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## **Inquiry into Support for New Parents and Babies in NSW**

Royal Australasian College of Physicians (RACP) -  
written submission

November 2017

## **Inquiry into Support for New Parents and Babies: call for submission**

Thank you for the opportunity to provide feedback to the Inquiry into Support for New Parents and Babies in New South Wales. The Royal Australasian College of Physicians (RACP) consulted with members of our Paediatrics and Child Health Division, our Indigenous Child Health Working Party, our Early Childhood Working Party, our NSW State Committee and the Society of Obstetric Medicine of Australia and New Zealand on this inquiry.

We ask that the Inquiry consider the following information in line with the Terms of Reference.

### **The adequacy of current services and structures for new parents, especially those who need extra support, to provide a safe and nurturing environment for their babies.**

New parents and infants require a range of supports and services to remain healthy and well, and enable them to participate meaningfully in society. However, there are identified gaps in the current arrangement of services and structures, including difficulties meeting the complex needs of all families (most services are not integrated) and services are treatment-oriented rather than prevention or promotion focused<sup>1</sup>.

RACP Fellows have reported that NSW has poorly integrated perinatal, mother and baby services, which are delivered through a privatised general practice model providing primary medical care, including child & family health nursing services that have incomplete reach and hospital maternity services subject to a mix of both public and private service delivery. While significant advances have been made with the implementation of integrated perinatal care and perinatal coordination of the psychological and social needs of parents as part of the NSW Health Safe Start policy, some RACP Fellows have observed that these reforms have only been partially implemented, with system barriers to integration with non-government and private providers caring for vulnerable women and families. Efforts to implement evidence-based targeted parenting and nurse visiting programmes in the antenatal period may also be hindered by privacy and workforce demarcation concerns.

Some Fellows have also experienced that recent changes to the maternity medical records systems (e-Maternity) have resulted in barriers to information exchange between maternity services and child and family services. These issues are perceived as a significant barrier to the delivery of integrated health and social care systems for parents and infants.

RACP Fellows note that in a number of regions of NSW, progress has been made to develop strong partnerships between Local Health Districts and The Department of Family and Community Services (FACS). Examples include the South West Sydney Perinatal Coordination Project commissioned by FACS and the Central Sydney Pregnancy Family Conference. In both cases, co-commissioning was involved. These innovative projects, however, are not systemic in the sector and often do not include sustained follow-up of “high risk” infants and their parents or carers. Some Fellows report that efforts are also underway in several districts to improve the partnership between health services and FACS child protection services; however, note that these efforts are focused primarily on prevention of infant assumption into care or restoration. The RACP maintains that more work is needed to ensure that high quality and affordable health care services are available for all children and are delivered according to need. Additionally, roll outs of evidence based health promotion and early intervention programs must be implemented with close adherence to original design to ensure that quality outcomes are delivered successfully.

RACP Fellows note that successful prevention strategies should include mechanisms to monitor the access, consistency and quality of health care services with existing data. Minimum routine data sets to track all

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<sup>1</sup> ARACY (2015) *Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention*; p.111. Available at: [https://www.aracy.org.au/publications-resources/command/download\\_file/id/274/filename/Better-systems-better-chances.pdf](https://www.aracy.org.au/publications-resources/command/download_file/id/274/filename/Better-systems-better-chances.pdf)

primary health care visits can be used to inform allocation of resources, community services, education and health, tailored by geographic location where opportunities for prevention are greatest.

When delivering services and assessing outcomes at a population-level, the following questions should be addressed:

- Are there sufficient services?
- Does the program, as rolled out, contain the features that made the original concept effective (program fidelity; compliance with protocols; timeliness)?
- Does the selected program reach all the people in a population who would benefit?
- Are these key outputs measurably delivered? (Do we know how the system is working?)
- What are the outcomes?

Without a minimum data set to support this assessment there is no definitive way to determine the most appropriate methods of tackling child health inequities in NSW at present.

