Maternal Early Childhood Sustained Home-visiting

# MECSH At a Glance

## About MECSH

### Sustained and structured home visiting

- International evidence has shown that home visiting programs comprising intensive and sustained visits by nurses during pregnancy and over the first two years of life promote child health and family functioning.
- MECSH draws together the best available evidence on the importance of the early years.
- The MECSH program is delivered as part of a comprehensive, integrated approach to services for young children and their families.

The Maternal Early Childhood Sustained Home-visiting (MECSH) program is a structured program of sustained nurse home visiting for families at risk of poorer maternal and child health and development outcomes. It was developed as an effective intervention for vulnerable and at-risk mothers living in areas of socio-economic disadvantage.

The MECSH program draws together the best available evidence on the importance of the early years, children's health and development, the types of support parents need, parent-infant interaction and holistic, ecological approaches to supporting families to establish the foundations of a positive life trajectory for their children. The MECSH program requires organisations, and practitioners to work differently with families, to truly act on the rhetoric of prevention and early intervention to improve outcomes for some of the most vulnerable families.

The MECSH program is delivered as part of a comprehensive, integrated approach to services for young children and their families. The program is delivered by child and family health nurses who are embedded within universal child and family health nursing services. The program is managed by universal child and family nursing services and embedded within the broader child and family health services system.


**Child development parent education DVD**
Mother expecting her first child watching the *Learning to Communicate* program.

## History of the MECSH Program

Originally titled the Miller Early Childhood Sustained Home visiting program, MECSH was a program of intervention and research conducted in the Miller/Green Valley (postcode 2168) area of south western Sydney, NSW, Australia. The MECSH intervention and trial were funded by the Australian Research Council (LP0560285), Sydney South West Area Health Service, NSW Department of Community Services and NSW Department of Health. It was the first Australian randomised trial to determine the impact of a comprehensive sustained nurse home visiting program commencing antenatally in a population group living in an area of known disadvantage.

# MECSH Program Components

1 **Supporting mother and child health and wellbeing**, including observation and support of child, maternal and family health and development, parent-infant interaction, and provision of primary health care and health education.

2 **Supporting mothers to be future oriented and aspirational** for themselves, their child and family.

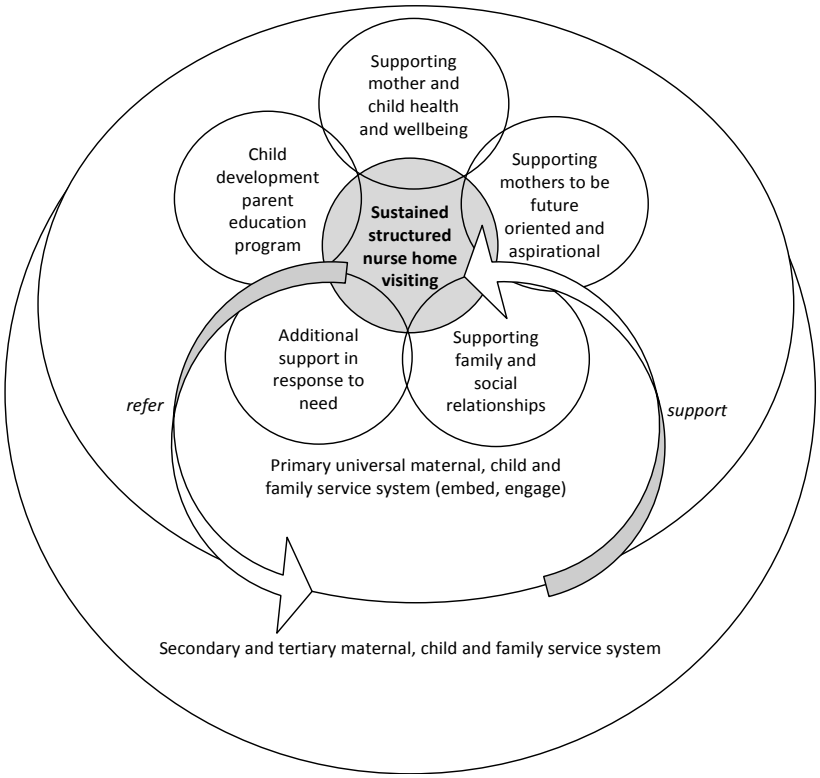
3 **Supporting family and social relationships** within the extended family, with the family's communities and with other health and social services.

