

Guidelines for
Family Care Centres

in New South Wales

Better Health Good Health Care

NSW HEALTH DEPARTMENT

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EXECUTIVE SUMMARY

Family Care Centres (also known as Family Care Cottages) are a secondary level of service, supporting the services of early childhood health providers at the primary service level. Family Care Centres offer clients an intensive intervention for problems that need longer appointments or a multidisciplinary focus. They are day stay facilities for the more complex developmental, behavioural, feeding, sleeping and adjustment problems of infancy.

The health service network for families with children under five years is described. These guidelines outline the aims and outcomes, service elements and models of care. Operational strategies including staffing, referral procedures, case allocation, the physical environment, quality improvement and evaluation, and management structures are detailed. Future directions for Family Care Centres are identified. A list of Family Care Centres currently operating in NSW is included.

These guidelines provide a framework for the development of Family Care Centres and the ongoing review and maintenance of established services. The aim is to ensure a consistent approach to the provision of these secondary level services across New South Wales.

THE HEALTH SERVICE NETWORK FOR FAMILIES WITH CHILDREN 0-5 YEARS IN NSW

NSW Health services specifically provided for children and their families include early childhood health services; family care centres; residential family care centres; child and family teams in community health services; child protection services; child and adolescent mental health services, children's wards in general hospitals; children's hospitals. General practitioners are the major providers of primary health care for children and their families in NSW.

Health Services for Families with Children 0-5 years

Primary Level	Early Childhood Health Services Parent Telephone Advisory Services General Practitioners
Secondary Level	Family Care Centres Child and Family Health Teams PANOC Teams (Physical and Emotional Abuse and Neglect of Children) Child and Adolescent Mental Health Services
Tertiary Level	Residential Family Care Units - Tresillian, Karitane Hospitals

The Family Care Centre is part of the network of services for families with children 0-5 years provided by an Area Health Service.

At the primary level of service, Early Childhood Health Services are universally available and provide preventive health care and address the significant health and development issues of infancy and childhood. Services are offered on a one to one basis either drop-in or appointment, in group situations, by home visiting or by telephone.

Problems not able to be resolved at this level can be referred to the next level of service - Family Care Centres. Family Care Centres respond to the more complex problems of early childhood, involving a mix of both physical and psychosocial issues, by providing intensive service strategies. These are usually day-stay, but may also include long appointment or home visiting options. Staffing can include early childhood health nurses, mothercraft nurses, social workers/psychologists and parent support workers who provide more intensive support and advice to families with children 0-5 years of age. Access to paediatricians, allied health teams, psychiatrists and mental health services are available.

Issues not resolved at this level may be referred to the tertiary level of service, residential family care units provided by Karitane and Tresillian. They are tertiary referral services providing residential specialist support and care for complex parenting issues.

A. PHILOSOPHY

1. Aims of the Family Care Centres

Family Care Centres will facilitate the well being of families by providing an intensive and long appointment or day stay model at a secondary level of health care. They provide day stay facilities for the more complex developmental, behavioural, feeding, sleeping and adjustment problems of infancy. Family Care Centres are non-inpatient facilities.

The service will be clinically effective, will use resources appropriately, will incorporate health promotion activities and the principles of primary health care with regard to access, affordability, equity and social justice. Family Care Centres are an integral element of the network of child and family health services in community health.

The philosophy of care is family focussed with an emphasis on and recognition of the interests and wellbeing of children as paramount.

The service will liaise, communicate and co-operate with early childhood health services, local maternity hospitals, General Practitioners, Paediatricians, Psychiatrists, paediatric allied health services, child and family health and other community services to promote continuity of care for families.

1.1 Expected health outcomes

A family care service will contribute to the ability of each Area Health Service to meet the Health Goals and Targets for Australian Children and Youth (1992). Family Care Centres, as secondary level services, support primary care services in achieving these health outcomes.

These outcomes include:-

- Early intervention for postnatal depression resulting in an appropriate reduction in multiple service requirements.
- Increased breastfeeding rates.
- Enhancement of family functioning.
- Promotion of the mental health of children.
- Reduced inappropriate admissions to local hospitals.
- Reduced inappropriate admissions to the residential units at Karitane and Tresillian.
- Early identification, notification and intervention for child protection matters.
- Appropriate referrals to other agencies as a result of multidisciplinary assessment.
- Increased use of the service by culturally diverse groups.
- Evidence of service use by Aboriginal and Torres Strait Islands communities.