Some RACP Fellows report that declining government funding for Families NSW services, child and family nursing services and targeted early intervention services has meant that many evidence based initiatives in NSW are experiencing a “dose” problem, where proven interventions such as Sustained Nurse Home Visiting, Parenting Under Pressure, Triple P, centre-based parenting services and maternal depression counselling are not delivered in the required “dose” to realise their full potential at a population-level. Additionally, some Fellows find that the current sustained home visiting programmes are not designed for the most vulnerable infants and families.

To address this gap, the Sydney Local Health District has funded the delivery of sustained home visiting to all families meeting the original Liverpool, NSW, Maternal Early Childhood Sustained Home Visiting (MESCH) programme. Initiatives like the Healthy Homes and Neighbourhoods Integrated Care Initiative provide intensive “wrap-around” services for families with complex vulnerabilities. Important state initiatives such as the Early Intervention Programme and Brighter Futures were previously available for a wide range of vulnerable families; however, these services are now mostly only available to families that meet the “risk of significant harm” (ROSCH) criteria, with the result that health services are “carrying” the risk of families with infants who would have previously had a home visiting service. The RACP recommends that robust, multidisciplinary, and multiagency integrated perinatal care service systems are provided in NSW as part of the implementation of sustained health home visiting and perinatal targeted parenting education and support initiatives.

Necessary targeted parent support initiatives for the promotion of early childhood development should be provided as early as possible across NSW, either as part of sustained nurse home visiting programs or centre based parenting programs designed around the parent’s need and circumstances. This may also include parenting programs based on “behavioural” approaches, which have been shown to be effective in changing parenting attitudes and behaviours and in turn, improving children’s behaviour and adjustment<sup>2</sup>.

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

New parents and parents of young infants are often more susceptible to mental health issues such as anxiety and depression. Early detection of parental mental health issues is vital to ensuring that parental postnatal depression can be correctly identified and enables paediatricians to refer the parent for treatment. However, the fragmented provision of services in NSW for women suffering from mental health and addiction problems across public and private sectors (and funding streams) combined with large service gaps and barriers to

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<sup>2</sup> Tully, L. & NSW Centre for Parenting and Research (2009). *What makes parenting programs effective? An overview of recent research.* NSW Dept. of Community Services, Ashfield, NSW

communication between clinicians and population-based practitioners means that early detection and treatment is not always possible. Some RACP Fellows have noted that gaps in services for women with mental health and addiction problems is amplified by the shortage of state-funded perinatal mental health services and the reliance on Medical Benefit Schedule funded private services that often incur a substantial “gap charge”.

The Safe Start Initiative has implemented antenatal screening for domestic violence, anxiety and depression in almost all birthing units in NSW. However, in the larger private metropolitan maternity units, almost a third of all women birthing have not had the required antenatal screening documented in their medical record<sup>3</sup>. Some RACP Fellows have reported serious perinatal depression among women receiving care in the private sector, indicating that stronger measures must be put in place to guarantee that all women birthing in NSW have access to high quality, evidence-based, perinatal psycho-social care.

The NSW Government must ensure there is a sufficient well trained health services workforce to offer support and evidence based interventions, with state-wide coordination of perinatal, infant health and social care services to provide the best mental health outcomes for new mothers in the public and private health system. The RACP also recommends that funding and support for mental health treatment should be undertaken through existing networks and services where appropriate, such as child and family health, community services and other paediatric mental health services.

Children have a right to a universal package of preventative health care, and some children in NSW are still unable to access a regular schedule of services including immunisation, health and development checks. Some areas of NSW (such as the North Coast) still hold some of the lowest immunisation rates in the country<sup>4</sup>. The 2011 AHMAC report for National Framework for Universal Child and Family Health Services<sup>5</sup> recommended that the schedule of contacts be based on:

- Critical periods of child development
- Opportunities to identify families at risk and offer timely family support services
- Opportunities for targeted anticipatory guidance (parental advice)
- Aligning contacts with the child’s birthday (particularly over 18 months).

