience less disability than they have to further down the track. In one example a local health district offers individualised preparation for parenthood sessions for families where a child has been identified with developmental delay or disability. In South East Sydney there is a Developmental Assessment Unit (DAS), on site at Kogarah, and staff do outreach to early childhood education and care services (e.g. preschools) to enable early diagnosis and access to services for children with abnormalities and developmental delay.

Sustaining NSW Families



The Sustaining NSW Families program is a nurse-led evidence-based sustained health home visiting program for moderately vulnerable families from pregnancy until the child turns two. The program supports eligible families to establish positive, healthy relationships with their infants and promotes optimal social and emotional development.

The Sustaining NSW Families program grew out of an extensive body of literature showing that adverse events during the prenatal, postnatal periods and the early years can put children at risk of experiencing poor outcomes in their health, development, and

wellbeing which endure into later life.

Coupled with international and Australian evidence that nurse-led sustained health home visiting can help prevent or mitigate these impacts, this helped inform the design and structure of the program.

The Sustaining NSW Families program currently provides 660 funded places across eight sites:

- South Western Sydney LHD 1 (Farfield/Liverpool)
- Central Coast LHD (Wyang/Gosford)
- Hunter New England LHD (Cessnock/Kurri Kurri)
- South Eastern Sydney LHD (Arncliffe/St George/Sutherland)
- Northern NSW LHD (Lismore/Kyogle/Richmond/Ballina)
- South Western Sydney LHD 2 (Campbelltown/Macarthur)
- Sydney LHD (Canterbury)
- Western Sydney LHD (Auburn/Parramatta).

In 2017 the program expanded under the Future Directions – Sustaining NSW Families Project partnership between NSW Health and NSW FACS. This included a new site in Wollongong as well as the expansion of three existing program sites, all of which target families receiving social housing assistance.

"I had been so concerned her role would be to oversee me and tell me all the things I was doing wrong. It wasn't like that at all. She was pleasant, warm and friendly. Just having her there watching me and telling me that, actually, I was doing a great job, just felt so good."

Tamar McKenzie, Client

"We [nurses] have a very privileged position; working very closely with these families in their home, earning their trust."

Jo Power, Child and Family Health Nurse

Residential and high level parenting support services

The Tresillian service offers families with a child aged up to 5 years, advice, education and support from child and family health nurses and allied health professionals. Parents require a referral from a health professional such as a doctor or local child and family health nurse, to access Tresillian's Outreach, Day Stay and Residential services.

They offer aim to engage, educate and support parents by increasing parenting confidence: leading to improved health and wellbeing of families with young children and secure resilient family relationships. Services include Early Intervention Home Visiting Program, day services, residential services, long day care and parenting programs.

Karitane provide education and support on the unique challenges of parenting to mums and dads with children from birth to 5 years of age. Services are delivered by a caring and highly trained professional team of family health nurses, paediatricians, social workers, psychologists and psychiatrists offering complete holistic care. They provide support to new parents around sleep and settling, establishing routines, feeding and nutrition, toddler behaviour and pre and postnatal anxiety and depression.

Both Tresillian and Karitane are affiliated health organisations, recognised as a part of the public health system under Schedule Three of the Health Services Act 1997.

Support for mothers in custody

Justice Health & Forensic Mental Health Network (JH&FMHN) partners with Corrective Services NSW (CSNSW), Family and Community Services (FACS), and Local Health Districts to provide all support required for pregnant women in custody to prepare for the birth of the baby. It is important to prepare them for the situation after the birth which may include the baby being placed in the care of FACS. JH&FMHN supports new mothers to breast feed. In a situation where the baby is in the care of FACS or family, JH&FMHN supports the breast feeding mother to pump breast milk and provide it to their babies in the community.

3. Opportunities to improve support for parents

NSW Government consistently seeks to improve the quality of services. This section provides three examples of different ways that Government works to develop better services for parents:

1. Through broad system improvement initiatives, such as integrating services
2. Through piloting evidence based programs from other jurisdictions with a view to a staged implementation, such as Sustaining NSW Families
3. Through using lessons from research to develop and evaluate service models that show promise for improving services to vulnerable groups, such as the Dalwood Spilstead service.

