ACT Government | Canberra Health Services

Our reference: **CHSFOI21-22.05**

[redacted]

Dear [redacted]

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under Section 30 of the *Freedom of Information Act 2016* (FOI Act), received by the Canberra Health Services (CHS) on **Tuesday 17 August 2021**.

This application requested access to:

> *"All draft and final documentation (documents, pdfs, emails, file notes, minutes, reports, internal reports, legislative drafting, written requests, phone log or any written material) relating to:*
> *• how many women have applied for, and been denied or granted access, to the Alexander Maconochie Centre's 'Care in Custody Program' - of these women how many have identified as Aboriginal and/or Torres Strait Islander?;*
> *• any reviews or assessments of the success of the Alexander Maconochie Centre's 'Care in Custody Program';*
> *• how many women have access to, and the type, of pregnancy pre-natal and post-natal care within the Alexander Maconochie Centre;*
> *• policies, procedures, facilities and accommodation amenities around pregnancy, women's and children welfare around childbirth within the Alexander Maconochie Centre;*
> *• policies, procedure, factsheets, and any advice given by ACT Corrections to women within the Alexander Maconochie Centre about pregnancy, perinatal and post-natal care, and what to expect if a woman is expecting a child within the facility;*
> *• copies of any memorandum of understanding (MoU) notifications or notices of pregnancy or birth by woman in custody within the ACT; and*
> *• any information or documentation related to, or specifically on, support for pregnant woman, their families, and other children, while they are incarcerated at the Alexander Maconochie Centre."*

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services (CHS) under Section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS provided you a decision on your access application on **Tuesday 14 September 2021**.

One document, the PEP/IMPACT Model of Care was for deferred release in accordance with Section 49 of the Act. The document has now been finalised and my access decisions are detailed further in the following statement of reasons and the document released to you is provided as Attachment A to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request; and
- The *Human Rights Act 2004*.

Decision on access

I have decided to grant full access to the one document.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under Section 28 of the FOI Act, CHS maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.
https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under Section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au
Website: ombudsman.act.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

Under Section 84 of the Act, if a decision is made under Section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
http://www.acat.act.gov.au/

Further assistance
Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email HealthFOI@act.gov.au.

Yours sincerely

Boon Lim
Executive Director, Division of Women, Youth & Children
Canberra Health Services

13 December 2021

ACT Government
Health

Interim Model of Care

Parenting Enhancement Program/Integrated Multi-Agencies for Parents and Children Together

Women Youth & Children Community Health Programs

Approvals

Position	Name	Signature	Date
Director of WYCCHP	Deborah Colliver		12/11/2021

Document Version History

Version	Issue Date	Issued By	Issued To	Reason for Issue
1.1	12/7/2021	a/g CNM PEP/IMPACT	CYPS, ADS & CYPS IMPACT Liaison officers	Consultation
1.1	12/7/2021	a/g CNM PEP/IMPACT	PEP/IMPACT team	Consultation
1.2	12/7/2021	a/g CNM PEP/IMPACT	a/g Director WYCCHP	Consultation

Contents

Introduction

The Parenting Enhancement Program (PEP)/Integrated Multi-Agencies for Parents and Children Together (IMPACT) Model of Care outlines the way in which PEP/IMPACT delivers its service in the Canberra community.

Background

In 2017 the Parenting Enhancement Program (PEP) and Integrated Multi-Agencies for Parents and Children Together (IMPACT) team became part of the same team within Women Youth and Children Community Health Programs (WYCCHP) Maternal and Child Health (MACH). Prior to this the PEP workload was distributed between the three MACH regional teams and IMPACT was situated within Child Health Targeted Support Services (CHTSS).

IMPACT was established following the Murray-Mackie study in 2006 into the individual cases of deaths and near deaths of five children in the ACT which occurred over the previous six months. Historically, the IMPACT program saw families who were:

- pregnant or have children less than 2yrs of age; and
- clients of Mental Health ACT and/or
- receiving opioid replacement therapy and/or
- have complex needs requiring a coordinated response.

A review of the IMPACT guidelines was commenced in 2017 and a consultation paper was developed. In 2018, ACT Health engaged Nous Group, a management consulting firm, to facilitate a half day workshop with stakeholders across the ACT, to discuss the recommendations proposed in the IMPACT Review Consultation Paper.

Since the establishment of IMPACT and PEP there have been significant changes in the ACT community including:

- changes in the profile of illicit drug use across the community including a reduction in the use of opioids and pain killers, increased use of cannabis, ecstasy, cocaine, hallucinogenic and inhalants and increased use of multiple drugs. Additionally, Crystal Methamphetamine has become the most common form of meth/amphetamine rather than the less potent pills or powders (AIHW, 2020)
- clients on opiate replacement therapy are more commonly dosing through Community Pharmacies rather than Alcohol & Drug Services
- the introduction of the Child and Family Centers who provide case management
- changes to the way IMPACT works in response to COVID-19 and its impact on community services.

These changes have resulted in IMPACT seeing less clients on opiate replacement therapy and providing consultation for an enhanced model of care, which supports highly vulnerable families who access PEP and staff within the PEP team. These vulnerable families have multiple complex family needs and a higher likelihood of risk of adverse childhood experiences leading to poor health outcomes, abuse and neglect.

