

FAMILIES FIRST: A SUPPORT NETWORK FOR FAMILIES RAISING CHILDREN

Dianne Hudson

*Program Manager, Families First
Office of Children and Young People
NSW Cabinet Office*

The emotional and physical development of children is most rapid during the first three years of their lives. The quality of the care they receive affects how they grow and develop, their self-confidence, feelings of security and safety, and mental health. Parents need information, support and community backing if they are to foster their children's growth and development.

This report describes Families First, a strategy sponsored by the NSW Government to reshape and develop the prevention and early intervention services that help parents and communities sustain the health and wellbeing of their children in the long term. Research shows that significant improvement in a child's health, education and welfare can be sustained when early intervention services are provided.^{1,2}

The departments of Aging and Disability, Community Services, Education and Training, Health and Housing and non-government organisations funded by government already provide some of these services. Families First will link these to provide families and communities with information, support and choices to enable them to better care for their children.

First announced by the Premier in 1998, the initiative is now being implemented in three areas of NSW: the Mid North Coast, Far North Coast and South West Sydney. Families First will be progressively implemented across NSW over the next four years, supported by existing resources, plus additional funding of \$54.2 million.

SERVICES UNDER FAMILIES FIRST

Families First will assist existing services to reshape as a network of universal and targeted services around four fields of activity described in the following sections. Research shows that these activities make a positive difference to the health and wellbeing of children. The benefits to families of this network will be evaluated as part of Families First.

Supporting parents who are expecting or caring for a new baby

Maternal and child health services have a particularly important role in supporting new parents. Olds found that prenatal and early childhood home visitation by nurses can reduce the number of subsequent pregnancies, the use of welfare, child abuse and neglect and criminal behaviour for low-income, unmarried mothers for up to 15 years after the birth of the first child.¹ Existing services will be reshaped to broaden the range of settings in which they are provided to families, for example, at home and in

centres. Current assessment practice will be developed to include social assessments of the family in addition to the baby's health. This will allow family stresses to be identified early so that problems can be addressed.

Supporting parents who are caring for infants and young children

Parents often feel more supported when connected with other parents in their community through local playgroups, nursing mothers groups and/or by involvement in community childcare and baby-sitting clubs. These services will continue and be expanded through Families First, and information about them will be provided to parents. For example, parents who tell their general practitioner that they don't know many families in the area could be linked to the local playgroup by the general practitioner. Barker found that families in the United Kingdom who were supported at home by volunteers had improved family functioning.³ Thus, some communities will also train volunteers to support struggling families in their homes.

Assisting families who need extra support

Some children with special needs require help from a professional such as a speech therapist, counsellor, paediatrician or a special educator. Many parents also benefit from this professional support because it helps them facilitate their child's capacity to learn and develop.

Some parents find it difficult to create a healthy environment in which their children can grow to their potentials. Drug and alcohol counselling, family therapy or a mental health support group are just a few ways to support families that need extra help.

Families First wants professionals of various disciplines who are employed by different agencies to work together to create linked services. This could result in agencies pooling funds and co-locating so that families would have access to services in one place.

Strengthening the connections between communities and families

Garbarino argues that the social fabric that surrounds families can make it easier or harder for them to manage their problems.⁴ Community development activities will be introduced through Families First where communities

This report was to be included in the Bulletin's four-part series about improving the health of children in NSW, published in 1998. The series looked at evidence-based strategies that are capable of achieving needed health gains for children. Back copies of this series can be obtained through the *Bulletin's* Web site at www.health.nsw.gov.au/public-health/phb/phb.html. The four issues are May, June-July, October and November 1998.

lack the informal supports and networks that help connect families.

For example, the community in a new housing development might want a parent support group and information about parenting. These services can be planned and provided jointly by the departments of Health, Community Services and Housing. The successful Schools as Community Centres program is another approach that has helped many families, and this will be extended.

IMPLEMENTING FAMILIES FIRST

Families First will require health services—maternal and child health, mental health, drug and alcohol, health promotion—to rethink how information and support is provided to families. In particular, health services will need to:

- work within a network of government and non-government services to link families to support that best meets their needs
- acknowledge that a range of activities affect health outcomes
- find new ways to reach those families that don't traditionally access services
- deliver services to families in various settings, for example, in homes, centres and community settings

- clarify the roles of health professionals in the four fields of activity, for example, mental health's role in the multidisciplinary teams.

It is believed that the integrated approach of Families First to develop self-efficacy within families and communities is an effective strategy for improving the health and well being of children.

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For more information, please contact Dianne Hudson, Office of Children and Young People on (02) 9228 5598; or email familiesfirst@mail.cabinet.nsw.gov.au. A paper outlining the framework of Families First is available.

INFECTIOUS DISEASES, NSW: JULY 1999

TRENDS

Winter's arrival brought marked declines in the incidence of several notifiable diseases, including **arboviral infections** (perhaps due to fewer exposures to infected mosquitos) and **salmonellosis** (Figure 5 and Table 4). Declines were also seen in the incidence of **gonorrhoea** and **pertussis**, although some of this change may be due to delayed notification of cases.

Winter typically leads to an upswing in cases of **meningococcal disease**, prompting calls for increased vigilance among health care workers and the community for signs of this disease. Of course, doctors should treat suspected cases empirically **immediately**, even before transport to hospital, with parenteral (preferably **intravenous**) **benzylpenicillin** in a single dose of 100,000 units/kg or 60 mg/kg, to a maximum dose of 6 million units (4g). If available, **ceftriaxone** (50mg/kg for adults, or 100mg/kg for children to a maximum of 4g) intravenously or **cefotaxime** (100 mg/kg to a maximum of 2g) intravenously are preferred; however, neither are typically included in the doctors' bag. Blood cultures should be collected, prior to administration of antibiotics if possible, but their collection should not delay treatment. Your local Public Health Unit should be **notified** of all suspected cases by telephone, and PHU staff will help

arrange for chemoprophylaxis for the close contacts of cases (who are at increased risk of illness).

RABIES DEATH FROM DOG BITE IN CHINA

Malcolm Rea

A resident of the Hunter Area Health Service, who had been living in China for more than a year, died in May from rabies following a dog bite that they received in China in September 1998. The patient did not receive pre-exposure or post-exposure vaccination. Because the patient died overseas, documentation on the clinical course of the disease is not yet available. Rabies infection was confirmed by the Centers for Disease Control and Prevention (CDC), Atlanta, with a positive immunofluorescence test on slides made from formalin-fixed blocked brain tissue. Further testing confirmed that the rabies virus was 100 per cent homologous with a rabies sample in the CDC virus repository from a case from China.

International travellers to countries where rabies is enzootic should be aware of the risk of rabies from bites or scratches from potentially-rabid animals (for example, monkeys, bats, dogs and cats in most countries), and information about the management of bites or scratches (that is, immediate thorough cleaning with soap and water, and urgent medical evaluation). If they are likely to come