Integrating services

Health services are increasingly seeking to improve the quality of support to parents through better service integration. An example is the Murrumbidgee Local Health District (MLHD) Priority Populations Program. The Priority Populations Program integrates services across MLHD to better support vulnerable people in the community including children and their families who need psychosocial support. The program incorporates Child Protection Counselling Services, Sexual Assault Services, Joint Investigation Response Team, Counselling Services, Domestic Violence Services, Out of Home Care and 16A Central Contact Point.

The Priority Populations Program:

- Supports information sharing among services where child protection concerns are present, contributing to better outcomes for parents and their children who require support
- Includes a monthly clinic for children in Out of Home Care (OOHC), with a Staff Specialist Pediatrician and psychosocial clinicians who are trained in trauma related areas of child protection, domestic violence and sexual assault
- Incorporates MLHD Counselling Services, which are hosted across a number of rural sites across the District. The service includes Psychologists and Social Workers that attend Safe Start meetings at local sites, which identify with vulnerabilities that could benefit from connection with local supports and case coordination. Counsellors attending these meetings come with a 'trauma lens', providing expertise within the SAFESTART professional group that supports the parents and children who are referred.
- Provides forensic services for children affected by sexual and physical abuse, including a newly purpose built forensic suite at Wagga Wagga Rural Referral Hospital that provides a locally coordinated response to all of the child's needs across both physical and psychosocial health in a dignified and safe environment.

Sustained Health Home Visiting programs (SHHV)

Internationally, there are a range of sustained health home visiting models which aim to improve family wellbeing and child health and development. While models vary, evaluations of these programs broadly show positive impacts on real-world outcomes for children and families, including health, safety and child development.

In NSW, the Sustaining NSW Families program was closely modelled on the home visiting programs identified in the literature as being able to demonstrate outcomes for participants, including the Nurse Family Partnership program in the United States and the MECOSH trial. As noted in Section 5, Sustaining NSW Families is available at eight sites. An evaluation in 2015 showed good results for the program, and recommended that the option of state-wide roll out of the program be further explored given the benefits to children and families that have been identified.

As noted above, the NSW Government has since invested in another three sites, with a fourth additional site planned in 2017/18.

There are also a number of MECSH services provided across NSW. In addition, the Australian Nurse-Family Partnership Program is a different model of sustained health home visiting targeting Aboriginal and Torres Strait Islander families, with sites across Australia including Wellington in NSW.

Sustained health home visiting has a strong evidence base when implemented with fidelity to the model. While it is a significant upfront investment, with resources required over a significant period for each family, studies show a positive return on investment through impacts on health and development outcomes. The evaluation of Sustaining NSW Families indicates that this model shows significant promise for broader implementation across NSW.

Existing models in NSW from which we can learn and be replicated

The Dalwood Spilstead Service – Trauma-informed practise in an early childhood education setting



The Dalwood Spilstead Service provides multidisciplinary health, education and support services for vulnerable families, who are in stress or experiencing difficulties in the care and parenting of their children in the early years.

The Model is based on neuro-developmental research and international best practice. It brings together three core evidence-based interventions: parent support and professional home visiting; parent-child attachment interventions; and a multi-disciplinary centre-based early childhood development program.

The service is unique in its ability to provide a comprehensive trauma-informed and integrated approach toward services for vulnerable families and children.

The Dalwood Spilstead Service provides:

- **Family Services:** case management and family support; parenting education programs; Dads At Dalwood (D@ds) fathers program; Volunteer Home Support Program
- **Child Development Services:** home-based early childhood education; early intervention therapeutic preschool program; infant supported playgroups; outreach to mainstream preschools and schools and therapy services
- **Parent/Child Interaction Interventions:** Parent/child groups; individual parent/child attachment programs.