4 **Additional support in response to need** including interventions by the MECSH nurse and additional support accessed through the tiered service system.

5 **Child development parent education** program delivery. This is a structured program of parent education about child development. The MECSH trial used the "Learning to Communicate" (LtC) program.

**Breastfeeding support**
The nurse is supporting the mother in breastfeeding. The MECSH program builds on and extends core child and family health nursing practice by providing greater opportunity for the mother and nurse to engage in supportive activities within the family home.

### MECSH Program Model




**Mother reading with baby**
The child development parent education program supports parents to support the development of their child. It particularly builds on everyday activities that parents can do with their children, and provides parents with ideas, such as early reading, which are key to development. Observe how engaged this young baby is with the book.

The MECSH Program is delivered through three program activities:

1 **Home visiting.**

2 **Group activities for MECSH families.**

3 **Engagement with and referral to other services and supports.**

# MECSH Program Goals

The home visiting components of the MECSH program intervention consists of at least 25 home visits by the same MECSH program child and family health nurse during the remainder of pregnancy and the first 2 years post birth. The program goals are:

- **Improve transition to parenting by supporting mothers through pregnancy**. This includes providing support with the mother's and family's psychosocial and environmental issues, supporting the health and development of the family including older children, providing opportunity for discussion, clarification and reinforcement of clinical antenatal care provided by usual antenatal midwifery and obstetric services, and preparation for parenting.
- **Improve maternal health and wellbeing by helping mothers to care for themselves**. Guided by a strengths-based approach, the nurse will support and enable the mother and the family to enhance their coping skills, problem solving skills and ability to mobilise resources; foster positive parenting skills; support the family to establish supportive relationships in their community; mentor maternal-infant bonding and attachment; and provide primary health care and health education.
- **Improve child health and development by helping parents to interact with their children in developmentally supportive ways**. This includes supporting and modelling positive parent-infant interaction and delivery of a standardised, structured child development parent education program.
- **Develop and promote parents' aspirations for themselves and their children**. This includes supporting parents to be future oriented for themselves and their children, modelling and supporting effective skills in solving day to day problems and promoting parents' capacities to parent effectively despite the difficulties they face in their lives.
- **Improve family and social relationship and networks by helping parents to foster relationships within the family and with other families and services**. This includes modelling and supporting family problem solving skills, supporting families to access family and formal and informal community resources and providing opportunities for families to interact with other local families.