Further policy measures should be undertaken in NSW to increase delivery and uptake of a minimum schedule of universal preventive child health, including links to the relevant maternity and immunisation registers designed to be used at the time of immunisation.

The RACP believes that physical health can be supported through further development and implementation of policies which support healthy pre-school nutrition and activity programmes, as well as ensuring that parents receive evidence-based advice about healthy nutrition, lifestyle and required sleep duration for infants and toddlers. Health promotion activities and education about nutrition should also be provided for parents and infants regularly in settings outside the family home, such as in early childcare centres and pre-schools. The NSW Government must also ensure that the health outcomes of infants in out-of-home-care are adequately supported. The RACP believes that physical, developmental and mental health assessments should be performed on all children who enter into out-of-home care, supported by ongoing monitoring of needs by identified health care coordinators such as paediatricians or community child health professionals. We further believe that there must be a coordinated health care centred approach between all agencies involved in out-of-home-care (including Community Services and Education). This should be supported by regularly collecting aggregated data and evaluating programs to better monitor efficiency and identify effective approaches.

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<sup>3</sup> Eastwood J, Ogbo F.A, Hendry A, Noble J, Page A, for the Early Years Research Group (EYRG) (2017) *the Impact of Antenatal Depression on Perinatal Outcomes in Australian Women*. PLoS ONE 12(1): e0169907. doi: 10.1371/journal.pone.0169907

<sup>4</sup> Australian Institute of Health and Welfare (2017) *Immunisation rates improve for Australian Children*, Available at: <https://www.aihw.gov.au/news-media/media-releases/2017/2017-jun/immunisation-rates-improve-for-australian-children>

<sup>5</sup> Australian Health Minister’s Advisory Council (2011) *National Framework for Universal Child and Family Health Services*, p.16 <https://www.health.gov.au/internet/main/publishing.nsf/Content/AFF3C1C460BA5300CA257BF0001A8D86/%24File/NFUCFHS.PDF>

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

Significant populations of children and young people in NSW are at risk of poorer developmental outcomes due to entrenched and often intergenerational disadvantage. For children, the effects of low socioeconomic status can result in less satisfactory early development before and after birth, fewer opportunities for education and later employment, less opportunity to learn about healthy nutrition and lifestyles, and a greater influence of family and friends towards unhealthy behaviours such as smoking and heavy alcohol use<sup>6</sup>. As such, we believe the NSW Government should consider a comprehensive, coordinated and long-term strategic approach to identifying and addressing disadvantage and vulnerability in children and infants, to ensure that every child can get the best possible start in life.

The RACP recommends that the NSW Government ensure that services and assessment tools take an evidence-based approach to addressing child health inequity through:

- using programs that have been proven by high quality research to be effective;
- funding research to determine the effectiveness of family assessment tools used across NSW,
- examining existing tools for their usefulness in engaging disadvantaged families; and
- Thorough evaluation through proven methods such as randomised controlled trials.

Socio-economic stress should also be assessed at the antenatal screening assessment, to ensure that provision of social care interventions like income support, housing, food security and “whole-of-family” social care can be undertaken successfully.

Parents experiencing disadvantage and vulnerability can also be better supported to ensure better child health outcomes. Some RACP Fellows have noted that the most vulnerable parents are those who have experienced child abuse and domestic violence, and psychological trauma (sometimes long-term) has a significant impact on their psychological wellbeing and the way they respond to stress. Some RACP Fellows also report that parents experiencing these issues often have their infant children regularly assumed into foster care. Of particular concern for clinicians caring for these parents is the lack of:

- Residential rehabilitation beds for mothers, babies and families
- Suitable housing for homeless women presenting during pregnancy
- Support after an assumption into care

Better support for vulnerable new parents experiencing homelessness, intergenerational psychological trauma and mental health and addiction problems is necessary to ensure better parent and child health outcomes over time. We believe that support could also be provided through development of new models of residential rehabilitation which provide health and social care including:

- Public housing tenancy;
- Intensive wrap around services (see the Healthy Homes and Neighbourhoods Model below);
- Targeted restorative parenting programmes (such as Parenting Under Pressure for example);
- Parentcraft and home help services; and
- Mental health and addiction services.

