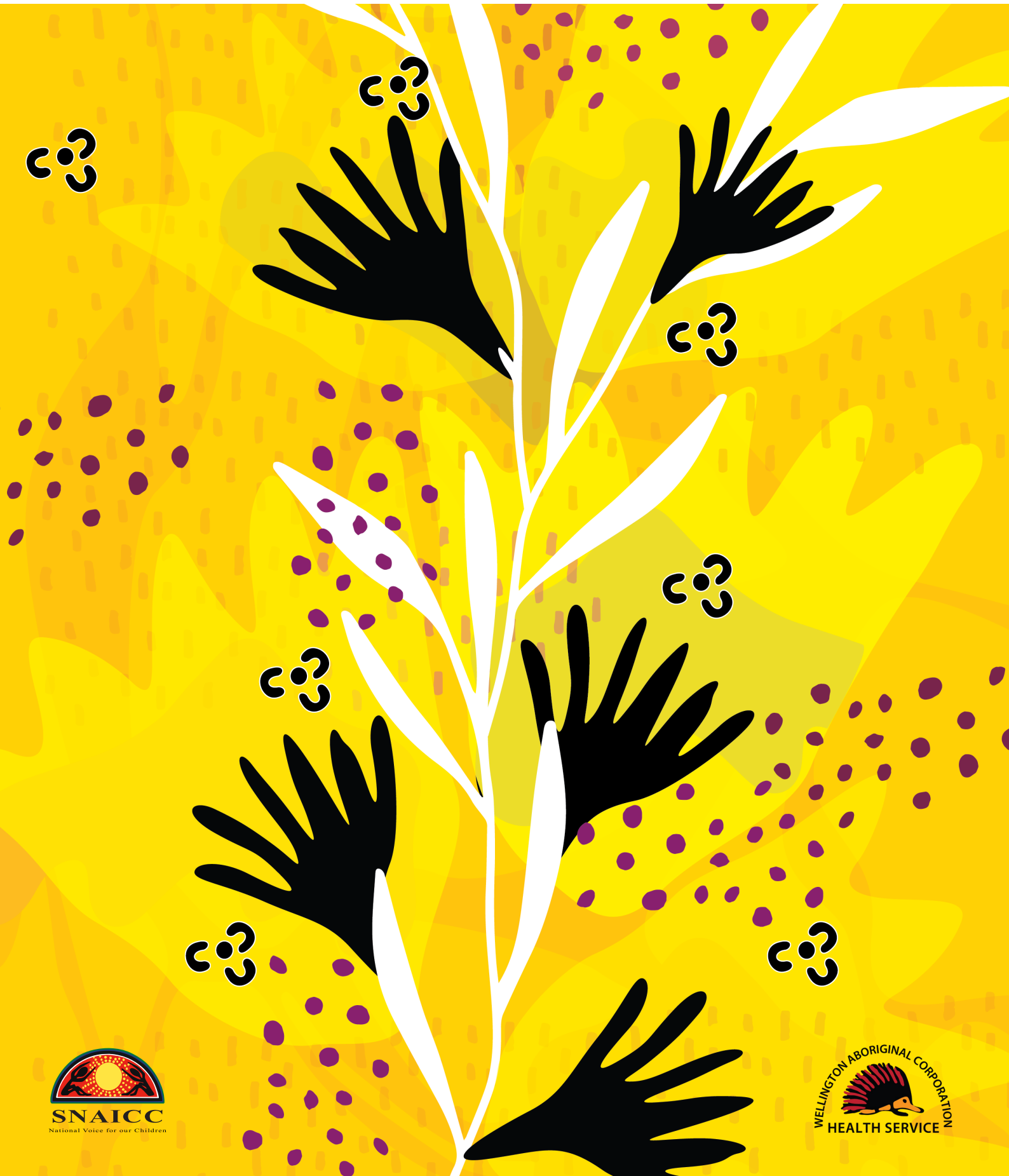
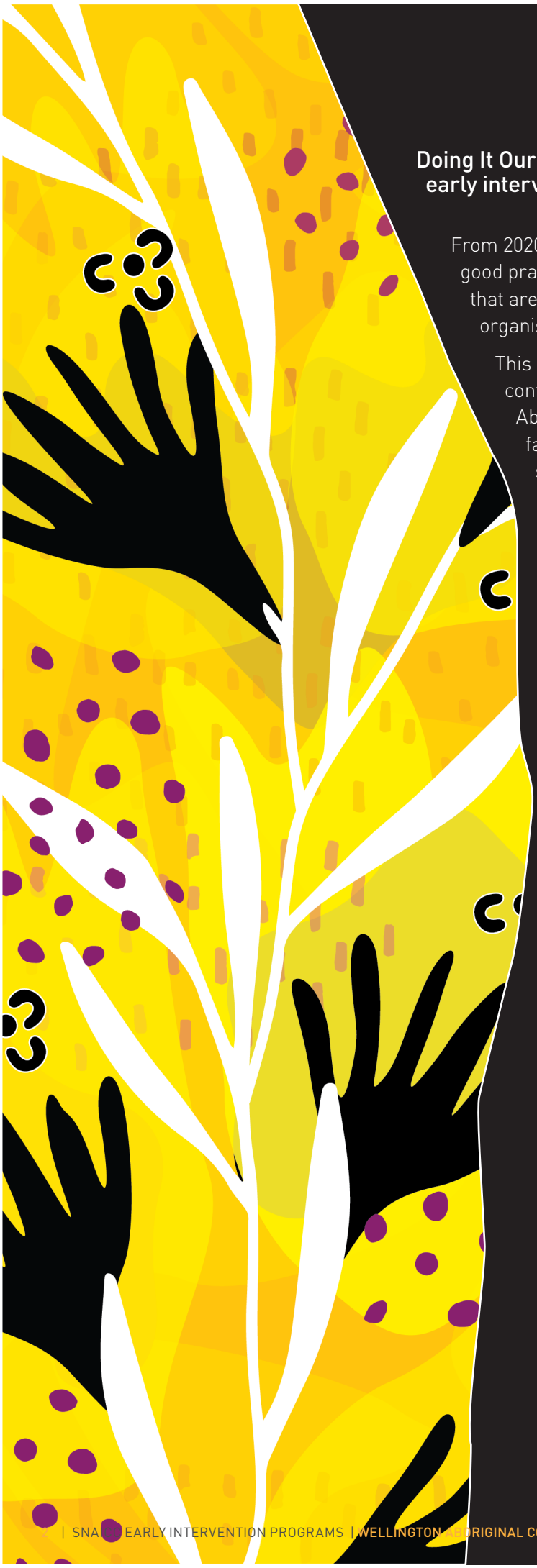
WELLINGTON ABORIGINAL CORPORATION HEALTH SERVICE

Australian Nurse-Family Partnership Program



SNAICC
National Voice for our Children

WELLINGTON ABORIGINAL CORPORATION
HEALTH SERVICE



Doing It Our Way – Aboriginal and Torres Strait Islander-led early intervention program

From 2020 to 2021, SNAICC – National Voice for our Children identified good practices of early intervention and family support programs that are being delivered by Aboriginal community-controlled organisations across the nation.

This is one of 11 profiles that demonstrates how community-controlled organisations are achieving positive results for Aboriginal and Torres Strait Islander children and their families, including supporting these children to be kept safe from harm, uphold their right to grow up within their own family and community, and access critical health and early education services.