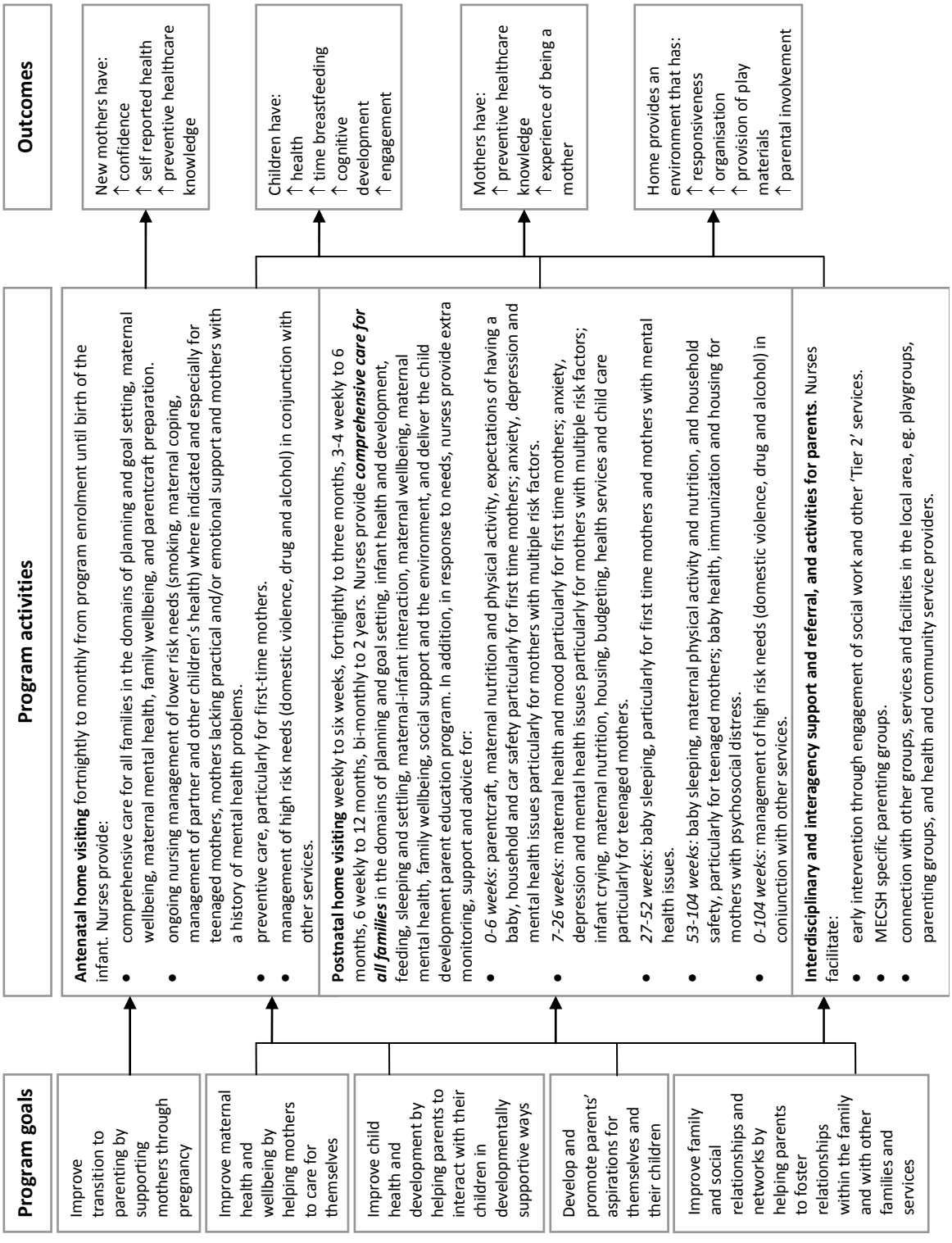
*The MECSH program consists of at least 25 home visits primarily by the same MECSH program nurse*

**Mother and baby communicating**

Discussing this image of an everyday activity with the mother, the mother would be supported to observe the way she is effectively communicating with her baby through positioning and eye contact, and celebrate the development of her baby's skills in attending to her. This celebration encourages positive parenting as well as a desire to "see what she can do next", and an orientation to achievement and the future.

**Drawing by a child of the MECSH Trial aged 4 years.**

# MECSH Program Summary



# A System of Care Approach

The MECSH program uses a tiered service model as the System of Care. The tiered model encompasses the primary health care and more specialised services that families may need (see MECSH Four Tier Strategic Framework Table.)

Services or individual providers may not fall neatly into tiers, but rather, their function will be different. For example, a speech pathologist may function as a Tier 2 provider by providing education, support or advice for the Tier 1 child and family health nurse working with a family concerned about their child's speech and language development. The speech pathologist may also be a provider of a Tier 3/4 service providing specialised treatment for a child with a speech or language disorder.

The tiered service system enables skilled Tier 1 workers and families to consult with, and be supported by, more specialised Tier 2 staff, and have timely access to Tier 3 and 4 services for families. This facilitates the provision of effective and efficient support to families, by improving the quality of help available to all families.

**Case review**

Here two nurses in the MECSH team are reviewing a case and using local service directories and program information to source some additional support to assist a family with their needs. Working with the whole MECSH team, including the extended MECSH team (Tier 2) is essential for supporting families with additional needs

### Tier 1

Tier 1 services are the 'front-line' service providers. In the MECSH program Child and Family Health Nurses (C&FHNs) are the Tier 1 provider. The role of Tier 1 services is to provide primary health care to families as described above, and identify problems early in their development, offer general advice and pursue opportunities for health promotion and prevention. The bulk of more minor problems can, and should be, identified and handled within the primary care service, supported by Tier 2 and other specialist health and intersectoral services. The Tier 1 C&FHNs in the MECSH program should establish good relationships with the other Tier 1 providers of care for families, particularly midwifery services during the antenatal period and general practice.

*The MECSH program is implemented within a System of Care approach*

### Tier 2

Tier 2 providers function as a member of the extended MECSH team. Access to Tier 2 providers is through direct contact between the Tier 1 and Tier 2 workers rather than through a formal process of referral. This direct contact may be facilitated through strategies such as regular case review meetings or ad hoc contact between the C&FHN and a designated Tier 2 provider. A key Tier 2 provider within the MECSH program is a Social Worker.

