

# Healthy Mothers

# Healthy Babies

Practice Wisdoms



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## Acknowledgements

The authors would like to acknowledge the significant contribution of all the Healthy Mothers Healthy Babies (HMHB) clinicians and managers who contributed to the practice wisdoms described in this document. These staff represented the diverse practice of HMHB and the organisations which auspice the HMHB programs;

Dianella Community Health Service  
Djerriwarrh Community Health Service  
Yarra Valley Community Health (Eastern Health)  
Isis Primary Care  
Plenty Valley Community Health Service  
Inspiro (Formerly Ranges Community Health Service)  
Greater Dandenong Community Health Service (Southern Health)

## **Introduction/Background**

### **Foreword**

This resource is an absolute gem. It draws together the experience and insights from those working in the Healthy Mothers, Health Babies program, and communicates the key principles of family-inclusive and client-centred practice in an affirming, engaging and highly accessible style. The resource embodies the ethos of the program itself in which empathy, respect, genuineness and optimism are at the core of supportive relationships with vulnerable women during pregnancy and after birth.

The “states of affairs” (practical issues), and the “states of mind” (emotional issues), are addressed in a very balanced way, with each acknowledged for its equal importance. Underpinned by a strong social model of health, the reader is encouraged to understand the context of the vulnerable woman – her family, her community, and the wider social environment. How to collaborate effectively across professional and organizational boundaries to provide holistic responses to women with multiple and complex needs is given the salience it requires.

The way in which the voices of both the workers and managers are captured is impressive, and how organizations can ensure that the workers’ need for support, debriefing and clinical supervision are met, is well addressed.

Naomi Rotten, Sally Ryan and Shane Weir are to be congratulated for these pearls of practice wisdom. May this resource nurture the values, knowledge and skills in those who seek to serve vulnerable families during pregnancy.

Emeritus Professor Dorothy Scott, OAM

Honorary Professorial Fellow in Social Work at the University of Melbourne, and Adjunct Professor at the Australian Centre for Child Protection, University of South Australia

### **Purpose of this Document**

This document is intended to be a useful resource for organisations and clinicians in the health and welfare sectors. Its aims are to increase the engagement of workers with vulnerable pregnant women and their families, and to improve access to services for this client group.

### **Methodology**

In 2010 The Bouverie Centre was contracted to provide workforce development and support to the HMHB staff. The workforce support project entailed a range of components aimed to support clinicians and managers to develop their practice and manage the complex workloads of the program. These components included;

- The establishment of a HMHB professional network, comprised of 2 regionally based groups (one in the southeast and one in the northwest area of metropolitan Melbourne) which met bi-monthly. Through this network, clinicians were provided with opportunities for supervision and consultation around clinical aspects of their work and implementation of the program
- A managers' group which met 3 times per year
- Worker forums which offered professional development opportunities for clinicians, and updates about program developments and the evaluation of HMHB
- An electronic newsletter showcasing practice wisdoms and issues arising in the work of HMHB, as well as access to resources and information to support ongoing clinical skill development (available to download at <http://www.bouverie.org.au/programs/community-services-team/healthy-mothers-healthy-babies-workforce-support-project>)

The HMHB Workforce Support Project was facilitated by Bouverie staff with extensive experience in supervision, community health, and family work. The team members were:

Name	Role	Project responsibilities
<b>Naomi Rottem</b>	Team leader of community services; Social Worker and Family Therapist.	Project Coordinator; Facilitator of Southeast Peer Support meeting; Co-editor of The Gaze.
<b>Sally Ryan</b>	Trainer and Consultant; Psychologist and Family Therapist.	Project Worker; Facilitator of Northwest Peer Support meeting; Co-editor of The Gaze.
<b>Shane Weir</b>	Manager of community services; Social Worker and Family Therapist.	Project worker; Facilitator of managers meetings.

The practice wisdoms within this document were collated from data gathered throughout the HMHB workforce project via the following sources:

- Recordings of clinician and managers' meetings (with consent of participants)
- Interviews with clinicians and managers
- Discussions during worker forums.

The information has been de-identified so that clients, workers and organisations cannot be identified from the material presented within.