The RACP believes that the design and provision of such a service redesign should be led in partnership between Local Health Districts and FACS to ensure a more seamless integrated of health and social service provision. Consideration could be given to the use of conditional and unconditional cash transfers, such as cash incentives for attendance at antenatal and postnatal health checks as a way of supporting and protecting child development, health and wellbeing.

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<sup>6</sup> Australian Institute of Health and Welfare (2011) *Headline Indicators for Children's Health, Development and Wellbeing 2011*, Available at: <https://www.aihw.gov.au/getmedia/ee6424ff-72d5-4252-ab3d-c7f4d7b3236d/12018.pdf.aspx?inline=true>

The RACP is also concerned about anecdotal evidence from some RACP Fellows that some vulnerable and traumatised families appear to be reluctant to use the e-Health record, and contracting of services to private sector agencies by the government has led to further fragmentation in sharing of and barriers in accessing digital data. As such, the RACP believes that improved data sharing between all agencies involved in the care of new parents and infants may also help to improve care outcomes across all sectors.

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

Efforts to coordinate services across the health and social sectors are currently underway in a number of districts in NSW including Western Sydney, Central Sydney and Murrumbidgee. Those initiatives have resulted in a number of innovative programmes which are explained below. The success of initiatives like the Healthy Homes and Neighbourhoods Integrated Care Initiative (Sydney Local Health District) and the Vulnerable Families Initiative (Western Sydney) results from the existence of strong local leadership and strong partnerships between the relevant Local Health District and the local FACS district office.

Recent research published by the National Health and Medical Research Council evaluated the current effectiveness of interventions (including programs and messages) delivered in pregnancy or the first postpartum year and designed to promote the social and emotional development and wellbeing of infants by influencing parenting/caregiving practices and behaviours<sup>7</sup>.

RACP Fellows have identified that currently there are intervention models suitable for vulnerable and at-risk populations that have a reasonable evidence-base, including:

- Antenatal and postnatal education and/or support (also suitable for universal implementation);
- Home visiting interventions;
- Interventions for enhancing sensitivity and/or attachment security (also suitable for universal implementation);
- Interventions for parents of preterm and low-birthweight infants; and
- Kangaroo (mother) care.

The RACP believes that these pre-existing programs and models from NSW and other jurisdictions may offer opportunities to drive an improved, better integrated and more patient-centred approach to postnatal care:

- **Healthy Homes and Neighbourhoods Integrated Care Initiative** – located in the Sydney Local Health District, this is a cross-agency care coordination network aimed at ensuring vulnerable families have their complex health and social needs met<sup>8</sup>. This program connects education and community service providers with health practitioners including paediatricians, general practitioners and nurses. Vulnerable families are identified when adults or children come in contact with health, education or community service providers – after which care coordinators work with them over several years, to ensure the family's health, parenting and education needs are met. Links are developed between the family and their local community, with services and supports put in place for the future.
- **The Common Approach**<sup>9</sup> - this approach is an evidence-based framework designed to support professionals to have quality conversations with young people and their families about all aspects of their wellbeing. Importantly, the Common Approach is strengths-based, holistic, child-centred, and conducted in partnership with families and other professionals." It includes:
  - a common outcomes framework;

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<sup>7</sup> NHMRC (2017) 'Report on the Evidence: promoting social and emotional development and wellbeing of infants in pregnancy and the first year of life', p.2-3.

<sup>8</sup> Sydney Local Health District (2014) Proposal - Integrated care - Planning and innovation fund. A Healthy Homes and Neighbourhoods Integrated Care Initiative.

<sup>9</sup> ARACY (2013) *A Common Approach for identifying and responding early to indicators of need*.  
<https://www.aracy.org.au/documents/item/124>

- consistency in approaches to measurement; and
- support to build capacity.