1.2 Service Indicators

The need to establish a Family Care Centre would be determined by each Area Health Service's assessment of their population and the priority health goals and targets that need to be achieved. Assessments can be determined by data analysis, consumer consultations and surveys from referring agents.

Indicators include:-

- Prevalence of postnatal depression.
- Low breastfeeding rates.
- High notifications and substantiated cases of child protection issues and domestic violence.
- Inappropriate admissions to hospitals for non medical management.
- Inappropriate admissions to the residential units.
- No available service for primary level teams to refer clients who require more intense intervention for complex problems.
- Population characteristics, which include an increase in the number of children under 5 years of age, a high number of adolescent parents, a large non-English speaking background population.
- Populations not accessing current services and identified as vulnerable, for example, isolated families, families with substance use issues, families with mental illness.

2. Service Elements

The service will function as a centre providing a secondary level of service for early childhood health services and other professionals and organisations working with families with children 0-5 years. It will function by offering a variety of services which are accessible to clients. Support, counselling and education for families identified as disadvantaged, vulnerable or at risk will be a priority.

The service will:-

- Identify ongoing problems for the family which impede effective parenting.
- Support clients to resolve parenting issues for a satisfactory family outcome.
- Provide support for families with children 0-5 years who are exhibiting management and /or behaviour problems eg. sleep problems, sibling rivalry.
- Identify postnatal depression and offer a counselling and support service. (NSW Health Postnatal Depression Services Review 1994)
- Offer support for women experiencing breastfeeding difficulties that cannot be addressed at the primary level.
- Identify any child protection needs and refer as legally required by NSW Health Circular No. 97/135 (16/12/97) and Interagency Guidelines for Child Protection Intervention (1997).
- Actively undertake health promotion activities with clients, individuals and groups and provide appropriate resources for clients.

- Conduct evidenced based group work with parents.
- Provide home visiting and outreach services to those families who experience difficulty accessing the Centre.
- Ensure continuity of care for clients, including appropriate referral for ongoing care in the health system or to other government and/or non-government agencies.
- Establish and maintain interagency networks and case management to ensure co-ordinated care.
- Ensure that there is a primary health care provider and establish contact with this provider to inform and discuss the client's progress and the outcomes of the referral to the Family Care Centre.
- Offer education to health staff and agencies on topics related to complex parenting for families with 0-5 year old children.

3. Models of Care

There are a variety of strategies employed by Family Care Centres to meet the needs of families with children 0-5 years in the community. These include:-

- Counselling in a supportive environment for both parents, as appropriate, regarding parenting issues.
- Therapeutic groups which enable parents to express their needs in a safe environment and to learn about the realities of parenting from each other's experiences. These include groups for clients with mild postnatal depression.
- Preventive programs that provide support to families and promote resiliency, in collaboration with other agencies. These include sleep programs, family support services, and parent education and support groups.
- Home visiting and outreach services for families unable to access the Family Care Centre and for families identified as vulnerable or at risk.
 - Parenting education and support via:-
 - one to one counselling
 - groups
 - provision of written literature
 - the use of video and library resources at centres
 - opportunistic information eg. SIDS, immunisation, domestic violence
 - information about other community resources and services.
 - Health promotion activities, examples of which are:-
 - one to one health education provided to assist families to improve their health or quality of life through self management
 - group activities where skills training is provided to a group of clients with similar needs eg. sleep and settling or self care for postnatal stress/depression
 - advocacy where a need is identified and community action is required.

- Development of appropriate models to address the needs of Aboriginal and Torres Strait Islander families and families from culturally and linguistically diverse backgrounds requires planning and consultation with local communities.

These prevention, promotion and parent education service strategies should be based on the best available evidence and on evidenced based models of good practice.

B. OPERATIONAL STRATEGIES

1. Staffing

Because this service offers specialised care and short term intervention for families at a transitional time, the choice of appropriate staff for the service is crucial. The selection of staff can influence the eventual outcomes of the service provided. A multidisciplinary team is ideal.