The wisdoms described represent a summary of the most commonly articulated aspects of the work that HMHB clinicians do to address the health and wellbeing needs of the women, children and families they work with. The actual practice of individual clinicians and programs varies, depending on a range of client, organisational, local demographic and professional factors.



## How to Use This Resource

This resource is divided into 3 parts:

- The practice principles of Healthy Mothers Healthy Babies programs
- Factors supporting the implementation and maintenance of a HMHB program
- Addressing key practice issues when working with vulnerable pregnant women.

Each section is organised according to subheadings which represent the key themes to arise when working with marginalised or vulnerable pregnant women. These subheadings outline the experiences and practice wisdoms of HMHB staff, including actual quotes from workers involved in service delivery.

Blue boxes within each section are used to summarise and highlight in point form the main tips which will assist readers to implement and provide services to the client group.

## The Healthy Mothers Healthy Babies Program

The HMHB program provides outreach support to pregnant women with complex health, welfare and social needs. It aims to address these needs by providing a flexible model of service to engage with and support the women, delivering important health promotion messages, and facilitating links to health and human services during pregnancy. The program targets pregnant women who have difficulty accessing antenatal services or are in need of additional supports. This may include;

- women who are socially isolated or living in poverty
- women living in insecure housing
- young women
- Aboriginal or Torres Strait Islander women
- refugees and women from culturally and linguistically diverse (CALD) backgrounds
- women with substance use issues
- women with mental health issues
- women who have experienced family violence.

The program does not provide clinical antenatal services. Rather, HMHB aims to complement existing services by assisting women to link with services earlier in the pregnancy. HMHB also provides additional community based support, and facilitates continuity of care for the woman by working collaboratively with other services, including maternity and maternal and child health services.

The HMHB programs are located within community health services in metropolitan Melbourne. Specifically, there are HMHB programs in the:

- Western metropolitan region at Djerriwarrh Community Health Service, Dianella Community Health Service and ISIS Primary Care
- Northern metropolitan region at Plenty Valley Community Health Service
- Eastern metropolitan region Yarra Valley Community Health Service (Eastern Health), Inspiro (formerly Yarra Ranges Community Health Service)
- Southern metropolitan region at Greater Dandenong Community Health Service (Southern Health).

Further information about the HMHB program is available at:

<http://docs.health.vic.gov.au/docs/doc/Healthy-Mothers-Healthy-Babies-Program-Information-Sheet-October-2012>

## Practice Principles

### Overview

The practice of HMHB programs is diverse. While all the programs were established with the same core objectives, each program's development reflects the needs of their local population. Understanding the particular local needs and demographics is central to the task of actively engaging with vulnerable populations who may not readily access services.

*"Vulnerability comes in all shapes and sizes"*

A multidisciplinary approach to practice works well to address the complex health and social needs of this client group. HMHB programs are staffed by practitioners from a diverse range of professional backgrounds. These include social workers, midwives, nurses, community development, early childhood, and welfare workers. While all workers within the program perform similar roles, the breadth of practice skills and knowledge provides a distinct advantage in client care.

*"We have a multidisciplinary team; a midwife, a social worker and a welfare worker. It works fabulously. The midwife provides antenatal education, the social worker works with housing... the complement of the team works really well.... It's great to have a skill mix".*  
(Manager)

Some of the common practice approaches to emerge across all the HMHB programs and clinicians are detailed below.

## The Social Model of Health

*“It’s social isolation; it’s poverty; it’s language barriers; it’s all those things that people can’t access. It’s why they’re isolated.” (Worker)*

HMHB programs and the Community Health Services in which they are located all operate according to the principles of the social model of health (Victorian Healthcare Association), Key strategies used by HMHB to enact these principles in their work with clients and other service providers are outlined below and described in more depth on subsequent pages. They include:

- adopting an holistic perspective
- addressing disadvantage
- improving access through collaborative practice
- health education, and
- addressing social isolation

### Tips for putting the social model of health into practice with disadvantaged pregnant women:

- ❖ Adopt an holistic view of her health needs.
- ❖ Develop an understanding of her health behaviours, her social and environmental context.
- ❖ Provide her with information to help her manage her own health and wellbeing needs.
- ❖ Deliver important health promotion messages.
- ❖ Address disadvantage and social isolation.
- ❖ Work collaboratively with other service providers.
- ❖ Improve access to services, resources and support.

