



NSW Health Sustaining NSW Families Program

Purpose

The *Sustaining NSW Families* sustained home visiting program is an important element of Keep Them Safe. This briefing provides an overview of the implementation of Sustaining NSW Families and is part of the Social Justice Unit's ongoing work on monitoring the implementation of Keep Them Safe.

Background

The NSW Miller Early Childhood Sustained Nurse Home Visiting (MECSH) trial was the first Australian randomised control trial of a sustained nurse home visiting intervention, beginning antenatally, for at-risk mothers living in a disadvantaged community. The evaluation found that the intervention achieved positive outcomes in mothers' confidence, knowledge and experience of being a mother, length of breastfeeding, and child development. Mothers assessed antenatally as having 'psychosocial distress'¹ showed most benefit.²

The *Special Commission of Inquiry into Child Protection in NSW* identified sustained health home visiting as an important component of the service system required to support children and families.³ The *Keep Them Safe Action Plan* included a commitment to expand the number of sites offering sustained health home visiting to vulnerable families.⁴

The Sustaining NSW Families program is based on MESCH and the MESCH researchers are continuing to work with NSW Health in implementation. The first three Sustaining NSW Families sites – Kurri Kurri/ Maitland/ Cessnock, Fairfield/Liverpool, and Wyong – commenced operation in mid 2010.

In March 2011, the then Minister for Community Services, Linda Burney, announced the establishment of two new services, covering the rural Far North centres of Kyogle, Lismore and Richmond Valley, and Arncliffe, Sydney. While the program will be available to all eligible families, the North Coast program will focus on engaging Aboriginal families and in Arncliffe the program will be tailored to Chinese and Arabic speaking families. Sydney South West Area Health Service has also funded Bulundidi Gudaga, a sustained nurse home visiting program for Aboriginal families in Campbelltown (based on MESCH).

Discussion

Program model

Each Sustaining NSW Families team consists of a nurse coordinator, child and family health nurses, a social worker and an administrative worker. The new teams will also employ an Aboriginal worker (North Coast) and a cultural liaison worker (Arncliffe). Each site has capacity to assist up to 150 families at any one time. This brings the potential number of families in NSW being served by the program to around 1000 per year although it would be less than this given that the program works with families for two years.

The teams also receive support from other health professionals including psychologists and drug and alcohol workers. The availability of a 'second tier' of support from a social worker and specialist workers is a key difference to other nurse home visiting models, such as the Nurse Family Partnership program developed by Professor David Olds in the US.

Home visiting consists of approximately 20 home visits (actual number of visits determined by need), primarily by the same child and family health nurse, during pregnancy and the first two years post birth. The intervention also includes group activities and links families into community activities.

The program model emphasises the use of a strengths-based approach and the importance of building a strong relationship between the family and the nurse visitor. It also emphasises the importance of linking mothers to other early childhood and specialist services.

Target group

The Sustaining NSW Families program targets families in socioeconomically disadvantaged areas with a particular focus on women with antenatal distress. The main referral pathway is through a universal screening and assessment process known as SAFESTART (all pregnant women in NSW are screened antenatally, usually at the first visit to a public hospital).

However, the program excludes women who have active drug and alcohol misuse, domestic violence issues, women with psychotic illness, and families with current or history of child protection issues. This decision was based on systematic reviews which indicate that sustained home visiting programs that target families with multiple, significant problems such as domestic violence are unlikely to be successful.⁵

The NSW Department of Health *Maternal and Child Health Primary Care Policy* (2009) identifies that these families require a '*specialist and continuing support response*.' The policy states that where 'level 3' risk factors are identified such as drug and alcohol issues, a team-management approach is required as well as referral to relevant specific services such as Brighter Futures. The multidisciplinary team should include, when appropriate, Maternity, Early Childhood health, Mental health, Drug and Alcohol, Social Work, Psychology and Child protection. The policy also states that systems are to be established to enable services external to Area Health Services to participate in the team-management approach to care planning where appropriate.

However, it is unclear how this policy is being implemented in practice. At a recent forum on Early Years Policy and Research hosted by NSW Health, Professor Graham Vimpani, who is the NSW Health Senior Clinical Advisor Child Protection, expressed concern about the lack of services for families with complex needs. He stated that he sees this as the next area of development (for NSW Health). It was noted that Brighter Futures is also currently addressing how to better meet the needs of families with complex issues.

Geographic availability

In NSW, Universal Health Home Visiting includes the universal offer and provision of at least one contact in the client's home within two weeks of birth and may include further home visiting. One of the aims of Universal Health Home Visiting is to actively engage those families that do not traditionally access maternity and early childhood health services and that need extra support. However, as outlined above, sustained nurse home visiting services are currently only available in a small number of disadvantaged areas across NSW.

Summary of key issues

The key issues relating to the implementation of the Sustaining NSW Families program are:

- The need for continued roll-out of the program to disadvantaged locations across NSW.
- The gap in services with complex issues such as domestic violence and substance abuse.

Further information

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References

¹ The term 'distress' was used rather than 'depression' as a lower cut-off score was used than the antenatal validated cut-off score for depression on the Edinburgh Depression Scale.

² Kemp, L., Harris, E., McMahaon, C., Matthey, S., Vimpani, G., Anderson, T., Aslam, H. and Zapart, S., 2011, 'Child and family outcomes of a long-term nurse home visitation programme: a randomised control trial', *Archives of Childhood Disease*.

³ James Wood, 2008 *Report of the Special Commission of Inquiry into Child Protection in NSW*, Volume 1, recommendation 10.5 e, p XiX

⁴ NSW Government, 2009, *Keep Them Safe: A Shared Approach to Child Wellbeing*, p7
www.dpc.nsw.gov.au/__data/assets/pdf_file/0004/57145/Keep_Them_Safe.pdf

⁵ NSW Department of Health, 2009, *Maternal and Child Health Primary Health Care Policy*,
www.health.nsw.gov.au/policies/pd/2010/PD2010_017.html