Wellington Aboriginal Corporation Health Service

Australian Nurse-Family Partnership Program

Dubbo and Blacktown, New South Wales

ACRONYMS

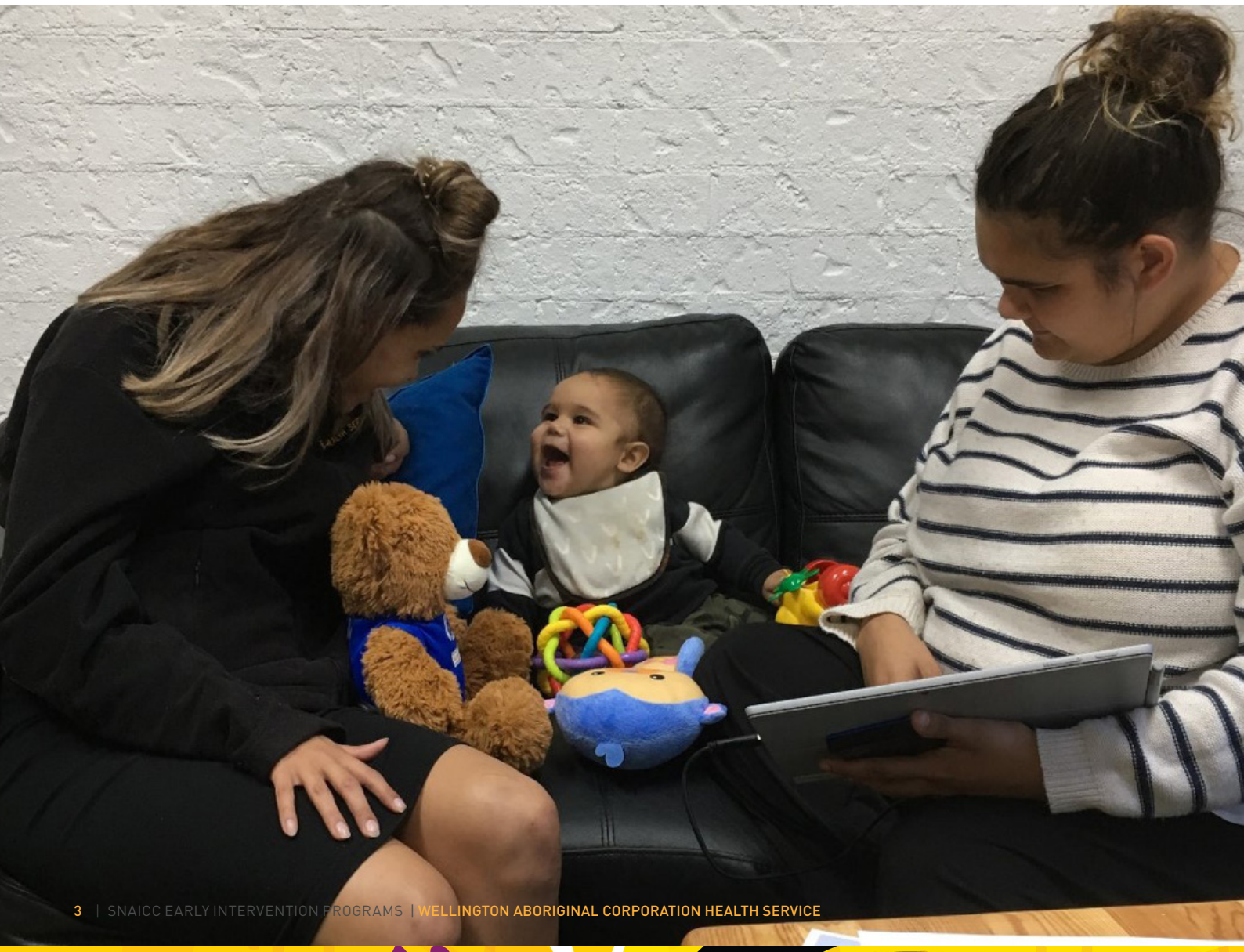
ANFPP	Australian Nurse-Family Partnership Program
WACHS	Wellington Aboriginal Corporation Health Service

OVERVIEW

The Australian Nurse-Family Partnership Program (ANFPP) is a home-visiting health and wellbeing program that supports vulnerable first-time mothers who are pregnant with Aboriginal and Torres Strait Islander children. It is run through the Aboriginal community-controlled Wellington Aboriginal Corporation Health Service (WACHS), with the aim to transform the lives of these mothers.

At the start of a mother's journey with the ANFPP, she is assigned a two-person Home Visiting Team, which includes an Aboriginal Family Partnership Worker and a Nurse Home Visitor. Over a two-and-half-year period, from the woman's pregnancy until the child's second birthday, the ANFPP pair help her to improve her pregnancy outcomes, take control of her child's health and development, and build a positive life course development for both her and her family.

The ANFPP is based on the evidence-based community-health model, Nurse-Family Partnership,[1] with WACHS as one of 11 partner organisations in Australia. The Aboriginal Family Partnership Worker role, in particular, is unique to the Australian context and has been crucial in providing a cultural lens to the intensive healthcare visits. Within the WACHS program, the positive impact of this role is reinforced by culturally empowering activities like belly casting, adaptation of materials to ensure appropriateness to the local community, using the WACHS networks to address the holistic needs of the family, and by being based within an Aboriginal community-controlled organisation.



THE PROGRAM

The ANFPP is an important early investment into the future of Aboriginal and Torres Strait Islander children in local communities. Any first-time mother who is carrying an Aboriginal or Torres Strait Islander baby and who is living in the WACHS catchment area can join the program prior to 26 weeks of pregnancy. This includes women who have previously given birth but whose children have been removed by child protection services.

In Australia, the program is funded by the Commonwealth Department of Health as part of their Closing the Gap strategy, with many program outcomes aligning with Closing the Gap targets. From initial funding in 2010 to implement the program in the rural areas of Dubbo and Wellington, WACHS has expanded the program to the Narromine and Gilgandra areas (2012); and Blacktown (2017), which covers the largest population of Aboriginal and Torres Strait Islander families in New South Wales. The catchment area of the Blacktown team has been expanded to help create continuity and a degree of stability for those families who frequently move between the Blacktown and Nepean areas, with "leaving the service area" identified as a common reason that participants drop out of the program.

Women may self-refer or be referred through family and friends who have participated in the program; other health services in the catchment areas; non-government organisations; or government services, such as the New South Wales child protection agency, Department of Communities and Justice.

The WACHS Home Visiting Teams work with a mother through approximately 33 months of scheduled visits – averaging 42 visits overall. Each hour-long visit takes place where the mother feels most comfortable — at her home, a WACHS site, the home of a family member or friend, or a neutral venue such as a park or another service. Home visiting is preferred as this enables the Home Visiting Team to assess the mother's environment and then support her to identify and work on existing strengths and risks.

The average age of a mother participating in the program is 23 years old, and 73% of the mothers have a fortnightly income of less than $2,000. Participating mothers have ranged from a 14-year-old Aboriginal woman with multiple risk factors to a non-Indigenous teacher with an Aboriginal partner; creating differences in parenting practices and a need for an understanding of culturally different parenting styles. While requiring different approaches and focuses, these and many other women have gone on to graduate from and celebrate their successes through the program.