## 1. Adopting an Holistic Approach

Adopting a holistic perspective on the health and wellbeing needs of women enables clinicians to address a range of factors impacting on their clients' lives. These include social disadvantage, family connections, living situation, and physical, emotional and mental health.

*"It's looking at the big picture; looking at everything that's impacting... We have the ability to work on everything that's impacting on this woman, her family and the pregnancy".  
(Worker)*

Addressing such complex needs requires clinicians to develop a good understanding of their local service system networks.

*"Knowing what's out there is nine-tenths of the job... You can know how to do all the support, information, education kind of stuff. But if you don't know what's out there to link in to, you can miss really good opportunities for that client... having that body of knowledge is very valuable". (Worker)*

Practising holistically means taking a broad role of assessing and addressing a range of different issues that may impact on the pregnancy and on the woman's life more broadly. The complex nature of these issues means they are not always able to be adequately addressed by any one service system. The worker who holds an holistic perspective is in an important position to help her client manage when multiple services are involved, ensuring that the whole service system is well coordinated, with roles and responsibilities being well defined, and communication managed well between service providers as well as with the client. Further practice wisdoms relating to collaborative practice are detailed below.

## 2. Improving Access through Collaborative Practice

*"The majority of the work that HMHB staff do is about linking them (clients) in, and supporting them to get access to other services".*

Developing both formal and informal partnerships with workers from other services is a significant factor in providing quality care to pregnant women. Timely access to antenatal care and other services is important in ensuring good health outcomes for mother and baby. As HMHB provides a relatively brief period of intervention - during the pregnancy and the first 3 months post birth - collaborative relationships and clear referral protocols are significant factors in improving women's access to services.

Getting to know workers from other key local services and continually doing community education with them about the program can significantly improve the capacity of services to make effective and timely linkages for their clients.

For some clients, access to services may be limited by their own reluctance. They may have had prior negative involvement with services, may have concerns about being judged, or fear the implications of coming to the attention of statutory bodies (such as child protection). HMHB workers endeavour to pave the way for their clients to experience positive engagement by providing active support to make links with other services.

*“She’s not going to go there on her own, so I’ll set up the appointment with her, and I’ll take her and make sure that she engages” (Worker)*

*“If I’m going to refer them and they’re going to trust me... I ring before I go, or drop in and visit, and find out how the organisation works... If they know the process it makes it easier for them when they get there” (Worker)*

*“It’s nice to be able to show them that there are agencies where they can trust and get to know the workers... that it’s a positive experience with an agency, .... This can be a positive experience in their life... it makes them more help- seeking in the future as well” (Worker)*

Collaborative relationships also enable workers from different services to do joint work at times. For example, workers may accompany their clients to appointments at hospitals or other services, where they can provide support and advocacy to their clients, whilst working closely with medical staff. Workers may also conduct joint home visits with other service providers, such as Maternal and Child Health or Child First. This can assist in the handover process, enable a more coordinated response and minimise the potential for clients to have to repeat information with multiple workers. Doing joint work is also useful in situations when worker safety issues are unclear and where having another worker present can afford the worker additional assistance and reduce risks.

Further practice wisdom about formal partnership arrangements is outlined later in this document, in the ‘Establishing and Maintaining the Program’ section.

### Tips for making links with other services:

- ❖ Find out what other services are available in your area.
- ❖ Get to know the workers – relationships make a big difference.
- ❖ Educate others in the community about what your service does, and how to make referrals.
- ❖ Develop formal partnerships and referral protocols with key services.
- ❖ Be sensitive to clients’ previous experience of contact with health or other services.
- ❖ When referring a client to a new service take her along to the first appointment and introduce her to the worker to help ensure a smooth engagement.

### 3. Addressing Disadvantage

Many vulnerable and disadvantaged pregnant women are living in poverty, with many receiving some sort of government pension as their main source of income. They may also experience other types of disadvantage if they are young women, Aboriginal or refugees. In order to adequately address the health needs of these women, it is important to develop an understanding of how socioeconomic disadvantages are affecting their life and to seek to provide assistance to address this disadvantage where possible.

Two of the key mechanisms for addressing disadvantage are described below. These include providing **practical assistance** to address immediate areas of need and accessing **education and employment** to address disadvantage in the longer term.