Philosophy

The overarching philosophy guiding practice in the PEP/IMPACT team is:

- keeping children safe is a shared community responsibility
- children have the right to live with their families and to be protected by them

- collaboration across agencies and portfolios will increase the effectiveness of strategies aimed at supporting vulnerable families and enhancing the parent-child relationship
- intervention in early life (including pregnancy) can make a positive difference to long term health outcomes
- the health and emotional wellbeing of parents is a significant factor in parenting
- sharing knowledge, skills and expertise across sectors and disciplines will have positive benefits for these families and their young children
- past and present trauma can affect physical health and general functioning, relationships, and parenting.

The service works within a trauma-informed framework and sees client's past lived experience through a trauma lens. 'Trauma-informed care is based on the understanding that:

- a significant number of people living with mental health conditions have experienced trauma in their lives
- trauma may be a factor for people in distress
- the impact of trauma may be lifelong
- trauma can impact the person, their emotions, and relationships with others' (NSW Government, 2020).

MACH services provide holistic, child-centred care that is delivered in partnership with the family while upholding CHS values of being Reliable, Progressive, Respectful & Kind. Embedded within MACH nursing practice is Circle of Security and the Family Partnership Model.

Circle of Security is a program that aims to improve secure attachment between parents and their children based on the following principles:

- attachment problems in infancy and early childhood increase the probability of psychopathology later in life
- secure attachment relationships with caregivers are a protective factor for infants and preschoolers, setting the foundation for social competence and promoting effective functioning of the emotion regulation and stress response systems
- the quality of the attachment relationship is amenable to change
- learning, including therapeutic change, occurs from within a secure base relationship
- lasting change in the attachment relationship comes from caregivers' developing specific relationship capacities rather than learning techniques to manage behaviour
- all caregivers want what is best for their children (Circle of Security International, 2021).

Family Partnership Model is an evidence based approach that provides a clear model to guide effective practice. It provides a framework for a consistent and flexible approach for working with families to facilitate change. The development of an effective partnership and a goals based approach enables families to achieve the best possible outcomes (Day, Ellis & Harris, 2015).

Principles of practice

1. **Supports a community based response:** It is important to recognise the community context in which families live; for instance, by working actively with the family to build on natural supports within their local, social and community environment.

2. **Supports an ecological view of the child:** The opportunity to influence the child's health and wellbeing is dependent on influencing those caring for the child and the community in which they live (Centre for Community Child Health, 2017, p. 2).
3. **Works in partnership with families:** Services work in partnership with families, developing an ongoing relationship with parents/carers focusing on strengths and building capacity. The central role and expertise of families is recognised, and parents are enabled in this role (AHMAC, 2011, p. 14).
4. **Provides a prevention, early identification and intervention orientation:** The early years are a key transition period for the child and the parents. The child's growth and development are rapid and significant, so the timing and nature of individualised interventions is crucial (AHMAC, 2015).
5. **Places the child at the centre:** The child's safety and wellbeing is paramount.
6. **Considers the importance of trauma:** There is a significant correlation between a history of trauma and substance dependence in women (Paris, 2015, p.207). Effective engagement with parents who have a history of personal trauma requires an understanding of the effects of trauma and an emphasis on creating safety (ANROWS, 2017, p. 5) within and around all interactions.
7. **Collaborates with services:** The literature suggests that coordinated services can enhance family functioning by reducing the stress on the family (Brown et al., 2016, p. 228). The coordination of services requires active collaboration and communication between service providers, respectful inclusion of the parents as key decision-makers, and shared care plans.
8. **Recognises diversity:** The diversity of Australian families and communities is valued and services are sensitive and responsive to family, cultural, ethnic and socioeconomic diversity (AHMAC, 2011, p. 15).
9. **Prioritises evidence-based practice:** Services reflect the best evidence or harness practice wisdom where evidence is not available. Continuous improvement and evaluation of services promotes better outcomes for children and families (AHMAC, 2011, p. 15).
10. **Orients towards system integration:** In addition to service provider collaboration, existing ACT Government governance structures need to be leveraged to ensure the necessary resources are available to achieve positive outcomes.

Description of service

The Parenting Enhancement Program (PEP)/Integrated Multi-Agencies for Parents and Children Together (IMPACT) is primarily a voluntary specialist nursing service which provides Maternal & Child Health (MACH) services to vulnerable families who require support beyond universal MACH services (these are described on p.12) and multidisciplinary antenatal and postnatal short-term service consultation.

Vulnerability refers to an increased susceptibility or helplessness (Department of Health & Human Services, 2012). A person or family's level of vulnerability is not constant, rather it is a changing phenomenon that goes through periods of varying levels of vulnerability. In general, families with a higher number of risk factors and less protective factors will be more vulnerable. Risk factors are assessed across a number of domains including: the child, the parent-infant relationship, maternal, partner, family, environment and life events (NSW Health, 2010).

A central element of the program is the establishment of a therapeutic and empowering relationship through the provision of continuity of care using assertive outreach.