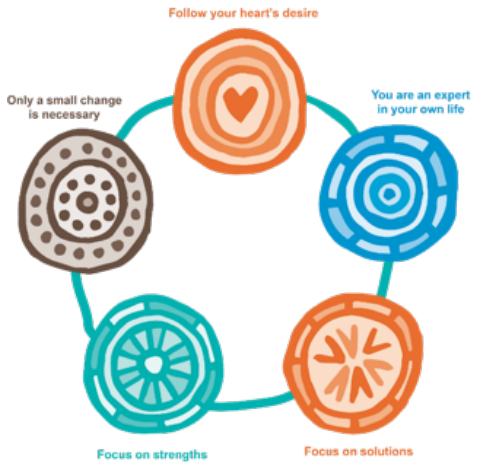
Since commencement, the program's Dubbo site has graduated over 100 clients and the Blacktown site has graduated over 20 clients. The team estimates that it retains about 40-50% of mothers through the two-and-a-half-year program cycle.

The program trains the Home Visiting Team members to nurture and walk alongside a mother, without telling her what to do but rather building the mother's capacity to identify her own solutions to problems and learn how to work with her own strengths to resolve challenges and achieve goals. The mother retains control over all program decisions that impact her and her children, and in this way is able to recognise and reinforce a greater sense of control over her life (self-efficacy and empowerment).

This strengths-based approach supports a mother to become the best parent and role model that she can be while learning how to support her baby's development and incorporate Aboriginal and Torres Strait Islander elements into her parenting practices.

The program is delivered using five client-centred principles:

1. Follow your heart's desire
2. You are the expert in your own life
3. Focus on solutions
4. Focus on strengths
5. Only a small change is necessary



The program is specifically designed to disrupt intergenerational cycles of poor health and social and economic disadvantage through:

- improving a mother's health literacy and encouraging her motivation towards making healthy choices
- supporting a mother's journey into parenthood
- helping a mother to identify her own healthy supports and role models
- encouraging a mother to develop a vision for her and her child's future.

The model tailors a program agenda to each mother's needs and pace, and employs the tools of therapeutic relationship building, motivational interviewing, and guided program content. During her time on the program, a mother will receive a wide range of information, including about antenatal care; the positive impacts of healthy lifestyle choices, diet and exercise; abstaining from alcohol, drugs, and smoking; and positive parenting practices to support secure attachment. The mother will also be supported to create a safe physical environment; identify supportive relationships; and understand the ways available to her to create safety in the presence of domestic violence, in order to reduce the impacts of family violence on both her and her baby.

A key driver of the program is supporting a woman to be the best *mum* that she can be. The program, and the Nurse-Family Partnership model more generally, take advantage of the pregnancy 'window of opportunity', where a woman will often seek to make positive life changes, adopt positive influences, and is motivated by the desire to ensure her baby's safe passage into the world as she undertakes this significant life experience.

NURSE-FAMILY PARTNERSHIP MODEL AND THEORIES

The program is based on the American Nurse-Family Partnership model,[2] first developed in 1977 by Professor David Olds, and refined in conjunction with Colorado University (USA). Olds identified that a child raised in a safe environment with positive relationships and with access to developmentally appropriate interactions was more likely to experience healthy growth and development. In turn, the child would develop the ability to apply these positive experiences to their outer layers of relationships and exert positive change. Alternatively, disordered family environments, characterised by limited opportunities for positive interaction and instability of caregivers, could result in negative influences on a child's future development and the continuation of harmful generational patterns.

With this in mind, Olds designed a program that would reduce the risks to children from negative influences, using three underpinning theories that could ensure the best outcomes for the mother, child, family, and community: Urie Brofenbrenner's human ecology theory, Professor Albert Bandura's self-efficacy theory, and John Bowlby's attachment theory.

BRONFENBRENNER'S HUMAN ECOLOGY THEORY

According to Bronfenbrenner, every individual influences their environment and is influenced by their environment. His human ecology theory considers the relationships between humans and their natural, social and built environments through circles of influence. A child's development is shaped by the care that they receive from their parents. In turn, this care is shaped by the parent's own relationships, as well as the available supports, communities, and policies that exist within and influence the context in which each family lives.[3]

The WACHS Aboriginal Family Partnership Workers have a lived experience of the communities around them and the influences that these communities exert on families. They are able to use these lived experiences and their awareness of community resources to assist families to meet their needs. At each home visit, the Aboriginal Family Partnership Worker and Nurse Home Visitor work with the mother to identify local resources and positive supports within the community, so guiding the client to surround herself with positive influences.

BANDURA'S SELF-EFFICACY THEORY

While taking into account the spheres of influence around each mother and child, the program also guides the mother to reflect on her current circumstances and the choices available to her within each of these domains:

- personal health (physical, mental, and cultural health choices)
- environmental health (environmental safety and appropriateness of housing)
- maternal role (education about developmental stages, infant cues, sleep, settling, feeding, immunisations, health checks etc.)
- life course development (goalsetting for work, education, family planning)
- relationships with family and friends (identifying healthy supports and role models, domestic and family violence support pathways, education about red flags and safety etc.)
- long-term service supports (appropriate referrals to antenatal, child and family health, mental health, housing, domestic and family violence services etc.)

Bandura identified that people choose to make changes based on two factors: recognition that a behaviour will lead to an outcome, and the belief that they are able to implement the behaviour. The two-person Home Visiting Team model supports mothers with both this recognition and belief – as the mother is supported by a Nurse Home Visitor who is well-versed in current evidence-based practices and can lead discussions about positive health choices and parenting, while the Aboriginal Family Partnership Worker is able to support the mother in her belief in herself, in identifying suitable ways to implement changes, and in recognising and reducing the impacts of intergenerational trauma.

BOWLBY'S ATTACHMENT THEORY

The third central theory considers the importance of relationships commencing at birth. This has unique resonance in the Aboriginal and Torres Strait Islander context because of historical government policies that supported forced removal of children from their mothers and families and led to intergenerational trauma.

Bowlby recognised that from early infancy, a child will seek comfort and security from specific caregivers to ensure survival, known as *attachment*. Positive maternal-foetal attachment has been linked with positive health behaviours, an improved postpartum relationship between mother and

child, and the increased likelihood that the mother will protect her baby from harm. Bowlby's work also recognised that the relationships that a child forms with caregivers lays the foundation of their own parenting behaviours. This means that early intervention in this area not only supports participating mothers and their children, but also supports future generations.

The program incorporates this theory by the Home Visiting Team helping a woman from the time of her pregnancy to develop a positive protective relationship with her child and be able to provide supportive, sensitive caregiving in the child's early years. Program activities such as belly casting aim to positively address maternal-foetal attachment, while the Aboriginal Family Partnership Worker's involvement introduces a localised cultural lens to observations and discussions about the mother's strengths and needs in this area.

THE MODEL IN THE AUSTRALIAN CONTEXT

Organisations that adopt the Nurse-Family Partnership model are expected to maintain fidelity to the model to achieve the positive outcomes that occurred in randomised controlled trials. However, each country and site can adapt materials and contextualise the above frameworks to suit their settings.