#### *a. Practical Assistance*

Preparing for the arrival of a new family member into the household, when coupled with financial hardship and social isolation means that many vulnerable pregnant women will require assistance to obtain resources for their family. Helping with material assistance early in the working relationship with women can help greatly to build engagement with workers. Workers can develop skills and knowledge to help their clients gain access to such resources. Examples include advocating for clients in their dealings with Centrelink; sourcing brokerage funds or material aid services, or working on budgeting and debt management issues. As services vary considerably from region to region, workers may need to be creative and resourceful in finding out where to go for help.

*“There’s a lot of support in the community for people, but sometimes it’s difficult to navigate it”. (Worker)*

#### Tips for accessing resources for clients:

- ❖ Find out about where you can access transitional housing, brokerage funds, material aid, food vouchers, and financial assistance in your local area.
- ❖ Be clear about eligibility criteria and referral processes.
- ❖ Develop a list of these agencies and keep updating it.
- ❖ Get to know the workers and inform them about the service you provide.
- ❖ Try to establish a referral protocol if possible.
- ❖ Provide advocacy to clients by referring on their behalf, providing support letters, or attending with them.

Assisting clients to access vital resources is a useful intervention in itself and may also have further positive implications for their ongoing health and wellbeing. For example, assisting a woman to

negotiate with Centrelink so that she can access appropriate income support can help resolve a financial crisis. It also means that she will more readily be able to source nutritious food and access transportation to enable her to attend health appointments. Similarly, supporting a woman who is at risk of homelessness to access housing services can ensure that her family's need for shelter and basic safety is addressed, whilst also reducing her stress levels and increasing her capacity to parent effectively.

In addition to providing immediate assistance in addressing areas of disadvantage, it is important to provide opportunities for clients to develop skills that will help them manage in the longer term. For example, when supporting a client through a financial crisis, it may also benefit her to have a session dedicated to developing budgeting skills.

### *b. Education and Employment*

*“Education... that really good stuff that long term could make a difference to these families”*

Access to education and employment can also be a mechanism for addressing disadvantage in the long term, well after clients' involvement with the HMHB program. It can be challenging for women who are in the later stages of pregnancy or are caring for a new baby to attend education or employment, however it is beneficial to speak with them about their future goals and the options available to them. For example, some teenage mothers may need to miss some school around the time when their baby is born, but may be able to access assistance with returning to school later when she and the baby are ready. Providing linkages to local childcare may also be important in helping women to overcome barriers to education and employment opportunities. A number of HMHB workers have linked their clients with local libraries, neighbourhood houses, TAFEs and ESL (English as a Second Language) programs to help them gain access to education and skills which may afford them greater opportunities to break the cycle of poverty in the future.

Please refer to the case example on working with young women in the 'Addressing Key Practice Issues' section.



#### 4. Health Education

Health education is a common practice principle in both community health and maternity services. Some of the key health education messages for pregnant women relate to the process of pregnancy and birth, the importance of good nutrition and exercise, the health benefits of breastfeeding, and the harms associated with tobacco, alcohol and other drug use.

HMHB clinicians have developed specialist skills and knowledge about how to deliver these important health education messages in ways that provide appropriate information, support changes in health behaviours, whilst not jeopardising the delicate engagement with clients. At times this can be a balancing act with clients who may not yet be ready to make changes, or may be sensitive to feeling judged or blamed.

In practice, this often means that health education is carried out in flexible and innovative ways; it may involve delivering child-birth education to women who are reluctant to attend ante-natal classes in a one-to-one conversation;

*“We do one-on-one birth ed. for our girls who don’t turn up to antenatal classes... I don’t do examinations or antenatal checks, but child birth education you can do anywhere... You can do it in the car...”  
(Worker)*

Or it may involve carrying out health education opportunistically whenever they can capture the moment with a client to raise these issues;

*“Waiting for [hospital] appointments, I take handouts along and try to talk about it. Education is not so personal so you can talk about it in a public space. Sometimes taking them along to appointments you can use the time before and after to follow up on other things”.(Worker)*

Sometimes it involves making decisions about the timing of when to do health education, and also when to not do it;

*“When they’re postnatal, when they’re going through crisis, and DHS are involved*