This is accomplished by working directly with clients, members of the PEP/IMPACT team, other services and organisations, case conferencing within the PEP/IMPACT team and multi-agency meetings. The PEP/IMPACT multi-agency meetings include:

- Canberra Health Services (CHS) IMPACT coordinators
- PEP/IMPACT CNM
- Alcohol and Drug Service (ADS) Liaison Officer
- Perinatal and Infant Mental Health Consultation Service (PIMHCS) Liaison
- Child and Youth Protection Services (CYPS) Liaison Officer.

Antenatally, short term service consultation is offered by the IMPACT coordinators. Postnatally, this is primarily offered by the PEP nurses with support from the IMPACT coordinators.

Care settings

Sustained Nurse Home Visiting (SNHV) and service consultation

PEP/IMPACT primarily operates under a sustained home visiting model. Under this model an allocated worker visits clients at a mutually agreed time and suitable location. This is most commonly the client's home but may also include other suitable locations such as: a child and family centre, another family member's home, or a health care facility.

Outreach

PEP/IMPACT outreach services are provided to:

- The Alexander Maconochie Centre (AMC)
  The ACT's prison for men and women located in Hume. MACH services are provided as requested.
- Canberra College Cares (CCCares)
  A program for pregnant and parenting students from the ACT and surrounding districts. The education staff provide flexible delivery of learning and content, towards the receipt of an ACT Year 12 Certificate and certified competency based training. A drop in clinic is run 1-2 days a week with all MACH services including immunisation.
- Karinya
  A service that provides supported accommodation, transitional housing, outreach, support groups and casework services to pregnant and parenting women and their families who are in crisis. Nurses attend weekly to see individual clients and attend groups as requested.
- Karralika Family Program
  A program that provides up to 18 months of residential rehabilitation within a therapeutic community setting for adults with alcohol & drug problems with accompanying children up to the age of 12. MACH services are provided as requested.

Business Rules

National

- ACT Children and Young People Commitment (2015-2025)
- Healthy, Safe and Thriving: National Strategic Framework for Child & Youth Health (2015)
- National Framework for Universal Child & Family Health Services (2011)
- National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families (2016)
- The National Immunisation Education Framework for Health Professionals (2018)

Local

- Canberra Health Services Clinical Guideline Maternal and Child Health Services in the ACT (2018)
- Canberra Health Services Clinical Procedure Maternal and Child Health Procedures in the ACT (2018. Update 2021 in draft)

- Women Youth and Children Community Health Program (WYCCHP) Maternal and Child Health (MACH) Model of Care (2018)
- Draft Sustained Nurse Home Visiting Framework (2019)
- Draft PEP/IMPACT Orientation and operational guideline (2021)
- Canberra Hospital and Health Services Operational Procedure Home Visiting
- ACT Registered Nurse and Midwife Vaccination Standards (2020)

Client pathway

Access, eligibility, and referral

Families may be referred to PEP/IMPACT in the antenatal period, during the first few postnatal weeks and/or at any time up to 12 months of age. Inclusion in PEP/IMPACT is based on residency in the ACT, the presence of a minimum of 2 or more criteria or risk factors - as described in the levels of service and vulnerability framework - (see table 1 on p. 14), in the presence of insufficient protective factors and with a clear role for the IMPACT coordinator or PEP nurse that cannot be met by other services.

Identification of potential clients often occurs antenatally through Canberra Hospital's antenatal Pregnancy Enhancement Program (PEP) and Step Ahead Program (young mothers) and Calvary Hospital's Pregnancy Enhancement Program (PEP).

Clients may be seen antenatally by the IMPACT coordinator for service coordination. Postnatally these antenatal IMPACT clients must have an allocated PEP nurse to remain eligible for PEP/IMPACT.

Referrals are submitted on a referral form to the PEP/IMPACT Clinical Nurse Manager (CNM) for consideration from:

- all hospitals in the Canberra Region
- healthcare professionals
- Child & Youth Protection Services (CYPS).

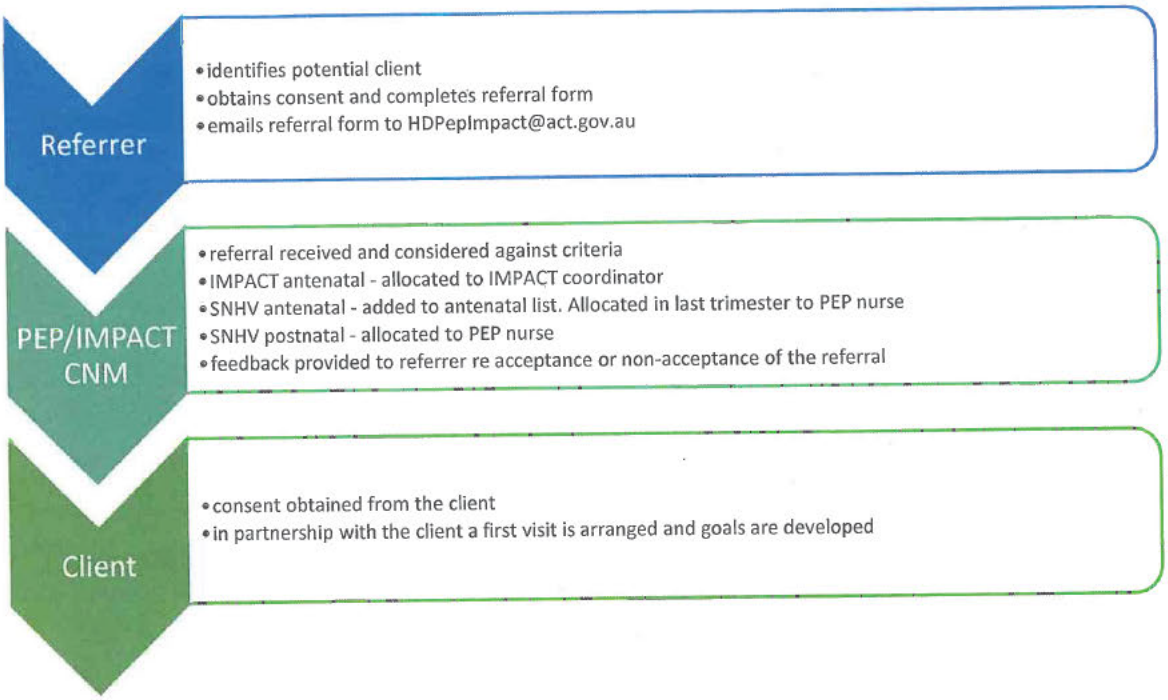
The referral form is located on SharePoint and can be obtained by emailing the PEP/IMPACT CNM at HDPepImpact@act.gov.au