In Australia, leading Aboriginal and Torres Strait Islander organisations advised the Nurse-Family Partnership funding body on how to adapt the model to better suit the Australian context. These changes include the addition of the Aboriginal Family Partnership Worker role; acceptance on a case-by-case basis of women who are not first-time mothers; and the main eligibility criterion to be 'a woman pregnant with an Aboriginal or Torres Strait Islander baby'. The WACHS Chief Executive Officer is currently heading the national ANFPP Leadership Group, which continues to provide direction to the Nurse-Family Partnership model within Australia.

In 2020, across the Australian programs, positive outcomes have included:[4]

- an increase in breastfeeding rates: 78% to 95%, varying between 13 sites
- immunisation rates exceeding national average
- lower rates of alcohol and tobacco consumption: 38.9% of clients report smoking in the two days prior to intake, which decreases to 29.3% at 36 weeks
- fifty percent (50%) of infants still receive breastmilk at 12 months of age, although wide variation between sites
- very low rates of presentation to hospital and clinic for injury or ingestion (major cause of morbidity and mortality in Aboriginal and Torres Strait Islander children)
- very low proportions of children that meet cut off scores on Ages and Stages Questionnaires (ASQ and ASQ:SE) by 20 months.

ABORIGINAL FAMILY PARTNERSHIP WORKER

The Australian model is the first to incorporate a dedicated cultural support role for clients – the Aboriginal Family Partnership Worker. Following feedback from team members, WACHS has further adapted the role, with noticeably positive outcomes. These adaptations have been crucial in ensuring that culture is woven throughout mothers' journeys, cultural safety is guaranteed within the program, Aboriginal and Torres Strait Islander members feel respected and equal within the ANFPP team, and that women are successfully completing the program.

The Aboriginal Family Partnership Workers provide culturally applicable support to the mothers as well as support Nurse Home Visitors and the ANFPP team with local cultural knowledge. This role is specific to Aboriginal and Torres Strait Islander people, with each Aboriginal Family Partnership Worker encouraged to embrace, convey and live her culture as part of her work. The Aboriginal Family Partnership Worker is considered key to ANFPP's positive and lasting relationships with mothers: educating non-Indigenous staff on how to carry out their work with better cultural understanding and taking the lead in establishing initial contact and then regular trusted engagement with mothers. Often, Aboriginal Family Partnership Workers also become role models and mentors to the mothers on the program.

An important part of the role is to achieve initial contact with a prospective mother and engage her before she starts the program. Throughout the course of the program, Home Visiting Teams also work with mothers to identify their family's cultural strengths and practices, and the team regularly encourages mothers to incorporate these into the child's life. Some participating mothers are non-Indigenous and the Aboriginal Family Partnership Workers support them to understand Aboriginal and Torres Strait Islander child-rearing practices and the importance and long-term benefits for their children in being connected to their Aboriginal and Torres Strait Islander cultures.

WACHS made significant changes to the role in 2016, deciding that the Aboriginal Family Partnership Worker would become an equal and *as-present* member of the Home Visiting Team. This came from the team's Aboriginal Family Partnership Workers reporting that their initial limited role made them "feel used" – solely employed to engage mothers and reconnect those mothers who were showing signs of dropping out. Now, rather than only joining the initial home visits and significant program milestones, they attend all client visits and all ANFPP trainings.

The success of these changes is evident through feedback and team members' commitment to the program. Mothers have said that they now feel connected to both team members and Aboriginal Family Partnership Workers say that they now feel like essential, respected, and valued members of the team. Teams have noticed that the updated model has caused mothers to remain on the program even if one member of the Home Visiting Team changes. The team also credits this role adaptation – and the explicit value now put towards the role – as a key reason for Aboriginal and Torres Strait Islander staff "sticking it out for the long haul", especially as staff retention is a challenge on similar health programs.

The positive knock-on effect of all Home Visiting Team members attending core and additional trainings is that a level playing field has been established within each Home Visiting Team. Now both team members can understand where the other is coming from and support each other in their work, while the Aboriginal Family Partnership Worker also is able to provide a cultural lens to learnings. This has allowed the program to be enriched with alternate perspectives and led to robust informed discussions about program topics and content delivery.

BELLY CASTING

An unexpected element of success has been the culturally empowering activity of belly casting; a highlight across Australian program sites. It involves crafting a plaster mould of a mother's pregnant belly, so creating a lasting memento and celebration of her pregnancy.

The WACHS ANFPP team have found that this activity and the resulting belly cast are a novel way to build positive mother-baby attachment and engage mothers and their families in discussions about pregnancy and motherhood.

Each belly cast is distinct in size, shape and story, and the sight of each cast signifies how each mother, and each journey is unique. The cast represents the

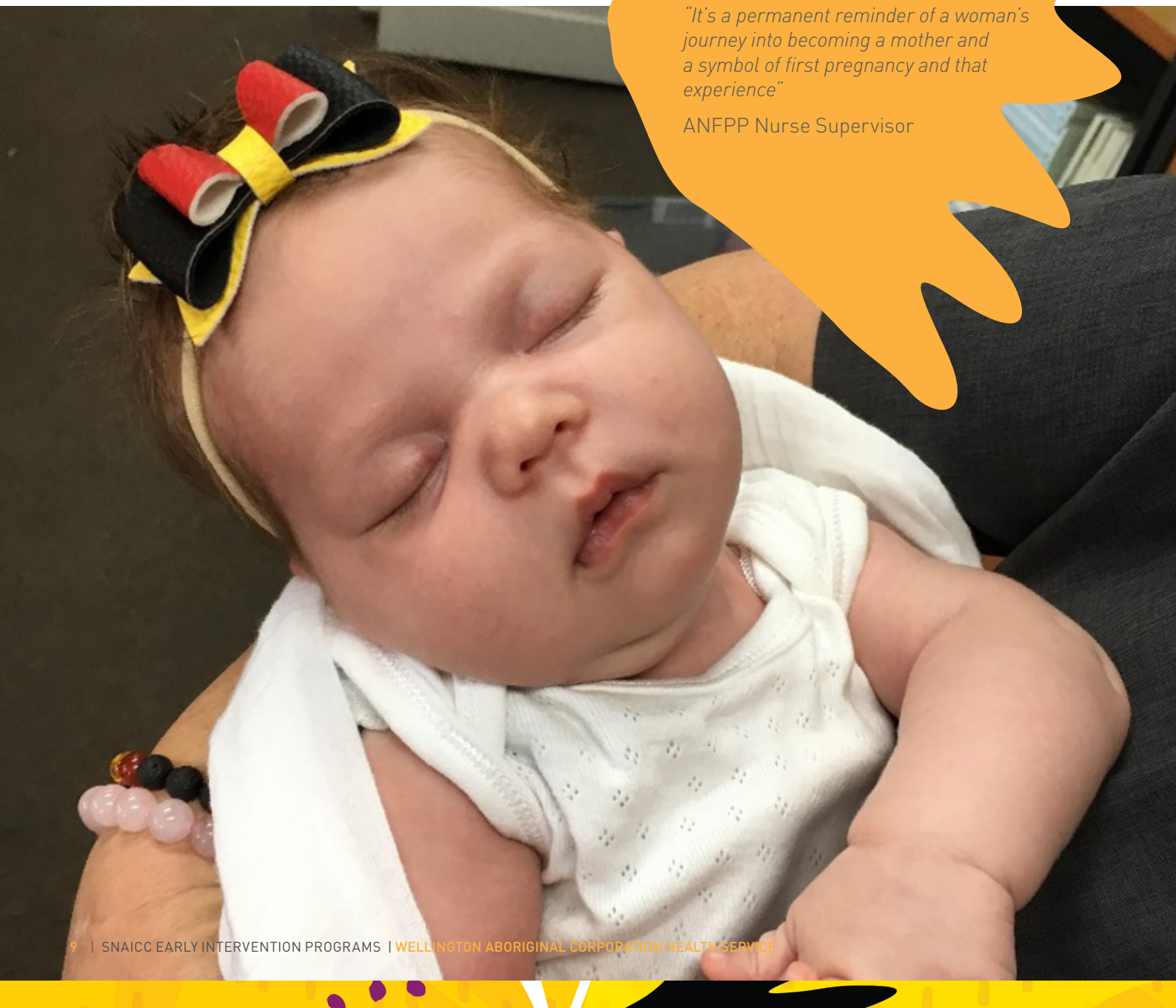
celebration of life, individuality and change and is promoted as a celebration of strong mothers. When decorated – by the mother or an artist who follows the mother's directions – it also depicts a mother's heritage, story, culture, memories, hopes and dreams.

