Implementing Nurse Home Visiting Programs: Opportunities and Challenges in England & Australia

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Aims

• Describe the policy context of early childhood prevention in Australia and England

• Describe the Maternal Early Childhood Sustained Home-visiting (MECSH) program

• Present policy learnings for Australia
Policy context

- Focus on early childhood
- Structural reform
- Australia
  - National standards and consistency
- England
  - Equity
Maternal Early Childhood Sustained Home-visiting (MECSH) program

• **Two core components**
  – Structured program of minimum 25 home visits by trained nurse from pregnancy to child’s second birthday
  – System of care approach building capacity of health and human services to respond to families with additional needs
MECSH program goals

• Improve transition to parenting by supporting mothers through pregnancy
• Improve maternal health and wellbeing by helping mothers to care for themselves
• Improve child health and development by helping parents to interact with their child in developmentally supportive ways
• Develop and promote parents’ aspirations for themselves and their children
• Improve family and social relationships and networks by helping parents to foster relationships within the family and with other families and services
<table>
<thead>
<tr>
<th>Program outcomes</th>
<th>MECSH</th>
<th>NFP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve transition to parenting/perinatal outcomes</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Improve maternal health and wellbeing</td>
<td>✔</td>
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<tr>
<td>Improve maternal life course</td>
<td>?</td>
<td>✔</td>
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<tr>
<td>Improve child life course</td>
<td>✔</td>
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MECSH intervention
MECSH activities

Community visibility

Group activities

Home visiting

Other services and supports
MECSH system of care
## MECSH Four Tier Strategic Framework

<table>
<thead>
<tr>
<th>Tier</th>
<th>Key Program provider</th>
<th>Other providers</th>
<th>Function</th>
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</table>
| Tier 1                   |                      |                                                                                  | Provide primary level of care  
Identify problems early in their development  
Offer general advice  
Health promotion and prevention |
| Primary level of care    | Child and family health nurse | Midwives  
General practitioners  
School teachers             |          |
| Tier 2                   |                      |                                                                                  | Training and consultation to professionals within Tier 1  
Consultation to professionals and families  
Outreach  
Assessment                  |          |
| A service provided by professionals relating to workers in primary care | Social worker | Aboriginal Health Workers  
Cultural health workers  
Paediatricians (especially community)  
Perinatal psychiatrist/psychologist  
Allied health workers  
Mental health workers  
Drug and alcohol health workers  
Housing workers  
Community Service workers |          |
| Tier 3                   |                      |                                                                                  | Assessment and treatment Assessment for referrals to Tier 4 |
| A specialised service for more severe, complex or persistent issues | | Paediatricians  
Perinatal psychiatrist  
Allied health teams  
Mental health teams  
Drug health teams  
Psychologist  
Housing (including refuges)  
Child Protection Services  
Family support workers |          |
| Tier 4                   |                      |                                                                                  | Inpatient and residential care  
Specialist teams (eg. for developmental delay, child abuse)  
Specialist provision of treatment services |
<p>| Tertiary level services such as day units, highly specialised outpatient teams and in-patient units | | | |</p>
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<tr>
<th>Intervention structure</th>
<th>MECSH</th>
<th>NFP</th>
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<tr>
<td>Definition of vulnerability</td>
<td>Wide</td>
<td>Narrow</td>
</tr>
<tr>
<td>Population based intake to ensure equity</td>
<td>✔</td>
<td>✗</td>
</tr>
<tr>
<td>Embedded in universal health services</td>
<td>✔</td>
<td>✗</td>
</tr>
<tr>
<td>Managed and delivered by universal child health service</td>
<td>✔</td>
<td>✗</td>
</tr>
<tr>
<td>Utilises local resources and services</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Program element</td>
<td>MECSH (Kemp, 2011)</td>
<td>NFP (Olds, 2007)</td>
</tr>
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<tr>
<td>Target group</td>
<td>Mothers at risk of poorer maternal and/or child health and development outcomes (~20% of mothers)</td>
<td>First-time teenaged mothers who present for antenatal care early in pregnancy (~3% of mothers)</td>
</tr>
<tr>
<td>Intervention</td>
<td>Minimum 25 home visits plus group activities plus engagement with broader service system beginning in pregnancy to child-age 2 years.</td>
<td>Up to 60 home visits beginning in pregnancy to child-age 2 years (average 30 visits completed).</td>
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<tr>
<td>Service system</td>
<td>Embedded in comprehensive universal child, family and community service system</td>
<td>Service delivery separate from universal service system</td>
</tr>
<tr>
<td>Primary outcomes</td>
<td>Improved duration of breastfeeding, home environment for child development, child cognitive development (for children of mothers with psychosocial distress in pregnancy)</td>
<td>Improved perinatal health, home environment for child development (for children of mothers with lower psychological resources in pregnancy)</td>
</tr>
</tbody>
</table>
How MECSH and NFP fit together

Community capacity

Universal prevention

Selective prevention

Indicated prevention

High capacity/resource

Low capacity/resource

All families

Some families some of the time

Some families all of the time

N

F

P

M

E

C

S

H

Health visitor direct input

Health visitor indirect input

Broader resource system

Personal resource
Policy learnings for Australia

“We trained hard, but it seemed every time we were beginning to form up into teams, we would be reorganised. I was to learn later in life that we tend to meet any new situation by reorganising, and a wonderful method it can be for creating the illusion of progress while producing confusion, inefficiency and demoralisation.”

From Petronii Arbitri Satyricon AD 66 (Attributed to Gaius Petronus, a Roman General who later committed suicide)
Impact of health system reforms

• How will current levels of investment in preventive child health be protected and enhanced?
• Who will managed child and family health nursing services?
• Who will be in control of and accountable for the level of funding?
• Who will monitor the quality and fidelity of service provision?
Investing in evidence-based programs

• Evidence-based decision making support tools should be developed, trialled and supported to improve investment in effective programs

• Effective programs need to be delivered with fidelity to avoid “the paradox of non-evidence-based implementation of evidence-based interventions”

Support a range of programs to meet needs

- Evidence-based programs to address varying family needs should be identified, promoted, resourced and supported.
Conclusion

• Opportunities for MECSH in England
• Learnings for both countries
  – Lack of clear and accessible evidence base for effective intervention in early childhood
  – Need to provide effective services across the continuum of family needs and capacity
• International collaborative research program
Acknowledgements

- MECSH intervention team
- Supporting services
- Research team at CHETRE
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  - NSW Health
  - NSW Department of Community Services
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