All services for both parents and children are provided under one service umbrella and from the one team.

Evaluation Results

Results of a pilot evaluation of the Dalwood Splistead Model were published in 2009.⁴ The evaluation used standardised measures to assess changes in parent, child and family functioning over a 12 month period for all new families that attended the Dalwood Splistead Service.

⁴ Gwynne, K., Blick, B. A. and Duffy, G. M. (2009), Pilot evaluation of an early intervention programme for children at risk. *Journal of Paediatrics and Child Health*, 45: 118–124. doi: 10.1111/j.1440-1754.2008.01439.x

The Dalwood Spilstead Service is a collaborative project between Northern Sydney Local Health District (NSLHD) and the Spilstead Charitable Trusts. It is managed as a tertiary unit of the Northern Sydney Local Health District's Child and Family Health Service.

The evaluation found:

- Significant improvements in parent/child interaction, parental stress, parent confidence, family interactions, child well-being and total family functioning.
- Based on developmental screening, 71% of children moved from delays in the clinical range to being within normal developmental range
- 41% of children moved from below average range scores to within the normal range for language development.

4. Opportunities for new and emerging technology

Accessible information for parents

In 2016/17 a review of the content and structure of the PHR (Blue Book) was conducted. The review involved an on-line survey as well as consultations with parents and carers in different geographic locations (urban, outer metropolitan, regional and remote). Consultations were designed to be inclusive ensuring a wide range of parent and carer issues, experience and opinions were reflected. Participants included different groups including: new mothers, Aboriginal mothers, fathers and elders, mothers who had been refugees, parents and carers who identify as Lesbian Gay Bisexual Transgendered Intersex, foster carers, parents of children with a disability and parents and carers from culturally and linguistically diverse backgrounds. There were 272 participants in the consultations and 2,762 in the on-line survey.

One of the areas of discussion in the consultations was the use of technology in the delivery of health information. There were two strong messages from parents and carers. Some wanted all their information available via mobile, apps or on-line. Others either did not have access to tablets or computers, could not afford mobile charges, lived in areas with no access to a network, or said they have limited, intermittent or no signal.

Parents and carers who were unable to access information by mobile technologies requested that their need for information via hard copy be considered, as increasingly government agencies move their information and often their services to mobile and on-line formats. A key message from the consultation was that the best support and information for parents still needs to be available in a range of ways.

Love Talk Sing Read Play



Love Talk Sing Read Play was developed by parents who are health workers, for parents who want to have the latest evidence based information on children's emotional and social development.

Information offers tips and ideas to help parents and carers relate to their children.

The Love Talk Sing Read Play website is based on a Families NSW parent communication project designed to provide consistent and evidence based information to parents and communities about the social and emotional development of their children. This website and the Love Talk Sing Read Play and Deadly Tots Apps have been designed so parents can personalise the information they contain making them more relevant and engaging for them.

The website has been developed by staff of the Sydney and South Western Sydney Local Health Districts supported by NSW Health. The Apps were developed by the staff of South Western Sydney, South Eastern and Sydney Local Health Districts with funding from South Western Sydney Local Health District, the St George Child and Family Interagency and the Office of Aboriginal and Torres Strait Islander Health.



SMS4dads is a project of the Hunter New England Local Health District. The birth of a new baby can be the happiest time in a dad's life. But getting ready for the new arrival can be difficult. All of the changes after the birth can also be hard to manage.

This is a time when dads are usually very busy and they may not have support available. When stress builds up, dads may not know where to go or who to ask. Even on the internet there are so many options that it is not easy to find the right information.

SMS4dads provides new fathers with information and connections to online services through their mobile phones. The text messages with tips, information and links to other services help fathers understand and connect with their baby and support their partner. The expected date of delivery or date of birth, which is entered at enrolment, ensure that the texts are linked to the developmental stage of the baby (from week 12 of the pregnancy until 24 weeks post birth). Many texts use the 'voice' of the baby, for example, 'Talk to me about anything dad. Your words will help my brain development'. Others suggest actions, such as 'Find ways to tell your partner she is doing an amazing job. This could be really important to her'.