Professionals wanting to refer a client to PEP/IMPACT are encouraged to discuss the suitability of a referral with the PEP/IMPACT CNM prior to completing the referral form. Client consent must be obtained prior to submitting the referral.

Receipt of referral does not guarantee acceptance into the PEP/IMPACT program. Each referral is assessed against the eligibility criteria by the PEP/IMPACT CNM. Where there is some query about the suitability of the client there may be up to four contacts from universal MACH or a PEP nurse to assess the situation, provide care and assess client suitability. If a client is deemed to be ineligible feedback is given to the referrer and recorded in the parent/carer's clinical notes.

When the service demand is higher than the service capacity, priority will be given to younger children and more vulnerable families.

Flowchart1: Referral flowchart



Program aims

PEP/IMPACT aims to:

- improve transition to parenting by supporting clients
- improve parent/carer health, safety & wellbeing by helping parents/carers to care for themselves
- improve child development, health, wellbeing & safety by increasing parents/carers knowledge and helping parents/carers interact with their children in healthy & developmentally supportive ways
- assist parent/carer to manage risk factors, and build on strengths and protective factors, to increase capacity, responsiveness and ability to always keep the child in mind
- develop & promote parent's/carer's aspirations for themselves and their children
- provide assertive and integrated services for higher-risk families, including care coordination when needed
- ensure appropriate and timely referral of children and families to a range of services

Care pathways

Families may access PEP/IMPACT until the youngest child is 2 years of age if:

- they continue to be eligible for the service
- the program can respond to the family's needs effectively
- there is a clear role for the program that cannot be met by universal services with the addition of external supports

Families may withdraw consent to the program at any time.

Sustained Nurse Home Visiting (SNHV)

The PEP nursing visit schedule is flexible and is agreed jointly by the nurse and the family. Clients are mostly seen:

- Antenatally

- a maximum of 3-4 visits

Postnatally (following discharge from maternity services)

- a joint visit with Newborn and Parent Support Service (NAPSS) may be arranged where they are involved
- weekly until the child is 6-8 weeks of age
- fortnightly until the child is around 4 months of age
- 4-6 weekly until the child is 12 months
- phone contact at 15 and 21 months
- clinic visits at 18 months and 2 years

Outreach

Client's seen at AMC, Karinya and Karralika are allocated to a PEPs nurse and are visited in line with the above visiting schedule.

CCCares operates as an informal drop in clinic where clients walk into the clinic to see MACH nurses as desired. The nurse provides the full range of MACH services including immunisation.

Service consultation

Antenatal IMPACT clients are seen according to a flexible schedule to enable service consultation. Clients receiving short term consultation from IMPACT will be discharged from IMPACT 1-2 months following the birth of the baby, once services are in place and SNHV is established. Postnatally, short-term service consultation can be introduced, or reintroduced, by the IMPACT coordinators either to directly support the SNHV nurse or as an additional short-term service.

All PEP/IMPACT clients are case conferenced internally, within the team, within a month of engaging with PEP/IMPACT. Clients are case conferenced 3 months antenatally and while the youngest child is under 12 months of age, and every 6 months from 12mths to 2 years. Case conferencing assists to plan, monitor and evaluate service provision and explore options to facilitate meeting the family's goals and needs.

Consultation with other services

Collaborating with services is one of the PEP/IMPACT teams principles of practice and a core aspect of the work of the PEP/IMPACT team. Information may be obtained and shared using a variety of methods including phone, email or face to face. Client consent must be obtained to share information.

Regular planned consultation occurs at:

- IMPACT multiagency meetings
- Maternity PEP meetings at Canberra and Calvary Hospitals

Discharge

Families most commonly exit the program at twelve months, however early exit from the PEP/IMPACT program may occur following discussion and agreement with the family, at a case conference or when a client withdraws consent for PEP/IMPACT.

Clients with a higher level of vulnerability may remain on the program for two years following discussion with the PEP/IMPACT CNM.

