The Gaze is the newsletter of the Healthy Mothers Healthy Babies, Workforce Support Project

A Bouverie Centre project
Funded by the Department of Health

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www.bouverie.org.au
We are really pleased to inform you that The Bouverie Centre has been engaged to provide further support to you all over the two years. We will continue to meet with both Peer Support Groups and will facilitate two training days each year. Meeting and training dates for the remainder of 2012 are listed on the back page, and we will be in touch again by email to advise you of further details.

The other exciting news is that we will be welcoming a new group of workers who will be joining us for the twice-yearly training days. The Perinatal Emotional Health Program (PEHP) works in regional Victoria and aims to provide early interventions for women at risk of or experiencing perinatal mental health problems. PEHP workers are employed by mental health services and are collocated with maternity and maternal and child health services. They are able to provide support and mental health care for women during pregnancy and up to twelve months after the birth of a child. We look forward to providing opportunities for HMHB and PEHP workers to share their practice wisdoms with each other at the training days. The Peer Support meetings will continue in their current program-specific format, which means that both programs will continue to have opportunities to discuss unique aspects of their work with colleagues throughout the year.

2012 has been a busy year so far and it has been wonderful to witness the consolidation of your hard work. The Practice Wisdoms document is nearing completion, and we thought we would take this opportunity to share some reflections with you about the developments we have observed throughout our involvement in the HMHB Workforce Support Project. It is clear how much you have learned and how much practice wisdom you have developed.

The early Worker Peer Support Meetings were characterised by discussions about marketing, how to build networks, how to effectively respond to the complex lives of the women and how to look after yourselves while doing this demanding work. Although excited about your work, you were sometimes understandably anxious about what the role entailed.

In our most recent meetings you have described strong relationships with referrers, who give positive feedback about your work. You still appreciate the complexity of your clients’ stories but are able to clearly articulate the values you consider important in your work and the range of skills you draw on. Many of the challenges that you face are unchanged, however you have greater knowledge and a lot more confidence. We perceive that you are becoming more resilient, satisfied and passionate. Well done!

We would like to celebrate some of the main skills we have seen you develop over the last three years. Firstly, you have been able to be led by your client’s priorities. You speak of having no preconceived ideas about what the women may want from you. You listen to what they want, helping to focus and prioritise the areas to work on. A non-judgemental approach assists with engagement.

This has been balanced with your expertise about pregnancy and the service system. You have learned much about pregnancy and birth and have found ways of collaboratively sharing this information. Holding the focus of your work around healthy pregnancy has been an important orienting boundary for you. You work collaboratively with the service systems involved in the women’s lives. Using clear communication, advocating for case conferences early in your work and drawing on knowledge from your own multi-disciplinary teams has been valuable. You have learned how to implement a new program and know what this takes in terms of resources and marketing. You
value the place of clear policy frameworks, procedures and documentation. You used the start up phase to develop tools and have had an ongoing focus on risk management and assessment tools.

We have noted your confidence in delivering high quality, assertive outreach. To this you bring awareness of the value of meeting the women in their own space whilst ensuring your own safety as a priority. You engage creatively and professionally.

These are amazing achievements for you as a group. It has been inspiring for us to share your work – the joys and challenges. Thank you to you all for sharing your work with us and we look forward to hearing more over the coming year.

Best Wishes,
Sally and Naomi

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Update from the Department

By Jeanette Cameron

Can I begin by congratulating both Naomi and Sally for producing the newsletter over the last two years.

As well as being aesthetically pleasing, the Gaze has been a very effective way of sharing information across all HMHB sites especially in the early days of developing the program and more recently in undertaking the evaluation.

I hope you all have been able to learn from the shared practice stories and the many resources listed.

Sally and Naomi are currently finalizing a practice wisdom document describing the learnings of the program both at agency and clinician level. This document will be a great resource for all agencies providing care to pregnant women with complex psycho-social needs.

Ongoing modified workforce support program

I am pleased to advise that the Department will continue to fund the Bouverie Centre to provide a modified workforce support program for the next two years. The modified program will include 8 clinician peer support meetings (4 in the south east and 4 in the North West) and two training days per year.