#### Tips for Providing Health Education in Complex Situations:

- ❖ Be flexible and creative about where and how you deliver health education.
- ❖ Deliver antenatal education one-on-one to women who find it hard to attend child birth education classes.
- ❖ Take information, handouts and resources along with you to appointments.
- ❖ Make use of technology such as DVDs, hand held devices and websites.
- ❖ Talk about health information in the car when transporting women.
- ❖ Involve other family members in the education sessions.
- ❖ Be culturally sensitive and use interpreters or translated materials as appropriate when working with CALD clients.
- ❖ Be opportunistic and respond to issues as they arise.
- ❖ Prioritising and assertiveness may be required to deliver health information in complex circumstances.

*and they're going through court and they've got so much going on... You can't do any of the education then... they cannot take it in". (Worker)*

At times workers have to prioritise with their clients about which issues to deal with first, whilst acknowledging that there may not be a good time to do health education. HMHB clinicians have identified that assertiveness is an important skill which is required if health education is to be carried out in complex situations. The importance of giving information in a timely manner so that it may make a difference to the health outcomes of both mother and child means that sometimes workers will assert the need to attend to this, even when other issues seem to be arising.

*"...every time I got to her house there was a drama, so I got to the point where I said, 'We're going to talk about what's going on today, then we're going to stop at such-and-such time, and then we're going to talk about this other thing – the education'. You have to be really assertive and compartmentalise." (Worker)*

In the context of a strong engagement with clients, this level of assertiveness is likely to be tolerated: however it is important that clinicians use their professional judgement, as clients may feel judged or disempowered if workers seem to be prioritising what they think is important over what the client sees as important.

## **5. Addressing Social Isolation**

Access to social support is extremely important for new parents who may have little or no experience in looking after an infant and are in need of regular supportive contact and advice to help them manage the transition to parenthood and caring for their baby. Social connectedness is a significant determinant of a person's mental health and wellbeing. People who have supportive relationships and are connected to their communities tend to have better health outcomes generally. In the case of pregnancy and early parenthood, social isolation has been shown to be a risk factor for women developing post natal depression (Nielsen Forman, 2000).

Two of the key practice wisdoms about reducing social isolation are discussed in the following sections. These are:

- **Family inclusive practice** - which can help provide a context for stable and supportive relationships in women's lives, and
- **Group work** - which can assist women to connect to a wider network of support within the community.

### ***a. Family Inclusive Practice***

Most pregnant women who come into contact with services live in the context of their family; either with partners, their children, or with other family members, such as parents or extended family. Those women who don't currently reside with family members are likely to still have some ongoing connection with them, and many of their family members will also have experienced levels of disadvantage and vulnerability themselves (either historically or currently).

Understanding the women in the context of her family and engaging directly with the family members themselves, helps to ensure the best possible outcomes for the woman and her baby. Engaging with and providing support to all those within the family whose issues or concerns may have an impact on their primary client (the pregnant woman) and her baby is a useful intervention.

*“Recognising that there are other people in this family, and their issues are going to impact as well.” (Worker)*

*“It’s not just the mum that you’re working with. Engaging the kids is also a really useful intervention”. (Worker)*

In all situations when engaging with family members, it is important to seek the client’s consent and be clear about what information will be shared or not.

*“It’s important to get their permission.”(Worker)*

For some women, family relationships are a supportive factor and engaging with these family members may bolster the supports available to the mother and her baby in the longer term. For example, when partners are involved the worker may include that person in appointments, involve them in antenatal education, or provide transport for them both to attend appointments. Engaging with other extended family can also be beneficial to clients;

*“The grandparents have engaged and she’s very happy about that. The grandparents are very supportive.”(Worker)*

For other women, family relationships may be more complex, with many clients caring for family members who have disabilities, drug or alcohol addictions or mental health issues. Workers can more effectively address a range of difficulties affecting clients’ lives by holding family sensitive principles in mind and including these family members in case plans. By providing support to the clients’ family members in their own right, workers can maximise the potential for a stable environment for the family.