Discharge planning should start on the first visit. Client goals and a review of the relationship between the client and worker are revisited on discharge.

Workflow and work processes

A written informed consent to share information about the family should be obtained at the visit by the allocated team member and uploaded into the client's notes. The discussion with the client should include:

- membership of the team (including the IMPACT multiagency team)
- clients may be presented at an IMPACT multiagency meeting
- information shared with the nurse is documented in the client's notes
- we are mandatory child protection reporters and
- we are a voluntary service and that consent can be withdrawn at any time.

Where no consent is obtained, or there are limitations on the consent, the PEP/IMPACT team member will discuss this with the PEP/IMPACT CNM and document the level of consent and the discussion in the client's notes.

Sustained Nurse Home visiting and outreach

Nurses provide comprehensive care, education, and support for all family members around:

- child development checks
- contraception
- environmental concerns
- family well being
- feeding, particularly focusing on breastfeeding
- household and car safety
- immunisation
- infant crying
- infant health & development
- introduction and progression of solids
- parent-infant interactions
- parentcraft
- parental wellbeing and mental health
- play
- safe sleeping
- sleeping and settling
- smoking cessation
- social supports
- teething and dental care

MACH services are provided in line with universal MACH services outlined in CHS Clinical Guideline Maternal and Child Health Services in the ACT (2018). Additionally, the PEP nurses refer to other services, access support for families, develops and reviews goals in partnership with the family and, where required completes further assessments such as the Ages and Stages Questionnaires, ecomaps and genograms. Growth charts are kept on all children.

Client goals are developed in partnership with clients. Clients are more likely to be committed to a plan if they have been actively involved in its development. It is important that the client be given every opportunity to actively participate and contribute to the decision-making process and, wherever possible, that goals be recorded in the client's own words. Client goals are developed within three months of the client joining PEP/IMPACT and reviewed third monthly or as changes occur.

Ages and Stages Questionnaire (3rd Edition) (ASQ-3) is a screening and monitoring system that looks at five domains of development: communication, gross motor, fine motor, problem solving and personal/social. Each questionnaire contains 30 developmental items that enables the clinician to score the tools against an empirically derived cut-off point. The Ages and Stages Social Emotional Questionnaires (ASQ:SE) can be used as an additional screening tool if a delay is noted in the personal/social skills domain of the ASQ. The ASQ-3 is commonly completed at 6 and 12 months and may be utilised at any time.

PEP use a suite of graphical representations to describes client's social situation, including:

- genograms display a person's family relationships and medical history
- ecomaps display the key social and personal relationships the client has with their current social context. They provide a visual map of the family's connections to the external world
- sociograms display a person's social links.

The PEP nurses can:

- book clients into the Early Childhood Immunisation clinics at short notice using the immunisation calendar.
- access to Pepipods - a portable safe sleeping space
- collaborate with Women's Health Services including the 6–8-week post-natal check and discussion regarding contraception.

Service consultation

The initial work of the IMPACT coordinators is to explore the family's experiences and circumstance, situation, strengths and resources, and risk factors. This process:

- begins at the point of referral and continues as additional information is obtained from the client and other service providers
- uses a bio-psychosocial assessment
- aims to identify, in partnership, the most appropriate interventions for the individual and family and develop goals
- allows clients to be linked to appropriate services that meet their needs.

Client goals are developed in partnership with clients. Clients are more likely to be committed to a plan if they have been actively involved in its development. It is important that the client be given every opportunity to actively participate and contribute to the decision-making process and wherever possible that goals be recorded in the client's own voice. Client goals are developed at the first meeting with the IMPACT co-ordinator.

The IMPACT Co-ordinators work in a flexible manner to refer and connect clients to services and to establish a connection between services to enhance communication with the client's care team. Where there is no child protection involvement the IMPACT co-ordinator may arrange case conferencing with the client and other services.

This information is shared and discussed at fortnightly Multi agency meetings. Attendance at these meetings includes the PEP/IMPACT Co-ordinators, the PEP/IMPACT CNM, PIMHCS Liaison Officer, ADS Liaison Officer and CYPS Liaison Officer.