Staffing levels will vary depending on the location of the service, the size of the population being targeted and the models of care offered. The client population is likely to influence the type of staff employed.

1.1 Recommended staffing mix for the service should include:-

- A Co-ordinator or Team Leader
- Registered nurses with wide experience in early childhood health work and counselling, and qualifications in child and family health nursing. Other desirable qualifications for the registered nurses are lactation and midwifery.
- A social worker/psychologist.
- An enrolled nurse (mothercraft) and/or a parent support worker.
- Clerical Assistance.
- Child Care Worker.

1.2 Centres need the support of, or access to:-

- A consulting paediatrician who is usually a part of the Child and Family Health Team or community paediatrician, community medical officer, general practitioner with special interest in paediatrics.
- A child and family psychiatrist for staff to obtain consultation and supervision, and to refer clients for assessment.
- A social worker / psychologist / psychiatrist for staff to obtain supervision when they are dealing with difficult cases eg postnatally depressed mothers, child protection issues.
- A psychologist / social worker responsible for planning and carrying out psychological intervention, acting as a consultant and discussing cases within multidisciplinary teams.

- A staff member from a PANOC (Physical Abuse and Neglect of Children) service who provides consultation on issues of child sexual abuse, physical abuse, emotional abuse and neglect of children.

These supports may be available through local Community Health Services, hospitals or private practices.

1.3 Rural and remote services

- Issues of distance, availability of transport for clients and resources to provide outreach services require consideration when establishing and providing a service in rural locations.
- In areas where such specialised resources are not readily available, alternatives should be investigated within the Area Health Services, with other relevant agencies or linking with outreach services from major metropolitan centres. Additionally, consideration should be given to specific specialised training courses for staff involved in centres without specialist resources.

1.4 Additional resources that staff need to have access to include:-

- Mental health services
- Developmental disability services
- Drug and alcohol services
- Physical Abuse and Neglect of Children (PANOC) service
- Youth health services for working with young parents
- Occupational Therapist, Physiotherapist, Speech Pathologist
- Ethnic Health Workers
- Interpreters
- Aboriginal and Torres Strait Islander Health Workers
- Aboriginal Medical Services

2. Referral

As a secondary level service, referrals to the Family Care Centre are usually made by the primary health care provider for example, early childhood health nurse, community nurse or general practitioner and may also be made by community health, allied health or hospitals. The ongoing case manager for the family will usually be the primary health care provider.

Families are referred to a Family Care Centre when the family is experiencing complex difficulties associated with parenting that are unable to be managed by the primary level service. Referral should also be considered when the primary health care provider has concerns for the health and well being of the child and the family that may benefit from further detailed assessment. Services provided by Family Care Centres are usually brief interventions over a short time frame and the family is then referred back to the primary health care provider for ongoing support and management.

The categories for referral include:-

- A distressed or unsettled infant /child for sleep and settling information and management.
- Breastfeeding, formula feeding, weaning support and feeding difficulties (solids) where the issues are of a complex nature and cannot be addressed at the primary service level.
- Assessment of postnatal depression (PND) and stress. Postnatal depression that is mild or reflective of adjustment to parenthood is an appropriate referral for a Family Care Centre. Where moderate to severe symptoms of PND are present then assessment in conjunction with the mental health service is required.
- Behaviour management problems in children, for example tantrums.
- Relevant and negotiated child protection referrals from the Department of Community Services. Referrals of this nature require consultation and collaborative involvement with the PANOC (Physical Abuse and Neglect of Children) Service.
- Families requiring parenting support who are identified as vulnerable and at risk. For example substance using parents, adolescent parents, parents who have an intellectual disability, parents with a mental illness. These families usually require a range of co-ordinated services across sectors with agencies working in collaboration.

3. Case Allocation

Case allocation is usually at the time of initial contact with the client when the most appropriate staff member will be allocated to the case. The Centre team leader is usually involved in the allocation of cases and monitoring of workloads across the team.

4. The Environment for Family Care Centres

Whilst it is recognised that the accommodation for such a service will vary across NSW, it is important that the following recommendations be adopted in order to provide an appropriate and accessible environment for the provision of services to families.