The two training days will now be jointly run for clinicians in the Healthy Mothers, Healthy Babies program and the Perinatal Emotional Health Program (PEHP). PEHP is a model of care in
which mental health workers are collocated with maternity and maternal and child health services to provide support and mental health care for women during pregnancy and up to twelve months after the birth of a child. The PEHP aims to provide early interventions for women at risk of or experiencing perinatal mental health problems identified by health professionals who have contact with women during the perinatal period (including midwives, maternal child health nurses, general practitioners, paediatricians, obstetricians).

Maya Rivis (the Senior Project Officer for PEHP in the Department of Health) & I are very excited about bringing these training days together. Given both of these programs work to support pregnant women there is great potential for shared learning and collaboration across both programs.

Sally, & Naomi from the Bouverie Centre will be in contact with you shortly about relevant dates.

2012-3 Budget.

By now everyone will know that a further $4.7 Million was announced in the 2012-3 budget to continue the Healthy Mothers Healthy Babies programs over the next two years. This funding has been announced as part of the government’s response to Protecting Victorias Vulnerable Children. Further information about the government’s response (that includes the extension of the Healthy Mothers Healthy Babies program) can be found in Victorias Vulnerable Children, Discussion Paper http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications/victorias-vulnerable-children-our-shared-responsibility

Cradle to Kinder

A key expectation of funding announced in the budget is that Healthy Mothers Healthy Babies will continue to compliment a range of other services such as the Cradle to Kinder program. Cradle to Kinder is an intensive antenatal and post natal support services that provides long term intensive family and early parenting support for vulnerable young mothers and their families, commencing in pregnancy and continuing until the child reaches four years of age.

The program targets young pregnant women (under 25 years):

- when a Report to Child Protection has been received for their unborn child, where the referrer has significant concerns about the well-being of the unborn child, or
- where there are a number of indicators of vulnerability/concerns about the well-being of the child when born and the young woman is not yet involved with the Child Protection system.

Agencies delivering Stage 1 of this program will be announced shortly and will operate in:

- Eastern Metropolitan Region: Outer East catchment (Yarra Ranges, Knox, Maroondah)
- North and West Metropolitan Region: Western catchment (Hobson’s Bay, Maribyrnong, Melbourne, Moonee Valley, Wyndham)
- Southern Metropolitan Region: Outer South catchment (Casey, Cardinia, Greater Dandenong) Gippsland Region: La Trobe and Baw Baw catchment (La Trobe, Baw Baw)
- Hume Region: Goulburn Valley catchment (Greater Shepparton, Strathbogie, Moira)
- Hume Region: Aboriginal program in the Goulburn Valley catchment (Greater Shepparton, Strathbogie, Moira)

Working closely with Cradle to Kinder will provide additional service options for young pregnant women including those with high needs exiting the Healthy Mothers Healthy Babies program.


Protecting our vulnerable children - online training

Given the role HMHB has in supporting pregnant women with complex psycho social issues the “Health Professionals Working Together to Keep children Safe” free online training program will be something of interest to HMHB clinicians and agencies. The program aims to help agencies and clinicians understand their responsibilities in the early identification and management of vulnerable babies’ children and young people at risk of child abuse and neglect.

As all medical and nursing staff have legally mandated obligations to report suspected child abuse this training tool offers an excellent introduction to understanding these obligations and the operation of the child protection system. To access the course or enrol all your staff click here: http://vulnerablechildren.e3learning.com.au/

I will close with saying congratulations on all you have achieved for the women and babies you have provided care for through the program this far. I look forward to continuing to work with you over the next two years.

Regards,

Jeanette Cameron

Vulnerable Children Project
Julie Walker

Julie Walker

Julie has worked at Djerriwarrh Health Services since 2009. Her background is in Early Childhood, where she worked for twenty eight years, mainly in long day care. Her roles included qualified child care worker, director of a child care centre, human resources officer and child care trainer.

Julie has an Advanced Diploma of Children’s Services and a Diploma of Children’s Services. In 2010, she completed the Graduate Certificate in Pre and Post Natal Family Support at Swinburne University.

In 2009, Julie decided that while she wanted to keep working with families, she wanted a change of career direction. Through the good times and bad...