Governance

MACH has structured its clinical services using a three tiered approach

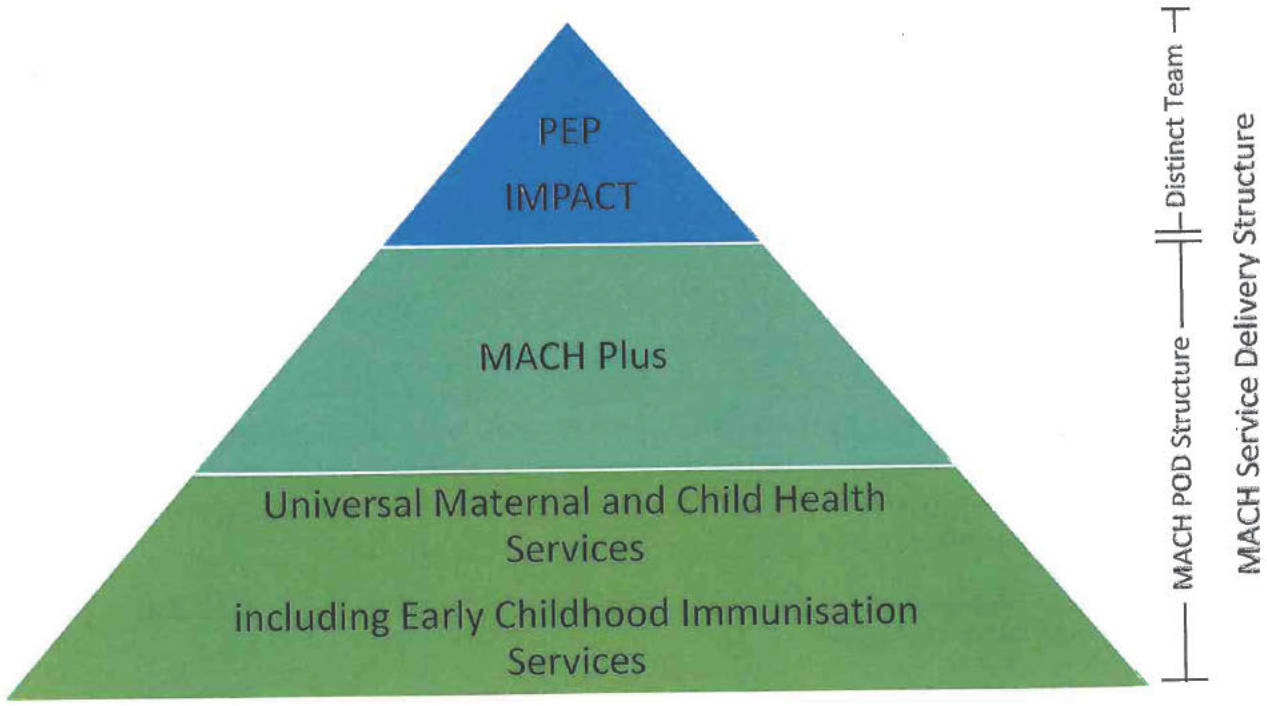


Figure 1: MACH three tiered approach to child and family services 2017

Tier 1 - Universal MACH services (including Early Childhood Immunisation Team)

Universal services include an intake and triaging service and initial home visit following discharge from all ACT maternity services. Universal services offer the community fifteen individual key contact points to support infant growth and wellbeing through the first five years of life. Nine contacts are for the universal framework developmental checks and six are to complete the national immunisation schedule.

Underpinning the universal service structure is the Pod model for service delivery. MACH Pods are a team of complimentary, suitably qualified registered nurses/midwives working in a defined geographical area. The Pods are set up to enhance the services ability to provide continuity to families in their local area. Families are welcome to access services at any of the available locations but are strongly encouraged, at the first home visit, to build a relationship with their closest Pod over the course of their interactions with the service.

The MACH service offers immunisation services with MACH funded to immunise 40% of the eligible population. MACH provides an early childhood immunisation service as per the National Immunisation Program (NIP) for children aged 0 - 5 years, with catch up available to the child's 6th birthday.

The current well-child schedule aligns with the National Immunisation Program at: birth, 6-8 weeks, 4 months, 6 months, 12 months, 18 months and 4 years of age. This includes influenza vaccinations as part of the NIP from 6 months of age. Catch-up immunisations are also offered. All immunisations are recorded on the Australian Immunisation Register (AIR) using PRODA .

The PEP/IMPACT team enhance targeted immunisation uptake through outreach clinics, for example Canberra College Cares (CCCares).

Tier 2 - MACH PLUS

MACH Plus provides the opportunity to provide brief intervention to support and intercept the family's vulnerability, allowing for the continued interaction with universal services to be sufficient to meeting their social and healthcare needs.
MACH Plus:

- offers parents/ carers the opportunity to gain more information and support through booked clinics, follow up visits, and in a group environment through specific themed MACH groups. This increases service access for the community, when required, and the groups provide opportunities for participants to build social supports and for infant behaviours to be normalised creating a common experience and decreasing isolation.
- offers parents/carers up to 4 planned MACH contacts, based on the professional judgement of the nurse. This could be Pod based engagement or additional home visits to assess and support the woman/infant/s and/or family with a level 1 or 2 vulnerability. (Refer to *Vulnerability service levels and vulnerability factors* table page 14).

Tier 3 – Parent Enhancement Program and Integrated Multi-agencies for Parent and Children Together (PEP/IMPACT) programs