- 4.1 **Access** - The location of a Family Care Centre should be easily accessible for clients and should be close to public transport, have suitable entry to the building for strollers and wheelchairs, and have car parking facilities.
- 4.2 **Centre Facilities** - The safety and comfort of clients and staff should be considered when planning facilities. Centre facilities should include:-

- A clean, welcoming environment.
- A safe physical environment for young children with a suitable play area.
- Toilet and nappy change facilities.
- A safe environment and equipment to settle a baby/toddler to sleep.
- A suitable area for breastfeeding.
- Clinical equipment such as sterilisation equipment, equipment for expression and weighing scales.
- An environment in which parents can interact with others.
- Easy to clean and comfortable furniture.
- Television and video recorder.
- Library of appropriate videos and books.
- Health promotion pamphlets and information.
- Client directory/s of services.
- Tea, coffee-making and food preparation facilities in a small kitchenette.
- Consultation rooms of suitable size to allow for therapy, interviews and debriefing and allowing for privacy.
- Sufficient office accommodation for all centre-based staff.
- Appropriate telephone system that enables the service to function without constant interruption and one which allows staff to respond to calls regularly.
- Storage of records as per NSW Health requirements.
- Storage of equipment.

5. Quality Improvement and Evaluation

A requirement of all health services is to function efficiently and effectively. To do this, there is a need to evaluate the standards of care that are being provided to clients and to referring agents, and to ensure that services are resulting in improved health outcomes for children and families.

Ongoing review and evaluation of the service should be undertaken at the service and Area Health Service levels. Formal evaluation of the Family Care Centre should be undertaken by Area Health Services at regular intervals, as determined at an Area level. This should include analysis of service data, analysis of the target population and identified needs, outcomes for the clients accessing the service, and needs identified by referring agents. Quantitative and qualitative studies that identify and document health outcomes for children and families are encouraged.

Clients should be given opportunities for feedback to the service at a formal and informal level. Clients should be informed of their rights and responsibilities in using the service. A confidential complaints system should be made available by Area Health Services or through the use of the Health Care Complaints Commission.

Surveys or focus groups can be an effective means of evaluation and should be conducted by services at a one to two year interval. Annual staff appraisals, including competency standards, should be undertaken. Regular reporting mechanisms should be established with management.

Family Care Centres should be reviewed and evaluated against these guidelines. Following review and evaluation of the Family Care Centre there should be a planned approach to implementing outcomes of the review and instituting changes identified as being required to improve service and health outcomes for clients.

6. Management Structures

The management and reporting arrangements for the Family Care Centre will vary depending on the requirements and structure of each Area Health Service. The management structure and lines of accountability should be clearly established and documented.

The Family Care Centre should be an integrated part of the network of child and family health services in community health provided by the Area Health Service.

Each Family Care Centre will have a team leader who is responsible to the identified manager. The team leader has a responsibility to ensure that the service is well integrated with child and family health services in community health, other relevant health services and linked to other agencies and services in the community that work with young children and their families.

Clinical issues are to be directed to the appointed clinical supervisor in each discipline represented in the staffing of the service.

FUTURE DIRECTIONS FOR FAMILY CARE CENTRES

- **Formal Evaluations**

Formal evaluations of the Family Care Centre should be undertaken by each Area Health Service at regular intervals, as determined at an Area level. This should include analysis of service data, analysis of the target population and identified needs, outcomes for the clients accessing the service, and needs identified by referring agents.

- **Research**

Quantitative and qualitative collaborative research should be undertaken regularly to provide evidenced based information and document health outcomes. Such research should be submitted for publication in recognised journals and presented at relevant conferences.

- **Service Provision**

The ongoing development of models of service provision based on the best available evidence which address the health needs of the target population and result in improved health outcomes should be a priority.

Ongoing review and evaluation of service provided by the Family Care Centre. The input of client families in service review is essential. Following review there should be a planned approach to implementing outcomes of the review/evaluation and to instituting changes to improve the service.

CONCLUSION

The *Guidelines for Family Care Centres in New South Wales* provides a reference point for service development, planning, review and evaluation. It is the responsibility of each Family Care Centre in consultation with management and clinical consultants, to develop local service policy and procedure manuals. This document provides a framework for the development of local policies and procedures, contains guidelines for the establishment and review of a Family Care Centre, and identifies future directions for this secondary level service. The Family Care Centre is an important service in the network of child and family health services provided by Area Health Services in NSW.