In 2014—15, in realising that some mothers in the smaller towns felt looked down upon for being young mothers, WACHS organised belly casting exhibitions in Gilgandra and Dubbo. The purpose was to counter mothers' perceptions and community stigma, as well as support mothers to feel proud and own their stories. Local Aboriginal and Torres Strait Islander artists painted mothers' belly casts according to their visions, and the casts were displayed alongside descriptions of mothers' journeys and emotions around pregnancy, labouring, birth, and entry into motherhood. WACHS staff observed powerful effects in exhibition visitors, with many people commenting that they now had a greater understanding of and respect for the program and the mothers.

For one client, this permanent cast has been particularly significant as she experienced a stillbirth at the conclusion of her pregnancy. This mother went on to complete and graduate from the program with her second child; an emotional time for all involved.

"It's a permanent reminder of a woman's journey into becoming a mother and a symbol of first pregnancy and that experience"

ANFPP Nurse Supervisor

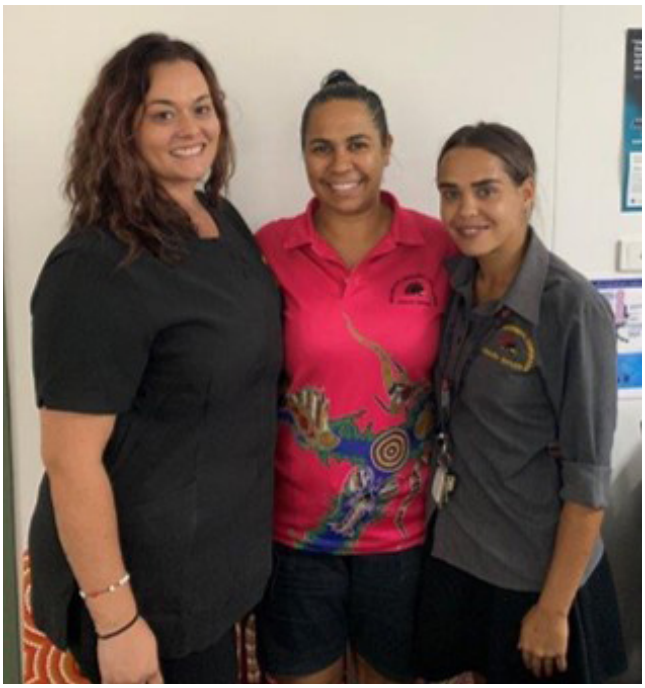


THE PROGRAM'S SETTING

A third key element of success is that the ANFPP program is based within WACHS, an Aboriginal community-controlled health service, which covers a large area of New South Wales. The organisation offers primary healthcare services and an integrated care program to Aboriginal and Torres Strait Islander people in Wellington, Dubbo, Moree, Western Sydney, Penrith and the Nepean Blue Mountains. It also now has operational management of the Moree Aboriginal Residential Rehabilitation Service and the Greater Western Aboriginal Health Service, covering Western Sydney, Penrith and the Nepean Blue Mountains[5].

Through the community-controlled model, WACHS aims to empower and build self-determination in Aboriginal and Torres Strait Islander people, so that they can take control of and be responsible for their individual, family and community health and wellbeing needs.

WACHS is governed by a board of directors who are elected by the local Aboriginal and Torres Strait Islander communities to guide the direction, aims and goals of the organisation. Over half (59%) of the organisation's employees identify as Aboriginal and Torres Strait Islander.



All WACHS staff are required to have an understanding of local Aboriginal and Torres Strait Islander cultures and the factors that impact on Aboriginal and Torres Strait Islander health and wellbeing. This is achieved through senior Aboriginal and Torres Strait Islander staff members supporting others to develop their cultural competence and by community members with a high level of awareness of the cultures and history of the areas providing information to the organisation. A senior Aboriginal and Torres Strait Islander manager also runs staff workshops through a holistic educational framework on the history of Aboriginal and Torres Strait Islander cultures and the impacts of previous government policies.

The WACHS team includes Aboriginal Family Partnership Workers and Nurse Home Visitors who identify as Aboriginal and Torres Strait Islander. These team members come from a wide range of Aboriginal and Torres Strait Islander communities, each with their own lived experiences and knowledge of families participating in the program. These team members support non-Indigenous members to understand the needs of communities and families, and facilitate discussions of cultural differences through regions of Australia.

All team members work to champion local Aboriginal and Torres Strait Islander cultures in their program work and encourage mothers to identify their own family's cultural strengths and practices and incorporate these into their child's life. Dubbo Aboriginal Family Partnership Workers have received training in the Wiradjuri language, and have used their local knowledge and experiences to adapt program resources to incorporate local languages. The Aboriginal Family Partnership Workers have also introduced yarning tools into team and client activities.

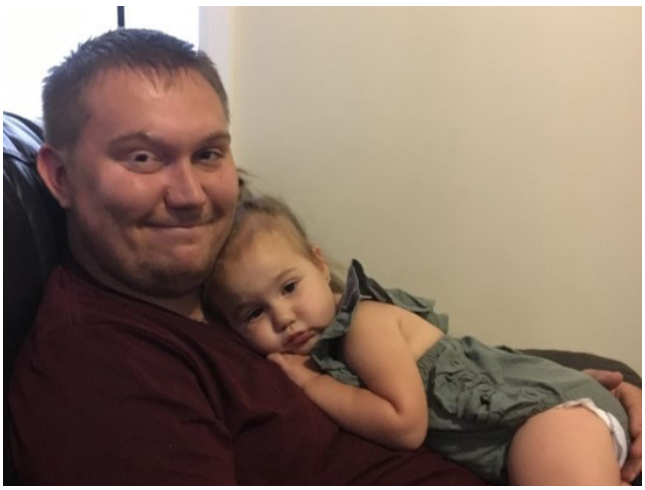
The team further ensures community-control and cultural respect by including a WACHS Aboriginal and Torres Strait Islander board or staff member on all ANFPP hiring panels and by providing monthly updates to the WACHS Board, who in turn make cultural recommendations for the program.