Texts, which include links to online resources, also prompt fathers to monitor health behaviours (diet, exercise, social connection) and every three weeks fathers receive a 'How's it going?' interactive text. Dads can reply with 'Awesome', 'Cool', 'OK', 'Shaky' or 'Bad'. 'Bad' responses are escalated to receive a telephone call from a national perinatal mental health help line. Fathers' acceptance of the messages (Texting 'STOP' removes participants from the program), their use of links and response to 'How's it going?' texts are recorded. Fathers are offered an exit interview and mothers are invited to give their perceptions of how SMS4dads worked for their partners. More information is available at <https://www.sms4dads.com/Welcome>.

Digital technologies, telehealth and online support



The use of mobile health (mHealth), SMS and telephone services in delivering health information is a growing demand internationally and particularly in geographically diverse Australia. The development of new technologies and improvements in infrastructure has enabled service improvement and reach to the public, health practitioners and other service providers.

mHealth is the delivery of health interventions through mobile devices such as telephones or tablets. mHealth has the potential to target hard-to-reach populations, decrease healthcare costs and also provide the ability to deliver tailored and personalised health information to patients while also overcoming common barriers to health services such as physical location, time and travel pressures.

New parents are increasingly demanding new technologies and ways to communicate with health professionals.

Healthdirect Australia is a national public health information service in Australia. It is funded by the Commonwealth and most state jurisdictions including NSW.

Pregnancy, Birth and Baby services supports expecting parents and families with children aged up to five years. The helpline is staffed by maternal child health nurses who provide advice about behavioural and developmental concerns and qualified counsellors who offer emotional support. Video call access is available via website. The website www.pregnancybirthbaby.org.au hosts a range of trusted health information and practical advice as well as having a service finder tool to help people locate their nearest health services. It offers free, non-judgemental advice, guidance and emotional support on a wide range of pregnancy and parenting topics, while also providing referrals to local health services when necessary.

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| CASE STUDY: Sydney Local Health District | Healthy Beginnings programs: An App and SMS to support new parents |
| <p>The Healthy Beginnings program is an initiative developed to reduce childhood obesity. The program is developing new ways of delivering evidence-based information that has been shown to benefit infant development.</p> <p>Key Activity</p> <p>Healthy Beginnings has developed a custom-made mobile App for both the collection of data relating to child development and obesity, as well as the delivery of staged health promotion messages directly to participants when they need it. These technologies are both effective and represent relatively low cost ways of delivering information. App has been built by a developer to meet the needs and demands of the target group. Expectant mothers are sent appropriate SMS' throughout their pregnancy to support healthy behaviours and after the birth of their baby to match developmental milestones such as the introduction of solid foods. The Healthy Beginnings CHAT program currently uses SMS messaging and telephone support to reinforce key messages about healthy behaviours which are delivered initially in information booklets.</p> <p>The SMS system is bidirectional in nature and thus new parents are able to send or reply to messages sent regularly by the project team. Any questions from the new parents are triaged to the Child and Family Health Nurses and then responded to, usually within the hour. As an example, one woman who had engaged in an SMS with the program replied:</p> <p><i>"Thanks for the help. You guys are really helpful. I really appreciate it."</i></p> <p>The telephone support provided by the Child and Family Health Nurses has been designed and developed to support new parents through some of the most common issues throughout their pregnancy and their baby's early life. Although childhood BMI is a major outcome for Healthy Beginnings, other important topics are also covered including immunisations, mental health, partner relationships and living situations. Mothers have provided overwhelmingly positive feedback to date about the telephone support service.</p> | |

5. Challenges to health and wellbeing outcomes for babies

NSW Government services continually monitor current and emerging challenges for families, and consider the implications for service provision. Challenges for vulnerable families are currently being considered in the Their Futures Matter reform process, led by FACS.