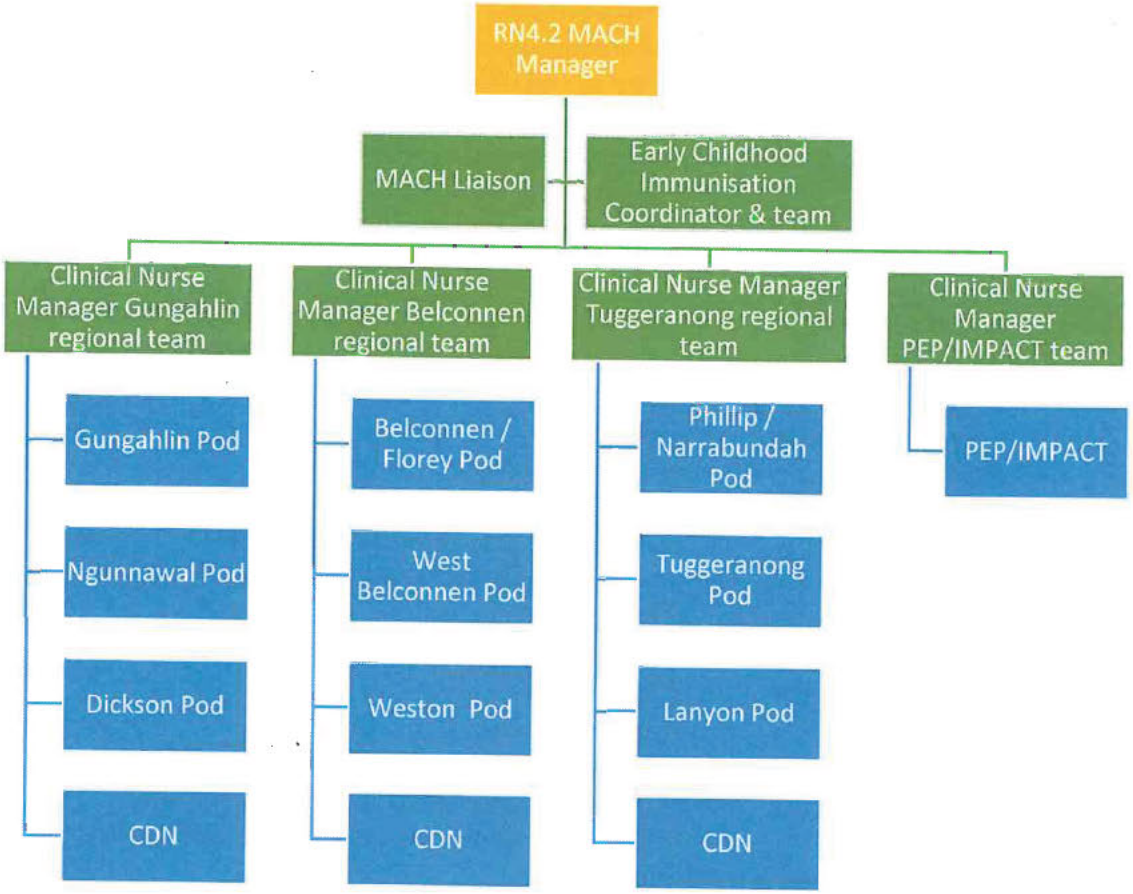
PEP/IMPACT is designed to address the needs of vulnerable families, namely level 2 and 3 clients (Refer to *Vulnerability service levels and vulnerability factors* on page 14), who have multiple complex family needs and therefore a higher likelihood of the child being at risk of poor health and wellbeing outcomes, or even abuse and neglect. This includes sustained nurse home visiting service (SNHV), the provision of outreach services in communities that may have difficulty accessing universal services and short term service consultation.

Table 1: Service levels and vulnerability factors

Level 1	Clinical assessment and professional judgement identify child as vulnerable	For example: prematurity, newborn, early discharge, mother received late antenatal care, complicated birth, postnatal complications, feeding difficulties (including breastfeeding), poor/slow weight gain, first time parenting, difficulty adjusting to parenting (including mild to moderate anxiety), multiple birth, low birth weight, parent/family affected by grief or loss, postnatal depression or history of PND, sleep/settling concerns, developmental or health concerns
Level 2	The child's family may be part of a population group known to experience barriers in accessing services	• disability, including children living in families with additional communication needs i.e. hearing, sight or speech impairment • families affected by poor health • family violence • history of abuse or neglect • history of Child Protection issues • history of criminal activity and imprisonment • indigenous descent (particularly if stolen generation with a previous history of removal) • moderate Mental illness • out of home care • past substance abuse • poor English skills, recent migrant or refugees • poverty, welfare dependence, homeless or at risk of homelessness, parental unemployment or limited parental education • problem gambling • rural or remote areas • social isolation i.e. unsupported parents, single parents, or parents who don't have a drivers licence • young parents (under 20 years)
Level 3	Complex family needs	• current problematic substance use • primary caregiver is currently incarcerated • severe mental illness • CYPS - current child protection issues

Adapted from Department of Health and Human Services (2012) & NSW Health (2010).

Nursing & Allied Health Operational and Professional Governance structure



The *WYCCHP Governance Redesign Future Model Proposal, August 2020* proposes changes to operational governance of the PEP/IMPACT team which would alter the operational reporting lines.

Meetings

The nursing and allied health team has regular meetings to support rigorous operational and clinical governance including:

- fortnightly team meetings with PEP/IMPACT CNM
- fortnightly IMPACT multiagency meetings
- bimonthly reflective practice
- bimonthly case conferencing
- monthly quality improvement meeting
- monthly individual catch up with CNM

Location

The PEP/IMPACT team is located in the City Health Centre, Level 3, 1 Moore St Civic and Level 3, Tuggeranong Health Centre.