*“We’ve got a client at the moment who is a carer [for her partner who has a brain injury], and they’re inseparable... So he’s been a major part. I’ve linked him in to different agencies. He’s a willing participant.”(Worker)*

Some vulnerable pregnant women may have experienced abuse at the hands of partners or parents (and sometimes both), so it is important to be mindful of this when considering engaging the family. Finding or creating opportunities to speak with the woman on her own will enable the worker to assess the presence and impact of any violence or abuse that may be occurring, and address any safety concerns that arise. Working with issues of abuse and trauma are discussed later in this document.

## Tips for Family Inclusive Practice:

- ❖ View the woman in the context of her family relationships.
- ❖ Be curious with clients about their connections to significant others.
- ❖ Negotiate confidentiality with the client and seek their permission about what can be shared before sharing information with others.
- ❖ Make it standard practice to meet other members of the household, including children, partners and extended family members.
- ❖ Include partners and other appropriate family members in antenatal appointments.
- ❖ Enlist the support of other family members where appropriate.
- ❖ Recognise that the woman may also be caring for other family members, both children and adults.
- ❖ Provide support and address the needs of other family members; this can also help to bolster the supports available to the mother and baby.
- ❖ Assess for risks of violence, abuse or controlling behaviour and work with the woman to address any safety concerns.

### *b. Group work*

Group work has been identified as a useful practice by many HMHB programs. It can provide a powerful context for women to engage with others who are in similar situations, break down social isolation, and enable women to share their experiences in a safe, supported and non-judgemental environment.

Despite the many benefits of group work, it is also important to be aware of the challenges associated with establishing and maintaining groups that aim to engage a client group who are experiencing a range of complex issues. For many disadvantaged clients, attending mainstream antenatal classes or mothers' groups can be a daunting prospect, where they might feel different from others and fear being judged.

*"I definitely think there's a need for groups... To find a supported group for child birth and parental education... I don't think it exists... You've got the hospital, and a lot of the clients have anxiety issues and don't want to go... There's such a gap out there, and that's my biggest motivation to run a group." (Worker)*

Having locally based support workers facilitate specialised groups for women who have similar difficulties or needs may help to make the group experience a more empowering one.

*“It’s about reducing their isolation, and starting them on a journey where they can start to meet with other people where they feel safe. They already know us and feel safe so it’s kind of expanding their horizons.” (Worker)*

In establishing groups for clients with complex needs, a number of resourcing and practical issues need to be considered. For example, deciding whether the group will be open only to existing clients, or whether it will be open to a wider audience as an innovative way to reach clients who may otherwise not be accessing the service.

*“I’m looking at running an art group for pregnant women, to attract some of those women, get to know them and ask if they want to be part of the program. It’s a way of engaging with some people who we might be missing.” (Worker)*

Marketing the group is an important investment for which time must be allowed. Special attention must be paid to how the group will be promoted in the community, particularly when attempting to link in with clients who may not be accessing services. It is useful to think about which services in the local community may be coming into contact with pregnant women, and actively approaching these services to explain the purpose of the group and invite them to refer appropriate women.

For example, women may be reluctant to attend a group focusing on health information, while they may more readily attend social or recreation group, an arts and crafts group or a supported playgroup.

Groups may involve a range of activities to attract the interest of clients, and then incorporate opportunities to provide relevant health information by inviting guest speakers or local health professionals to visit the group to address particular topics of relevance or interest. For example, in one group a physio came to talk about back care during pregnancy, as a number of women were complaining of aches and pains; in the same group, many of the women were experiencing financial difficulties so a worker from Centrelink was invited to attend and they provided information to the women about budgeting; another presenter spoke about settling techniques for new babies.

Some HMHB programs have co-facilitated groups with other local service providers, or with the assistance of volunteers. Volunteer drivers within Community Health Services can be a useful resource to assist group participants to attend the group.

*“For some of them, if they walk through the door to a new group it’s pretty daunting. If they got picked up in a bus the first few times it might help them engage.” (Worker)*

Choosing a suitable and accessible venue is also important. For women who are fearful of attending hospital based ante-natal classes, a space within their own local area which has a more relaxed environment may be more appealing - for example, community centres, local libraries or rooms within the health centre. Familiarising clients with local community resources can also help break down some barriers to participating in their local community, thereby having the potential to further reduce their isolation.