INVOLVEMENT WITH THE COMMUNITY

The team works hard to maintain a profile and presence in the community – hosting stalls at WACHS community days; attending events like the New South Wales Koori Knock Out and NAIDOC Week, and joining local schools' education sessions and community health information sessions. Team members regularly join outreach interagency meetings to ensure they are aware of local services, programs and groups, and to promote the program and its learnings. Aboriginal and Torres Strait Islander team members also attend Indigenous-specific Dubbo and Blacktown Koori Interagency Network meetings, which offer a safe forum for Aboriginal and Torres Strait Islander employees to share information and be supported by their peers.

The team has found that attending these events and networking with local services has supported them to identify and develop referral pathways, both within WACHS and with other local services. In turn, this *referral mapping* is used to support mothers, while presenting the team with opportunities to advocate for the program and/or individual mothers.

The team keeps the community and clients informed about the program through annual reports, the WACHS website, newsletters, and social media. The WACHS Facebook page shares the mothers' stories, their graduations, and even birth announcements (with mothers' consent). Both the Dubbo and Blacktown teams have closed Facebook groups, made up only of ANFPP clients who can share relevant information and events in each community. Through these groups, mothers are being encouraged to maintain longer-term connections amongst themselves as well as between mothers, health services, and the wider community.



HOLISTIC NEEDS OF FAMILIES

The theories central to the program model require the team to cover a range of domains, as listed above. Each Home Visiting Team works with a mother to understand her needs across these domains and supports her to recognise her strengths and weaknesses within each domain. Screening tools then help the team to identify necessary referrals across these domains, and the team supports the mother to set up these connections.

The team collaborates with other WACHS services, local services and agencies to provide mothers with a holistic suite of support, so that mothers and their children can better meet developmental, social and emotional milestones. These established relationships between mothers and the teams have particularly benefited those mothers who find it difficult to engage with new services. In one example, the Aboriginal Family Partnership Worker was invited by another WACHS program to join a visit to a mother who was known to become anxious when accessing a new service. The Aboriginal Family Partnership Worker's presence at this initial visit decreased the mother's anxiety and helped her feel comfortable with the other team at future visits.

The ANFPP is committed to building up mothers' networks of support, advocating on behalf of a mother within WACHS or with external service providers, and empowering families to take control of new service relationships after the initial meeting. This approach has ensured that mothers have ongoing service provision beyond their participation in the program. Assistance has included the team supporting mothers to be screened by the Wellington-based Occupational Therapist prior to discharge, and supporting family members to engage with the Mt Druitt and Wellington clinic services and the WACHS Tackling Indigenous Smoking team.

The Dubbo team is based in WACHS's Dubbo Aboriginal Child and Maternal Hub, where it works alongside other teams like the Aboriginal Children's Therapy Team.[6] This close physical proximity has meant that ANFPP team members can easily refer and accustom mothers to WACHS's other services and find opportunities to reconnect with mothers who are visiting the other services. The hub will soon move to new purpose-built premises, with large rooms to accommodate client group sessions and joint activities. This is expected to strengthen the relationships between teams and provide a

welcoming environment to families. The ANFPP and Aboriginal Children's Therapy Team have also recently developed a handover tool that ensures consistent information and continuity of care for joint clients.

The Blacktown ANFPP team is co-located with the Connected Beginnings team, providing bi-directional communication about available health and wellbeing services that can assist families from birth to school age.

CHILD PROTECTION

A primary aim of the ANFPP team is to reduce a family's involvement with the New South Wales Department of Communities and Justice and child protection services. The team works with families across the spectrum of risk and involvement with child protection services – from those with no risk, those requiring early intervention and family strengthening support, those with open Department of Communities and Justice cases, to those who are working towards restoration of their child. The team has strived to establish close relationships with the area's Child Wellbeing Units, in order to work collaboratively with those services most suitable to meeting families' needs. While members of the ANFPP team are mandatory reporters, the team's focus is on putting in supports for mothers to address their own risk factors and working with services for the best outcomes for a child.

On several occasions, the Home Visiting Team has advocated for a mother to the Department of Communities and Justice, and supported the mother to work collaboratively with the agency to achieve the best outcomes for her, her child and family. A mother's participation on the program not only increases her likelihood of achieving positive outcomes and maintaining the family unit; it also demonstrates to child protection services that she is committed to protecting and caring for her family.

The Blacktown team visit a number of incarcerated women to ensure that these women continue to receive program support. In doing so, the team is helping to reduce recidivism and generational cycles of incarceration. Transgenerational studies in the United States of America have indicated a lower incidence of incarceration in children of those women who have participated in the Nurse-Family Partnership.[7]

COVID-19 AND THE TELEHEALTH MODEL

To maintain program continuity during the recent COVID-19 pandemic, the WACHS ANFPP team temporarily adapted the program to a telehealth model and introduced new tools of engagement.

Clients were given the options to receive regular check-in phone / video calls or to pause their participation. Mothers' tele-visits were performed on an alternating basis between the Aboriginal Family Partnership Worker and Nurse Home Visitor to ensure a mother's ongoing relationship with both team members. For the first time, email and online platforms were used to communicate with mothers – to provide support and resources, maintain engagement, and continue to observe the mother and child. To aid engagement, the team posted self-care kits, do-it-yourself dreamcatchers, and milestone gifts to mothers; with these being well received through client feedback. Depending on restrictions, teams have also been able to visit homes with appropriate prior risk assessments or visit mothers in outdoor locations.

Team members have found the telehealth model "bumpy" at the start, while many mothers have seemed quite comfortable with technology and communicating over the phone. Team members have raised concerns about not knowing if other people were present during phone calls, resulting in not always feeling comfortable asking certain questions, not being sure if pauses were because of a mother reflecting or because she had finished the discussion, and not being able to observe mother-infant interactions. In particular, the team has found that family and domestic violence screening can be contraindicated in the telehealth setting.

On the other hand, many mothers seemingly have appeared able to quickly deepen their trust in the Home Visiting Teams, easily share their worries with mental health struggles and lack of support, and be more confident to share sensitive information such as "there was a level of comfort not having to look us in the eye and the safety of being in their own environment".[8] One team member has commented that since returning to conventional in-person visits, she still finds a few of the mothers share more over the phone than in person. Nonetheless, some mothers have struggled talking on the phone with unsettled babies and active toddlers.

PROGRAM OUTCOMES

> *"Parent-child relationships blossoming, pregnancies going full term, mothers' and fathers' relationships with their babies and the attachment; they are the important things as well"*
>
> Home Visiting Team member

The WACHS ANFPP program regularly checks in with mothers about how the program can work better for them. In particular, the team asks mothers to complete formal feedback surveys at the conclusion of each program stage: pregnancy, infancy, and toddlerhood – examples included below.

Throughout these stories and survey feedback, common themes have emerged:

- by developing therapeutic relationships with participating mothers, the ANFPP team can have discussions with mothers that otherwise might never have happened
- mothers are being supported by the program and Home Visiting Team to understand and make use of positive parenting practices to break negative intergenerational cycles
- the Home Visiting Team is able to work with each mother for her to identify the strengths of – and so engage with – other services, including child protection services, allowing the mother to build ongoing supports beyond the ANFPP journey.