Workforce

Position/Level	FTE	Headcount	FTE	Headcount	
	2018	2018	2028	2028	Comments
Clinical Nurse Manager RN 3.2	1.0	1			
IMPACT Coordinator RN 3.1	1.0	1			
IMPACT Coordinator HPO4	1.0	1			
RN 2	6.0	8			

Service Support Elements

PEP/IMPACT require:

- administration support - scan clinical information to the Clinical Records Unit, maintain stores and resources, book meeting rooms, record minutes of meetings
- vehicle access – clinical staff need access to a vehicle every clinical day they work
- ICT including a laptop and mobile phone for every staff member
- suitable workspace including access to printers and car parking

IMPACT Liaison Officers

IMPACT requires an integrated service response based on effective collaboration. The IMPACT Liaison Officers act as conduits between their own agencies and PEP/IMPACT, facilitating communication and awareness of the client as a parent. The Liaison Officers work within their agencies to ensure the best system response for these families.

The PIMHCS Liaison Officer has access to expert medication management during the perinatal period; support in preparing for parenting; and liaising with the wider mental health service in relation to the clinical needs of the parent and parent-infant interaction.

The ADS Liaison Officer provides vital information by communicating directly with clients, prescribing doctors and pharmacies to ensure client's needs around substance use are being met.

The CYPS Liaison Officer coordinates prenatal concern reports received by CYPS and prebirth alerts to hospitals for high risk women in their broader role. In relation to IMPACT, they are able to access the CYPS data base to check for notifications and to place an IMPACT alert in the CYPS data base system. They are able to liaise with Housing ACT and can coordinate consent for housing, support letters for housing and follow up on housing allocation status.

Maternal & Child Health (MACH) Liaison

MACH Liaison triages referrals received from referring maternity hospitals into the MACH service,. This provides initial contact with clients after birth and organises the initial home visits to complete the 1-4 week development check.

The antenatal PEP/IMPACT list is shared with the MACH Liaison Team Leader fortnightly to ensure they are aware of expected and allocated clients.

PEP/IMPACT hospital discharge summaries received are forwarded to the PEP/IMPACT CNM and allocated nurse (where applicable) by email.

When MACH Liaison receive discharge summaries that they believe may be suitable for PEP/IMPACT due to vulnerabilities and risk they will discuss and forward them to the PEP/IMPACT CNM for consideration.

Accreditation, training, education and research

- essential education as per CHS policy
- relevant maternal and child health education
- education and skills in attachment theory and the parent/child dyad
- education and training specific to working with the vulnerable client group i.e. trauma informed care, compassion fatigue, drug and alcohol, mental health, family violence and any other education or training identified to support and enhance the skills of clinicians working with vulnerable families
- supervision as per profession specific and credentialling requirements
- funding in line with Professional Development Funding for Health Professionals
- clinical reflective practice (CRP)
- duty statement that reflects roles and responsibilities
- involvement in team quality improvement

Benefits of MoC

The PEP/IMPACT model of care will improve consistency of practice, provide guidance for practitioners and increase transparency of the service. It is a meaningful, creative engagement of families with complex needs who would, potentially, otherwise not receive appropriate service resulting in a greater risk of poor outcomes for children. Additionally, PEP/IMPACT:

- actively attempts to increase contact with families to minimise the risk of children being invisible. They provide outreach in both clinical areas and client homes
- facilitates early engagement with support services through antenatal referral
- creates greater connection between services
- shares knowledge, skills and expertise across sectors and disciplines having positive benefits for vulnerable families and their young children.

Monitoring and Evaluation

The following data and information are collected to monitor PEP/IMPACT Program monthly:

- admissions and discharges
- clients with CYPS involvement
- clients who have completed Year 10
- clients who use tobacco
- DNA/cancelled appointments
- external cases conferences attended i.e. CYPS, IMPACT multiagency and IMPACT facilitated case conference
- face-to-face visits
- client phone consultations
- Indigenous clients
- new referrals received
- referrals to WHS clinic
- sessions worked in outreach

The following data and information are collected to monitor SNHV monthly:

- breastfeeding rates
- development checks up to date on discharge from PEP
- immunisation status on discharge from PEP

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Abbreviations

Abbreviation	Description
ACT	Australian Capital Territory
ADS	Alcohol and Drug Service
AIR	Australian Immunisation Register
AMC	Alexander Maconochie Centre
ASQ-3	Ages and Stages Questionnaire (3rd Edition)
ASQ-SE	Ages and Stages Social Emotional Questionnaires
CCCares	Canberra College Cares
CH	Canberra Hospital
CHTSS	Child Health Targeted Support Services
CNM	Clinical Nurse Manager
CYPS	Child & Youth Protection Services
IMPACT	Integrated Multi-Agencies for Parents and Children Together
MACH	Maternal and Child Health
NAPSS	Newborn and Parent Support Service
PEP	Parenting Enhancement Program
PND	Post-natal Depression
PIMHCS	Perinatal and Infant Mental Health Consultation Service
SNHV	Sustained Nurse Home Visiting
WYCCHP	Women Youth and Children Community Health Programs

MoC development participants

Position	Name
a/g IMPACT Co-ordinator/PEP nurse	Karen Fisher
A/g Clinical Nurse Manager PEP/IMPACT	Fiona Le Mesurier
IMPACT Co-ordinator	Kate Nolan
PEP nurse	Julie Brownrigg
PEP nurse	Roxanne Davis
PEP nurse	Lauren Grant
PEP nurse	Margaret Hickey
PEP nurse	Liz Holt
PEP nurse	Rosaria Machingarufu