Inviting previous clients to groups can be helpful in a number of ways; it can be a useful adjunct to the service, when the worker needs to close following the birth of the baby, while believing the client may still benefit from some involvement. In this way, the client may remain linked to the

program in a less intensive way, without any additional allocation of resources being required; it can also be an opportunity for peer mentoring, which may help to boost the self confidence and worth of the mentor, and can also help newer clients to connect with supports and take on suggestions from a peer.

*“One thing we’ve done is set up a group program that meets fortnightly. Some of that is health education, and some of it’s about healthy meals, and there’s a whole range of different things that they do. That’s open to anyone who’s been involved in the Healthy Mothers Healthy Babies program. They don’t have to stop coming even after they’ve been discharged. So that helps to just have some ongoing contact... We leave it open to those women who might have been discharged but still don’t have a huge amount of social contact, to come along, and stay connected, and get some support and advice. But we don’t do the ongoing one-to-one case work with them.”* (HMHB Program Manager)

### Tips for group work:

- ❖ Consider what gaps there are in the availability of group-work for your clients.
- ❖ Think about what would make a group relevant and comfortable for your clients to attend.
- ❖ Choose a local venue that is easily accessible and friendly to your client group.
- ❖ Develop a clear referral process.
- ❖ Ask yourself who will be invited to join the group: any disadvantaged pregnant women? Young women? Refugee women? Only current clients? Former clients of the program?
- ❖ Promote the group with other local service providers.
- ❖ Provide transport options for women who would find it hard to attend.
- ❖ Engage the support of volunteers to assist with the group.
- ❖ Plan enjoyable activities such as arts and crafts, recreation or outings.
- ❖ Invite guest speakers to present on useful and relevant health or wellbeing topics.
- ❖ Partner with other local organisations in facilitating groups.
- ❖ Consult with participants about group agreements, and what would make the group safe and relevant for them.
- ❖ Be aware of group dynamics, and be prepared to address issues that arise between participants.
- ❖ Invite clients who have been discharged from the program to remain connected via the group.
- ❖ Consider involving former clients in the group as mentors to newer clients.

## Engagement

Engaging with clients refers to both a process and an outcome. It involves the workers listening empathically to the client, developing a shared sense of their role and purpose, conveying respect and reliability, and attending to the client's needs. When the process of engagement goes well, it is likely that the client will develop a sense of trust in the service and their worker and will be able to tolerate "difficult" discussions with their worker. When the client is reluctant to connect with services or has difficulty trusting, the process of engagement is particularly important.

*"Trying to engage young vulnerable women when they don't really want to engage with services can be hard. When their lives have been so difficult already, and they are still teenagers, and lack the ability to trust others, especially service providers... they can be really hesitant to make a connection when they have lost trust". (Worker)*

HMHB workers have a range of different approaches to developing a trusting connection with their clients.

*"It's important to be who you are, to be clear about why you are there and what you will be doing. This can help clients feel more comfortable with you".(Worker)*

*"Never give up, no matter how distant they might be; always try to be there, and advocate for them. It's the same advice I give to mothers, to never, never, never give up on their children. And don't take it personally". (Worker)*

HMHB workers found that by offering practical assistance to women, clients may be more open to connecting with a worker to address other health and welfare issues. For example, driving women to appointments can address the immediate need for transport, whilst also creating an opportunity for incidental counselling or health education to be provided.

*"Offer them something practical that they may need. For instance, baby items from Caroline Chisholm, assistance to get to an antenatal appointment or someone to have a chat with at their home". (Worker)*

Adopting a respectful and non-judgmental attitude also assists in developing engagement with vulnerable pregnant women who may have had many experiences of feeling judged in their lives. Stigma associated with women's behaviour, lifestyle and relationships are likely to be especially prevalent during pregnancy. For example, women who have unplanned pregnancies in the context of unstable or abusive relationships may face shame and judgement of others; women who smoke or use substances may fear the reactions of others; women from CALD backgrounds may have experienced racism in the community. When workers convey genuine respect and acceptance of the person this can help promote a positive engagement with the service, and can potentially have more far reaching effects in terms of the woman's sense of self and relationships.