### Tiers 3 and 4

The service system for MECSH program should identify relevant Tier 3 and 4 service providers for families and ensure that there are processes for timely referral and access to specialised and tertiary level services.

# MECSH Four Tier Strategic Framework

| Tier | Key Program provider | Other providers | Function | |
|---|---|---|---|---|
| **Tier 1**<br>Primary level of care | Child and family health nurse | Midwives<br>General practitioners<br>School teachers | Provide primary level of care<br>Identify problems early in their development<br>Offer general advice<br>Health promotion and prevention | Extended Program team |
| **Tier 2**<br>A service provided by professionals relating to workers in primary care | Social worker | Aboriginal Health Workers<br>Cultural health workers<br>Paediatricians (especially community)<br>Perinatal psychiatrist/ psychologist<br>Allied health workers<br>Mental health workers<br>Drug and alcohol health workers<br>Housing workers<br>Community Service workers | Training and consultation to professionals within Tier 1<br>Consultation to professionals and families<br>Outreach<br>Assessment | |
| **Tier 3**<br>A specialised service for more severe, complex or persistent issues | | Paediatricians<br>Perinatal psychiatrist<br>Allied health teams<br>Mental health teams<br>Drug health teams<br>Psychologist<br>Housing (including refuges)<br>Child Protection Services<br>Family support workers | Assessment and treatment<br>Assessment for referrals to Tier 4 | Specialist referral services |
| **Tier 4**<br>Tertiary level services such as day units, highly specialised out-patient teams and in-patient units | | | Inpatient and residential care<br>Specialist teams (eg. for developmental delay, child abuse)<br>Specialist provision of treatment services | |

*The Social Worker should be co-located with the MECSH program team, and should be introduced to every family participating in the MECSH program, as part of the team.*

# MECSH Trial Outcomes

The randomised trial of the MECSH program demonstrated that children, mothers and their families who received the program achieved the following impacts and outcomes:

**New mothers**

- tended to be more likely to experience a normal, unassisted vaginal birth.
- felt significantly more enabled and confident to care for themselves and their baby.
- had significantly better self rated health.
- could name two or more measures to reduce cot death risk.

**Children**

- tended to have better health (lower rates of respiratory infection).
- were breastfed for longer.
- had improved cognitive development, particularly for children of mothers who were recorded as having psychosocial distress antenatally.
- were more engaged with their mother.

**Mothers of infants and toddlers**

- tended to have a better experience of being a mother, particularly for mothers who were recorded as having psychosocial distress antenatally and mothers who were born overseas.
- provided a home environment that was supportive of their child's development through improved verbal and emotional responsiveness, providing a more organised environment, providing developmentally appropriate play materials and greater parental involvement.

**Drawing by a child of the MECSH Trial aged 4 years.**

# MECSH Research Publications


1 Kemp L, Anderson T, Travaglia J, Harris E. Sustained nurse home visiting in early childhood: exploring Australian nursing competencies. *Public Health Nursing* 2005;**22**:254-9.

2 Kemp L, Eisbacher L, McIntyre L, O'Sullivan K, Taylor J, Clark T, et al. Working in partnership in the antenatal period: what do child and family health nurses do? *Contemporary Nurse* 2006;**23**:312-20.

3 Kemp L, Harris E, McMahon C, Matthey S, Vimpani G, Anderson T, et al. Miller Early Childhood Sustained Home-visiting (MECSH) trial: design, method and sample description. *BMC Public Health* 2008;**8**:424.

4 Aslam H, Kemp L, Harris E, Gilbert E. Socio-cultural perceptions of SIDS among migrant Indian mothers. *Journal of Paediatrics and Child Health* 2009;**45**:670-5.

5 Kardamanidis K, Kemp L, Schmied V. Uncovering psychosocial needs: perspectives of Australian child and family health nurses in a sustained home visiting trial. *Contemporary Nurse* 2009;**33**:50-8.

6 Kervin B, Kemp L, Jackson Pulver L. Types and timing of breastfeeding support and its impact on mothers' behaviour. *Journal of Paediatrics and Child Health* 2010;**46**:85-91.


**Further information**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**September 2010**