APPENDIX FAMILY CARE CENTRES IN NSW

SYDNEY METROPOLITAN AREA

Ashfield	The Sydney Hope Cottage 17 Henry Street, Ashfield NSW 2131 Tel: 9799 4844
Bankstown	Bankstown Family Care Service Compass Centre, Level 4, Featherstone St, Bankstown NSW 2200 Tel: 9780 2777
Belmore	Tresillian Day Stay McKenzie Street, Belmore NSW 2192 Tel: 9787 0828
Campbelltown	Jasmine Cottage 33 Hoddle Avenue, Bradbury NSW 2560 Tel: 02 4629 2122
Eastwood	Camellia Family Care Cottage 241 Rydedale Road, Eastwood NSW 2122 Tel: 9858 0659 or 9858 0569
Fairfield	Anthony House Family Care Centre 57 Anthony Street, Fairfield NSW 2165 Tel: 9724 5597
Hawkesbury	Hawkesbury Community Health Centre Cnr Day and Macquarie Streets, Windsor NSW 2756 Locked Bag 10, Windsor NSW 2756 Tel: 02 4560 5714
Hornsby	Koala Family Care Cottage 107 Burdett Street, Hornsby NSW 2077 Tel: 9477 9547
Liverpool	Karitane Family Care Cottage 10 Murphy Avenue, Liverpool NSW 2170 Tel: 9821 4555
Lower North Shore	Tresillian Day Stay 25 Shirley Road, Wollonstonecraft NSW 2065 Tel: 9436 4086

Manly/Waringah/ Pittwater	Dalwood Family Care Centre 21 Dalwood Avenue, Seaforth NSW 2092 Tel: 9949 7752
Mount Druitt	Mount Druitt Community Health Centre, Child and Family Team Cnr Burran Close and Kelly Close, Mount Druitt NSW 2770 Tel: 9625 6000
Parramatta	Family Care Service c/- Parramatta Early Childhood Health Centre Commonwealth Building, 1-7 George Street, Parramatta NSW 2150 Tel: 9689 3804
Penrith	Tresillian Family Care Centre (Wentworth) 1b Barber Avenue, Kingswood NSW 2747 Tel: 02 4724 2124
Randwick	Karitane Family Care Cottage 146 Avoca Street, Randwick NSW 2031 Tel: 9399 6999
Sutherland	Possum Cottage - Family Care Centre C/- Sutherland Hospital 430 The Kingsway, Caringbah NSW 2229 Locked Bag 21, Taren Point NSW 2229 Tel: 9540 7321 or 9540 7322

REGIONAL AND COUNTRY AREAS

Albury	Parent and Baby Unit Mercy Hospital, Albury NSW 2640 Tel: 02 6021 3322
Dubbo	Family Care Cottage, Baird Street Health Centre 19 Baird Street, Dubbo NSW 2830 Tel: 02 6884 2700
Gosford	Gosford Family Care Cottage 297 Henry Parry Drive, Wyoming NSW 2250 Tel: 02 4337 0209
Kiama	Kiama Cottage Kiama Hospital, PO Box 364, Kiama NSW 2533 Tel: 02 4233 1033
Maitland	Maitland Family Care Cottage 4 Bonar Street, Maitland NSW 2320 02 4932 8479

Newcastle	Newcastle Family Care Cottage Waratah Campus, Turton Road, Waratah 2320 PO Box 21, Waratah NSW 2320 Tel: 02 4985 3180
Queanbeyan	Family Care Centre 12 Southbar Road, Queanbeyan NSW 2620 Tel: 02 6299 7299
Wagga Wagga	Brookong House Family Care Cottage 83 Brookong Avenue, Wagga Wagga NSW 2650 PO Box 159 Wagga Wagga NSW 2650 Tel: 02 6938 6423
Wollongong	Northern Family Care Cottage 7 Ball Street, Woonona NSW 2517 Tel: 02 4285 2437
Wyong	Wyong Family Care Cottage Wyong Hospital Campus, Pacific Highway, Wyong NSW 2259 Tel: 02 4393 8229

Australian Capital Territory

For information on services offered in the ACT contact the Postnatal Parent Information and Referral Service (PPIRS), telephone 02 6205 2000.