> *"The support is amazing. All workers are down-to-earth honest caring people who invest a lot of time and energy in their job and clients. Knowing that your child is on the right track is great. The bond you form with them is AMAZING!!"*
>
> Previous ANFPP client

WACHS's Aboriginal Children's Therapy Team staff have also reported that mothers currently engaged through the child therapy program still provide positive feedback about their ANFPP experiences, even years after graduating from ANFPP. These mothers often are excited to see members of their previous Home Visiting Team when they attend appointments at the WACHS Dubbo Aboriginal Child and Maternal Hub.

> *"[My Nurse Home Visitor] and [Aboriginal Family Partnership Worker] do an amazing job at supporting me and talking to me about the daily lifestyle as a new mum. I love how they go out of their way to help with things [that] I need and encourage me to do things I actually want to do, like breastfeeding and giving tips on how to increase my milk supply. I also enjoy their company and I love how I can be myself around them. Also, love the fact that I can actually talk to the girls, knowing they're here to listen"*
>
> Previous ANFPP client

"Nonetheless, it is the mothers' journeys that tell the most robust outcomes stories. The program has seen women stop using drugs and alcohol, gain employment, secure their own housing, successfully end violent relationships and move to secure locations. Mothers have credited the program with giving them the confidence and skills to set personal goals, work towards and successfully achieve these, all while managing to keep their children with them and out of long-term out-of-home care. *Refer to client stories on p. 14*.

A number of mothers have also recorded videos of their positive experiences in the program, adding to the ANFPP's growing library of videos that highlight the benefits of the program. *Refer to program videos on p. 16.*

Refer to table below.

An evaluation by Cox Inall Ridgeway of the national ANFPP model has been delayed due to COVID-19 restrictions, with evaluation results now expected in 2024. Representatives from both WACHS sites have been nominated for the reference group.

AUSTRALIAN NURSE-FAMILY PARTNERSHIP PROGRAM VIDEOS

About ANFPP	www.youtube.com/watch?v=lbGOi5WIcFQ
ANFPP Blacktown video	www.youtube.com/watch?v=iOFuRbbsfuM
ANFPP belly casting	www.youtube.com/watch?v=IZklO8YCtZo
ANFPP client journey	www.youtube.com/watch?v=rYSbWWXUmfk
Nikkita (Aboriginal Family Partnership Worker) and Louise (client)	www.youtube.com/watch?v=6WZnqZx6XMo
NAIDOC 2020 ANFPP staff videos	www.youtube.com/watch?v=Md1ZGT2iACY www.youtube.com/watch?v=CC0HhBoPq5g www.youtube.com/watch?v=JwvzD_KdzUs www.youtube.com/watch?v=KhZe9V0PoF0
Blacktown NAIDOC	www.youtube.com/watch?v=iEvDNvspIB0
Jinnaya (Aboriginal Family Partnership Worker) and Kalina (client)	www.youtube.com/watch?v=SJwSuyQM_HQ
Grace (Aboriginal Family Partnership Worker) and Chelsea (client)	www.youtube.com/watch?v=bVBKROCZxpw
Grace (Aboriginal Family Partnership Worker) and Hayley & Huxley (client)	www.youtube.com/watch?v=wiVoQUcQSGg
Emma (NS) and Lyndon (client)	www.youtube.com/watch?v=i5dDcAzhUrQ

CLIENT STORIES

[Names and some other identifying features have been changed in these stories to protect clients' privacy]

KRYSTAL

When Krystal started with the ANFPP, she and her partner were in the local hospital's methadone program due to their history of drug addiction, and were progressing through the court system for previous offences. Krystal was considering giving her child up for adoption out of concern that she would not be a good mother and because of a fear of child protection services. Kyrstal let the team know that she "didn't have a very good childhood" and had moved around from place to place.

As her relationship with ANFPP developed, Krystal and her partner engaged with the program and asserted that they wanted the best for their child. Krystal's daughter, Rebecca, was born at full term with no complications in the postnatal period. As Krystal's Home Visiting Team watched Rebecca grow and develop, they observed Krystal's growing confidence and trust in her own ability to parent. Rebecca exceeded developmental milestones and her secure attachment to Krystal was obvious during Home Visiting Team visits. She explored her environment, played with team members, and returned to Krystal for reassurance.

During Krystal's time on the program, she was able to gain work and cease all substance use other than cigarettes. She built up skills and experiences in identifying and achieving her goals, and she became determined to break generational cycles of trauma.

Krystal recognised that she had been in a violent relationship over a period of years, with the domestic violence worsening as her partner relapsed in his drug use. She was able to engage with support services and obtain her own housing, allowing her to remove herself and her daughter from an unsafe environment and ensure their ongoing protection.

Each time child protection services met with Krystal, they recognised that she was a protective factor for her child, which Krystal considers to be a great source of pride.

Following graduation from the program, Krystal relocated, found a new partner, and is pregnant with her third child. She credits these successes to her participation in the ANFPP, saying that the program empowered her to make changes in her life that have improved outcomes for her and her children. Krystal also said that while she did not have a role model when she fell pregnant, with the help and support of the program, she is now her own role model as a mother. ANFPP staff continue to be amazed at Krystal's resilience, power, and determination.

ABBY

Abby was referred to the ANFPP by a local community organisation. She had a history of statutory child protection involvement from a young age, became a mother at 15 years of age, and became homeless soon afterwards when both her parents were incarcerated. While her younger siblings were able to be cared for by extended family, having a young baby made this difficult for Abby. She was forced to move between family members and couch surf.

Initially, Abby attended all appointments with her cousin, who was referred at the same time, until she gained enough confidence to work with the ANFPP on her own. Within weeks of the child's birth, child protection reports had been received and acted upon. Abby's Home Visiting Team supported her during the meetings with her caseworker and advocated for her when she felt unsafe and disrespected in her home.

Abby returned to school and worked to secure her own accommodation. Her case was closed months after her child's birth when child protection services identified the protective factors she had displayed towards her child.

MOTHER-TO-BE

An 18-year-old mother-to-be was referred to ANFPP from juvenile justice when she was 16 weeks pregnant. The referral disclosed that the client had a history of drug use from very early on in life and had unstable housing, regularly moving with her mother and siblings. She became involved with the justice system while in high school and did not have positive role models in her life.

At the very beginning of the program, the client struggled to receive visits from her Home Visiting Team as she moved and changed her phone numbers so often. Nonetheless, the team were able to build rapport with her over time, allowing her to feel safe and confident in disclosing information of her upbringing and life choices. She started

to contact the team to let them know when she changed phone numbers, to ensure she could maintain regular visits with the team.

The client has been supported by her Home Visiting Team to make positive changes and grow and learn as a new mother. She has expressed her gratitude for the team and their guidance, as they have supported her in realising what she wants to achieve. She now has a happy healthy toddler and lives with him in an apartment that she rents privately. She also supports her son and herself financially by working full-time while her son is at day care, where he can learn social skills with peers of his own age.

The client says she is forever grateful to ANFPP for encouraging and supporting her to set and work towards achieving her goals, one step at a time. The team recognises how far she has come as she prepares to graduate from the program, and that she now is able to realise how the small changes that she has made have had a big difference for her son.