Julie finds the most rewarding part of her job is when she sees a healthy baby born to a confident mother or parents, where their issues are either being worked on or resolved. She enjoys making sure that the mother, baby and family have all the support that they need as she sees this as important to a good family life. She believes that women are at their most vulnerable when they are pregnant and need as much support as they can get.

Julie says that the most challenging thing for her is that many services do not take a holistic approach to working with clients, focusing only on their area of expertise. Sometimes the service providers priority is not that of the client. Julie has a lot of contact with young mums and she finds the community attitudes and lack of services extremely challenging.

Some ideas from Julie’s tool kit...

Julie suggests that letting the client choose the day, time and place of the first meeting as a great engagement idea with women who are unsure about connecting with workers. “You also need to be friendly on the first visit and not ask a barrage of questions. Ask one good question that gives you the answer to at least five others. For example, tell me about yourself or what’s happening with you?”

Building and using networks has been very useful for Julie to access resources and supports for her clients.

Self care...

Julie values support from co-workers, supervision and taking timeout for self care. She would love to live in England for a few years and travel around Europe.
**Worker Profile**

**Cheryl Campbell**

**Meet Cheryl...**
Cheryl works at Plenty Valley Community Health and has been involved with the Healthy Mothers Healthy Babies Project since its inception. She is a Division 1 Registered Nurse and Midwife.

As a young girl, Cheryl wanted to be a midwife and she commenced General Nursing training in 1976. Her midwifery life began in 1980 when she worked in birthing suites in Melbourne’s busiest maternity hospitals. Her skills were expanded when she worked in the Family Birth Centre at the Mercy Hospital for Women. Here she was able to offer holistic one to one care to birthing women and families. She comments that at this time it was “a new concept and there are still limited opportunities to work this way”.

Later, she jumped at the opportunity to expand her skills further working in a locum position in Community Health as a midwife. She says “I had little grasp of what the social model was and have had fabulous mentors to guide me in discovering the impact on people’s health that is encompassed in their whole of life experience”. Cheryl finds that working in a holistic way is meaningful and crucial in supporting the most vulnerable people in our community. She says “I can’t help but continue to learn and advocate for all, to anyone who will listen”.

**The rewards...**
Cheryl has found meeting amazing women to be very rewarding. She is passionate about believing that we can effectively help families when a new baby is coming into the world.

**The challenges...**
Systems can often be a barrier to accessing service for some women. As workers we know that service systems can be difficult to navigate and understand and Cheryl points out that for vulnerable families this may be an insurmountable obstacle.

**Tips for new players...**
To engage people who may be reluctant to connect with the service, Cheryl suggests offering to meet for a chat and describing the limited material aid funding and other services that the program offers. She recommends having an expansive network in order to access resources and supports for clients, “the more workers you know the more resources you will hear about”.

**How does she keep going?**
Cheryl really values the support of her team, colleagues, family and clients – “they truly are our reason for doing what we do and our reason for wanting to do it as well as we possibly can”. She also recognises the importance of knowing her own limitations and the boundaries of the role.

You may not know this, but Cheryl loves football, horse racing and ballet! How’s that for diverse interests? By the way, she’d love to write a novel one day. In all her spare time, I guess!

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**Worker Profile**

**Glenys Janssen-Frank**

**Introducing Glenys...**
Glenys has worked as a Co-ordinator in the Healthy Mothers Healthy Babies Program at Dianella Community Health since the program began almost three years ago.

She was central in establishing the program at Dianella and now works with AnnMarie, Sarah and Hannah. As a Co-ordinator, Glenys combines working directly with clients and supporting staff through supervision. Her midwifery background enables her to be involved in pregnancy and birthing education for first time mums and also education for refugees about the health system.

Glenys is a registered midwife. She completed a Masters of Public Health and she wanted to have a change from working as a manager at the Royal Women’s Hospital. Fortuitously, the HMHB program was beginning around when she finished this degree. She was attracted to working in the HMHB Program as she values the way that it works from the social model of health in a very practical way.

**The Ups & Downs**
The experience of seeing women well supported through their pregnancy and being discharged having had a healthy baby is very rewarding for Glenys. She enjoys the opportunity to get to know the women throughout the course of their pregnancy. Glenys has enjoyed seeing second time Mums, who, having benefited from the support of the HMHB program during their first pregnancy feel confident and well enough supported to proceed without HMHB support in their second pregnancy.