This approach has seen practitioners identifying needs earlier and showing a greater understanding of their role in prevention<sup>10</sup>. Implementing this approach has been challenging given the systemic barriers and limitations present in existing systems.

- **The Abecedarian Approach** – from the Abecedarian studies. Children from low-income families receive full-time, high-quality educational intervention in a childcare setting from infancy through to age five. Each child receives an individualised prescription of educational activities. Educational activities consist of games incorporated into the child’s day. The Northern Territory Government recently launched a draft action plan for early childhood development over the next ten years, listing the Abecedarian Approach Australia as one of the programmes which will be expanded<sup>11</sup>.
- **Best Interests Framework** – from the Victorian Department of Human Services<sup>12</sup>. The Framework aims to provide a coherent approach to prioritising and promoting children’s best interests across the program areas of family services, child protection and placement services. It is intended to guide assessment, planning and intervention, and to span secondary and tertiary services.
- **The Well Child Programme** – This ‘stepped’ comprehensive model of well child care is currently being undertaken in New Zealand. The model is based on the Michael Marmot Proportionate Universalism<sup>13</sup> approach, and relies on a universal light touch clinic and home visiting nurse-based service, with easy access to additional support or medical services as indicated. The approach acts as a safety net for families without stigmatisation, and has worked well for coverage but will need ongoing review as new issues emerge.

## Any other related matters

The RACP believes that current NSW child health services must be complemented by high quality, accessible and affordable child care services. We acknowledge the introduction of the Start Strong program, which will help to increase preschool attendance and support learning and development outcomes, however believe that there are other actions which can be undertaken to improve the current provision of early childhood services. Funding for early childhood services should be reviewed to ensure that they have the reach and intensity necessary to tackle inequities in accordance with the principles of proportionate universalism. This should be supported by more research to further development of an evidence-base on early childhood service provision in NSW.

The RACP would like to also highlight the value of improved data linkage and data sharing. The intersection of services in NSW across Health, Education, FACS, and addiction services would benefit immensely from a single shared data system. Such a system could track and collate information on known determinants of wellbeing for children and families, including health & education outcomes data, which would assist physicians to:

1. Quickly ascertain individual clinical information;
2. Plan appropriately for services to meet population needs; and
3. Monitor effective interventions.

<sup>10</sup> Katz, I., La Placa, V., & Hunter, S. (2007) *Barriers to inclusion and successful engagement of parents in mainstream services*. York: Joseph Rowntree Foundation

<sup>11</sup> NT Government (2017): *Starting Early for a Better Future – Early childhood development in the Northern Territory 2018 – 2028*, p 9, 19

<sup>12</sup> Department of Human Services (2007) *The Best Interests framework for vulnerable children and youth*, Victoria: State Government of Victoria.

<sup>13</sup> <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review> (accessed 6 November 2017)

The capabilities for such a system already exist, as exemplified by the Social Health Atlas of Australia, which is published by the Public Health Information Development Unit (PHIDU) at Torrens University<sup>14</sup>. The PHIDU Atlas incorporates demographic data which includes social and economic indicators such as early childhood development, education, disability, income and employment, life expectancy, health service usage, etc. This evidence base has helped to clarify factors which determine health, development and wellbeing, as well as the inequalities in determinants of health. It should be considered if the NSW Government wants to consider future models for data sharing. However, the privacy concerns of practicing clinicians that are currently inhibiting sharing of information regarding the care of parents and their infants should also be addressed. This may involve development of easy-to-read health sector privacy guidelines and training modules. In future, the Committee may also wish to address population level measures which impact on children and on families such as alcohol and drugs, family violence and poverty.

The College would also like to extend an offer to provide expert testimony regarding the above or to further engage with the Committee on these matters.

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<sup>14</sup> PHIDU (2017) 'Social Health Atlas of Australia', available at <http://phidu.torrens.edu.au/>