ZOE

Zoe was referred to ANFPP through the clinic when she was 25 weeks pregnant with her second son. She has an extensive history of heroin use, having used from a very young age. During her pregnancy with her first child, Zoe was using heroin and was the victim of extreme domestic violence, which resulted in her first child being removed. She has since left this partner to rebuild her life.

When Zoe fell pregnant to a new partner, Department of Communities and Justice expressed significant concerns for her pregnancy and wanted to work closely with Zoe. Her Home Visiting Team spent a lot of time with her discussing healthy relationships, working through program content, identifying additional support services, and supporting Zoe with ways to abstain from drugs. As a result of her work with the ANFPP team, Department of Communities and Justice closed the case before her beautiful healthy baby was born.

Since she was referred during the COVID-19 pandemic, Zoe has engaged with the team through a telehealth model. She has been quick to adapt to this model and happily engages in regular phone calls with her team.

Zoe is so proud of the choices that she has made and continues to work closely with her Home Visiting Team to make the best choices for her and her children.

MICHELLE

Michelle was referred to the ANFPP while incarcerated and 21 weeks pregnant, with the father of Michelle's baby also incarcerated at the time. Michelle had a history of unstable living arrangements, trauma, and multiple mental health concerns. She also had a history of polysubstance use, including crystal methamphetamine ("ice"), cannabis, alcohol, and cigarettes. Michelle engaged with the ANFPP through their visits to her while she was incarcerated, and she remained engaged upon her release from prison.

She delivered a healthy baby girl, and then disclosed to the team that she had used drugs following the birth. When she relapsed, her child was removed and placed in the care of family, with Michelle allowed three visits a week. At this point, Michelle disengaged from the program and she was not able to visit her child due to COVID-19 pandemic restrictions. She was ordered into rehabilitation during a court appearance. Unable to see her bubba and partner, she absconded and returned to incarceration, where she discovered she was again pregnant.

At this point, she was placed in another rehabilitation facility, where she now is thriving, maintaining regular visits with her Home Visiting Team, and is particularly engaged in program information around herself and her parenting.

My life has completely changed. I am working. I am the best mum I possibly can be. I'm a lot more confident and I know what I want in life for myself and my daughter.

This gave me someone to talk to. If I would have done it alone, I would have ended up with some kind of post-natal depression or something. Since being in the program I've become more open to other people now, taught me how to talk to people.

I find that after every appointment I feel more relaxed and reassured.

I'm definitely more confident in my parenting abilities. My communication skills improved in many aspects. I'm still working to achieve goals I set during my time in the program.

My partner and I love being on the ANFPP program. (Aboriginal Family Partnership Worker) and (Nurse Home Visitor) have made our journey fun and enjoyable. We have found the education relevant and helpful.

Helping me be a stronger and better person and parent.

I cannot even to begin to thank all of you. The love and support you have all shown myself and my child will never be forgotten. It has helped shape me into the amazing person I am today. I will always recommend this service to anyone who may need it (or even if they don't). So thank you all again for everything. Xxx

I have grown so much as a person & the girls gave me the confidence to do so.

Coming out of my shy stage becoming getting more confident.

I speak to friends and say how good it is and how welcome you make me & my baby.

The things you's do for me and my son, you's have taught me how to be a mum.

We're kick ass and awesome! Greatest thing is that we don't come with judgement. Wouldn't have made it this far or out of this situation.

I left my relationship, felt supported throughout, went to appointments, police and everything like that - wouldn't have done that by myself.

(Nurse Home Visitor) & (Aboriginal Family Partnership Worker) do an amazing job at supporting me and talking to me about the daily lifestyle as a new mum. I love how they go out of their way to help with things I need and encourage me to do things I actually want to do like breastfeeding and giving tips on how to increase my milk supply. I also enjoy their company and I love how I can be myself around them. Also, love the fact that I can actually talk to the girls knowing they're here to listen. A Big Thank you, I appreciate everything and so does [my child].

Having someone to support me & some to share my new journey as a mother with.

Any questions I have get answered, the girls are so helpful and learning a lot to guide me through.

The support is amazing. All workers are down-to-earth honest caring people who invest a lot of time and energy in to their job and clients.

Talking to different people. Meeting you and (Nurse Home Visitor). The advice what was given, youse showed me different thing I didn't know.

A friendly environment that supported information that other places don't always share.

I've learnt things I didn't know before and the extra support is great.

Honestly, I can NOT Fault this program. I would love for the ladies to stay with me until my daughter starts pre-school or even for life.

Being involved gave me the opportunity to speak freely about things that were concerning me & gave me someone who would really listen & understand.

Just getting the support & feedback from the program that I am a good mum.

There's also always something fun or interesting to do at each appointment.

Knowing that your child is on the right track is great. The bond you form with them is AMAZING!!

The girls guided me through some really tough times.

The ongoing advice. The company. The continual support. Always having someone to talk to with zero judgement.

In this program I've made friends who have helped me and my partner and come along the journey of watching my child grow.

I feel like a more confident mother, happier

I feel like I've become a better mother.

ENDNOTES

1. Nurse-Family Partnership 2021, *About us* webpage.
2. Nurse-Family Partnership model website: www.nursefamilypartnership.org.
3. Olds, DL, Hill, PL, O'Brien, R, Racine, D & Moritz P 2003, 'Taking preventive intervention to scale: The Nurse Family Partnership', *Cognitive and Behavioral Science*, 10(4):278-290.
4. ANFPP May 2021, *NSS Annual Data Report 2019–20* Version 3, QLD.
5. Dubbo: Population: 38,943; 14.5% identify as Aboriginal and Torres Strait Islander. Gilgandra: Population 4,226; 14.17% identify as Aboriginal and/or Torres Strait Islander. Narromine: Population 6,567; 19.5% identify as Aboriginal and Torres Strait Islander. Wellington: Population 4,078; 27.5% identify as Aboriginal and Torres Strait Islander.
6. The Aboriginal Children's Therapy Team provides speech therapy, occupational therapy, and psychological counselling to Aboriginal children between the ages of 0-8 in the Dubbo area.
7. Olds, DL, Henderson, CR, Cole, R, Eckenrode, J, Kitzman, H, Luckey, D, Pettitt, L, Sidora, K, Morris, P & Power, J 1998, 'Long-term effects of Nurse Home Visitation on Children's Criminal and Antisocial Behavior: Fifteen-year follow-up of a randomized controlled trial', JAMA, 280:1238-1244.
8. Feedback from a Home Visiting Team member.

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Nurse-Family Partnership 2021, *About us*. Available at: www.nursefamilypartnership.org

Olds, DL, Henderson, CR, Cole, R, Eckenrode, J, Kitzman, H, Luckey, D, Pettitt, L, Sidora, K, Morris, P & Power, J 1998, 'Long-term effects of Nurse Home Visitation on Children's Criminal and Antisocial Behavior: Fifteen-year follow-up of a randomized controlled trial', JAMA, 280:1238-1244. Available at: https://jamanetwork.com/journals/jama/fullarticle/188048

Olds, DL, Hill, PL, O'Brien, R, Racine, D & Moritz, P 2003, 'Taking preventive intervention to scale: The Nurse Family Partnership', *Cognitive and Behavioral Science*, 10(4):278-290. Available at: https://www.researchgate.net/publication/222553378_Taking_Preventive_Intervention_to_Scale_The_Nurse-Family_Partnership