There are a range of challenges that new parents and children face, and many of the services featured in this submission have been developed as local and State responses to those challenges. Services continue to evolve. Two current examples of challenges are the poorer outcomes faced by rural and remote families, and the challenges for families and children with disabilities.

Rural and remote families and communities

People living in rural, regional and remote NSW are affected by a range of factors which impact on their health outcomes. Despite major improvements in healthcare, people living in rural NSW still experience a range of poor health outcomes, impacted by issues such as geographic isolation, socioeconomic disadvantage, drought and climate change, and a greater exposure to risk of injury. (Sax Institute 2013). The 2010 NSW Population Health Survey found that people living in rural NSW reported higher levels of chronic illness and health risk factors than those in urban areas. In addition, the Australian Institute of Health and Welfare (AIHW 2010) reports that rural and remote communities faced:

- Higher incidence of poor antenatal and post-natal health
- Higher incidence of babies born with low birth weight to mothers in very remote areas
- Higher prevalence of mental health problems
- Higher rates of alcohol abuse and smoking
- Poorer dental health.

People living in rural areas are more likely to have accessed community healthcare services and visited an emergency department in the previous year. In addition, people in rural NSW are more likely to report experiencing difficulties accessing healthcare when they needed it (Bureau of Health Information 2010). Rural and remote families often need to travel further to access health services, generally related to fewer available GPs, specialist nurses and health professionals and more limited access to specialist services. In addition families living in these areas often have difficulty using mhealth.

To address these findings NSW Health has the goals of:

- promoting access for rural and remote families to early antenatal care, continuity of care models for pregnant women that support birth as close to home as possible, and early childhood health services, as well as follow-on assessment and treatment services for children and families identified with health and developmental issues;
- research, develop and implement innovative and integrative models of maternal, child and family healthcare to meet the particular needs of rural communities. Support early childhood services and primary schools to implement policies and practices that promote healthy eating and physical activity through the Healthy Children's Initiative;
- increase immunisation for one, two and five-year-olds in rural LHDs, including for refugees, newly arrived migrants, those living in remote communities, and those experiencing socioeconomic disadvantage through initiatives by public health units to tailor local programs to overcome barriers to on-time vaccination. These initiatives are supported by the Save the Date to Vaccinate campaign which has been delivered through mainstream and social media each year since 2013.

Families with a child with a disability

The implications of the NDIS implementation are yet to be fully understood. NSW Health paediatric and allied health services may experience increased demand as a result of challenges arising from implementation of the Early Childhood Early Intervention (ECEI) pathway. NSW Health will monitor the ongoing impact of the NDIS implementation and consider the implications for families.

6. What can we learn from models of support in other jurisdictions

Some of the examples of support services provided in this submission illustrate the leadership of NSW in developing innovative ways of responding to the needs of children and families. Other examples demonstrate the success NSW has had in adopting models from other jurisdictions in the past. NSW Government services strive to remain up to date with emerging promising models of care within the State and in other jurisdictions, with a view to adopting those that are appropriate.

| EXAMPLE: Family and Community Services | Brighter Futures Trials |
|--|-------------------------|
| <p>Key Activity</p> <p>FACS is currently working with a number of non-government agencies that deliver Brighter Futures to implement two trials within Brighter Futures.</p> <p>The first trial is of an evidence based program called SafeCare, which has been developed by Georgia State University (GSU) and has been implemented across the United States and in a number of other countries. SafeCare is a highly structured, empirically-supported parenting program for parents at-risk for, or with a history of, child neglect or abuse. The goals of SafeCare are to:</p> <ul style="list-style-type: none">• reduce future child abuse and neglect• increase positive parent-child interaction• improve how parents care for their child's health• enhance home safety and parent supervision. <p>SafeCare is delivered in families' homes over an 18-20 week period by trained home visitors with a bachelor degree level or relevant experience. The program includes three modules and teaches skills related to:</p> <ul style="list-style-type: none">• parent/child interaction• home safety• health (aiming to prepare for and recognise sickness and injury). <p>SafeCare is a good 'fit' for the NSW context in relation to both target population and service delivery mode, under the Brighter Futures program. SafeCare will be trialled in eight sites across NSW and independently evaluated.</p> <p>The second trial, which will be undertaken over two years from approximately March 2018, is the result of the FACS Behavioural Insights study on the barriers and enablers that impact on families engaging with and completing the Brighter Futures program with their case plan goals achieved.</p> <p>The final report of the study recommended trialling a new model of working with Brighter Futures families to increase engagement. FACS is working closely with the three trial sites to design the details of the trial. Among other things, this will involve exploring how to better develop and monitor case plans, ways of developing families' self-determination and enhancing the referral pathway between the CSC and the Brighter Futures agency. This trial will also be evaluated.</p> | |