Glenys has enjoyed seeing the positive effects of the Young Mother’s Group; young women with complex social histories and experiences of depression and anxiety have had good outcomes and are able to parent their babies differently, in part as a result of greater confidence and the feeling of acceptance they gained from the group.

The frustration and challenge of housing is one that Glenys notes, “Sometimes a client still has major housing issues when they are discharged and despite advocating for them, they are still years away from accessing stable housing”.

**Tips to share!**
One of Glenys favourite tips for engaging clients who may be unsure about connecting with the HMHB program is to offer them something practical that they may need. For instance, baby items from Caroline Chisolm, assistance to get to an antenatal appointment or someone to have a chat with at their home.

Glenys has found a nonjudgmental attitude to be crucial in building relationships with the women. She also says that “meeting clients in their homes and in their territory is empowering and positive for the woman”.

**Sustenance & Secrets**
One of the keys to Glenys sustaining herself in her work is “being part of a great team who support you when you are discouraged”. She loves being part of a multidisciplinary team.

Glenys was involved with a wonderful day last year – the ‘100 Babies Day’. This special, family day came from an idea from one of the mothers who wished to have a naming and celebration day for her baby. A celebrant was present who led the women saying blessings on mothers who wished to have a naming and celebration day for their babies. A celebrant was present who led the women saying blessings to each other’s babies. This moving day was an emotional validation of the unique work of the HMHB program.

Glenys also loves sailing on Port Phillip Bay!
Influenza vaccine
Pregnant women at any stage of pregnancy are one of a number of at risk groups who are eligible for free government supplied seasonal influenza vaccines. See attached link for further information and attached letter from the Victorian Chief Health Officer.

Maternity and Newborn Clinical Network Newsletter.
This web site has up to date information on new practicing guidelines and regular newsletters. For further information about subscribing to this newsletter go to:

2010 Australian national infant feeding survey: indicator results
Published by the Australian Institute of Health and Welfare, the 2010 Australian National Infant Feeding Survey is the first specialised national survey of infant feeding practices in Australia. The survey also collected information on attitudes towards, and enablers for and barriers against breastfeeding.

2010 State of Victoria’s children report
This is a state-wide report of how children and young people in Victoria are faring in relation to their health, wellbeing, learning, safety and development, as well as outcomes at the family and community level.

A full copy can be viewed and downloaded from

Australian Research Alliance for Children and Youth
The Australian Research Alliance for Children and Youth (ARACY) is a national non-profit organisation of more than 2000 members (organisations and individuals), working to create better futures for Australia’s children and young people. For further information please visit:

Guidelines to help understand entitlements of Asylum Seekers
Expanded community detention (also called residence determination) arrangements for unaccompanied minors and vulnerable families were announced by the Commonwealth Minister for Immigration and Citizenship in October 2010. As a result, significant numbers of unaccompanied minors and vulnerable family groups are to be relocated from immigration detention facilities to community-based accommodation.

This document provides information for Victorian Public Health Services on the Commonwealth’s Community Detention Program, and how to obtain full cost recovery when treating clients in the Community Detention Program.

Perinatal Emotional Health Program in rural and regional Victoria
The PEHP is a key treatment component of the Victorian National Perinatal Depression Initiative response. The Program will provide additional treatment services for women in rural and regional communities in Victoria. PEHP workers will be joining HMHB workers in our future training days. For more information about this innovative program, please click on the link below.

Resource Corner
If you come across any useful resources that you would like to share with other HMHB clinicians, please email them to Naomi Rottem
### Dates for Your Diary 2012

#### Training Day Support
**Tuesday 13th November**  
**Time:** 10am – 4pm  
**Venue:** The Bouverie Centre, 8 Gardiner Street Brunswick

Presentations will include a guest speaker on the topic of infant mother mental health, and speakers from PEHP and HMHB programs. Further details and registration form will be emailed closer to the date.

#### Northwest Peer Support Meeting:
**Tuesday 9th October at 10am**  
**Venue:** To be advised

**Thursday 6th December at 10am**  
**Venue:** To be advised

#### Southeast Peer Support Meeting:
**Thursday 27th September at 9.30 am**  
**Venue:** Dandenong

**Thursday 29th November at 9.30am**  
**Venue:** Belgrave