National Collaborative Network for Child Health Informatics

eHealth NSW, in partnership with the Sydney Children's Hospitals Network, established the National Collaborative Network for Child Health Informatics (the 'Network') in April 2017 on behalf of the Australian Digital Health Agency. The Network is collaboration between jurisdictions, consumers, clinicians, health care providers, industry, researchers and other experts. The Network's objective has been to identify and scope four to five strategic national projects and initiatives, aimed at achieving positive health and wellbeing outcomes for Australian children and young people, made possible through patient-centred and clinician-friendly digital systems and capabilities.

The mission of the Network is for all Australian children and young people, irrespective of their location, socioeconomic status or cultural background, to have the same opportunity to be healthy, safe and thriving.

Paediatric care occurs in many different settings and involves many different care providers, who represent a wide range of clinical specialties. A broad range of stakeholders from across Australia including consumers, clinicians, policy makers and industry attended different forums held by the Network to contribute their ideas and expertise to co-design the eHealth initiatives.

The Five National Digital Initiatives in Support of Children's Health and Wellbeing

The Network was successful in identifying and achieving stakeholder consensus on five initiatives, outlined below, for seed funding by the Australian Digital Health Agency (the Agency).

On 11 October 2017, the Agency Board confirmed funding for proof of concepts to be developed for each of the initiatives, as the first phase of the program. It is anticipated that the program will continue to be led by NSW Health on behalf of the Agency, with each pilot run in one or two regions within a jurisdiction. Each pilot will provide an opportunity to co-design the implementation approach, test functionality, measure potential benefits and evaluate the initiative, to determine if it is suitable for a future national roll-out. A key focus of this work will be to build a foundation to support interagency and cross-sector collaboration.

1. Child Digital Health Record
2. Uploading School Immunisation Records into the Australian Immunisation Register
3. Child Digital Health Checks
4. Digital Pregnancy Health Record
5. Research into the Longitudinal Child Digital Health Record.

NSW State Wide Outreach Perinatal Service for mental health (SwOPS-mh)

SwOPS-mh is an example of the use of telehealth to improve accessibility of information for both professionals and for members of the public. SwOPS-mh is a component of the NSW Perinatal and Infant Mental Health Services program.

- **SwOPS-mh Telehealth** – preconception counselling, assessment and intervention for pregnant women and mothers, their infants and families
- **SwOPS-mh Specialist Telehealth Outreach** – provides expertise and support for health professionals to help them manage pregnant women, mothers, their infants and families who are experiencing mental health problems, particularly in rural and regional areas.

Related matters

NSW Human Services Outcomes Framework

The NSW Human Services Outcomes Framework (Outcomes Framework) was initiated by FACS in 2015. The Outcomes Framework provides a common set of population-level wellbeing outcomes and indicators for NSW government and non-government agencies.

The Outcomes Framework helps FACS meet the needs of clients through developing a common understanding across FACS, other agencies and stakeholders of what outcomes should be achieved. FACS is applying the Outcomes Framework to its policies, programs and services to better focus activities towards achieving client outcomes for specific client cohorts and programs. This means that investment focused on changing the trajectory of people's lives can have long-term impacts on client outcomes and FACS service delivery.