*"If you convey respect and be non-judgmental to the women, then they will open up their doors. Literally." (Worker)*

*"This is a person. Maybe what they're doing is not right... but someone's gotta look out for her." (Worker)*

*“Not judging... it’s really important... Perhaps you don’t feel that you’ve done anything, but... she’s had a relationship with someone where she hasn’t been judged, and maybe that makes it possible for her to move forward now and have other relationships where she doesn’t feel judged.” (Worker)*

Being empathic is also helpful in developing a strong engagement with the woman. When she feels genuinely understood by the worker, the woman is more likely to connect with the service and accept the support offered to her.

*“You really need to love working with women and have the ability to stand in their shoes.” (Worker)*

Workers who have had their own experience of pregnancy and parenthood may find this helps them to authentically connect with some of the experiences the woman was going through during her pregnancy. In some cases, limited self disclosure may assist the worker to convey empathy and connect with the client.

*“I did tell her about my experience of being a young mum. I said ‘I know you don’t want me to be here or to talk to me’... When I tell them about me, their whole outlook changes. It has some advantages; I’ve been in their shoes but in different circumstances.” (Worker)*

It is important to note that while such shared experiences may be useful, workers need to establish appropriate boundaries around what they share with their clients about their own personal experience and to ensure that they access supervision if they are overly identifying with their clients (Supervision and debriefing will be discussed further later in this document).

*“As a worker, you need to share experiences, even personal ones about being a parent, in a way that does not leave you vulnerable.” (Worker)*

Forming a safe healthy, nurturing relationship with a worker has the potential to create a context for promoting other healthy relationships in the woman’s life. For women who have had past experiences of damaging relationships, having a positive connection to a worker can have a powerful effect. It can encourage a sense of worth to the woman, who may then go on to develop healthier relationships in the future. Having an experience of feeling nurtured by a worker may result in the client feeling better equipped to go on to nurture her own child. This process of establishing safety in the helping relationship is sometimes referred to as a *holding environment*;

*“...The importance of the holding environment for the women who have less capacity to do that for their babies... so that they have that experience of someone nurturing them, and caring for them... when you haven’t experienced it you can’t give it, and you don’t know that you need it.” (Worker)*

The practice of **assertive outreach** is core to the process of engaging with clients in the HMHB programs, and this practice will be described in more detail below.



*“We are not going to engage the most vulnerable people if we expect them to come to us”*

## **1. Assertive Outreach**

Pregnant women who are experiencing vulnerability or disadvantage may have difficulties in engaging with mainstream health or support services for a variety of reasons. This may be because they have limited knowledge of support services available, or because they are suspicious and fearful of the intervention of professionals (for example they may be concerned about losing care of their children to child protective systems). The complex circumstances of their lives may make it difficult to follow through with appointments. They may also be feeling tired or unwell as a result of their pregnancy, have limited social supports or be geographically isolated. These are further impediments to their capacity to receive the necessary care and assistance they require to support them in their pregnancy and transition to parenthood (in the case of first time mothers).

In this context it is not always realistic to expect that women will be able to manage attending services independently, or that universal services will be able to provide the level of care and coordination to assist these women. The HMHB program is founded on a practice principle of engaging with clients in a process of assertive outreach.

*“They need to do the outreach work... because otherwise you don’t get them through the door. You have to engage with them first to get them in. The refugees, the isolated young mums... you have to go to them or you’re not getting anywhere.... The engagement has to be there or you won’t get them.” (Manager)*

Assertive outreach refers to a practice of engagement where workers actively seek out clients who may be in need of service system support but may not otherwise initiate this contact themselves. It involves actively promoting the service with others in the community who may be coming into contact with the target client population, and also refers to the context in which the contact with clients occurs. For example, HMHB practitioners typically provide a flexible service involving contacting the client by phone, visiting the client’s home or some other location, and providing transport to attend centre-based appointments as appropriate.

*“If you want to engage this client, you need to go to where she’s at.” (Worker)*

*“We’re able to see them in their home, and that’s a really big advantage. And we’ve got flexibility to assist them to attend antenatal appointments.” (Worker)*

Working with clients in an outreach setting requires the clinician to be aware of some different issues that can arise when compared to the relatively contained environment of an office based or clinical setting.

*“It is important to be mindful of being in their space, with their rules and the way they run their house. It can make a difference to whether you get asked back again.”*

*(Worker)*

*“It is a privilege to be in their home and you can get greater insight – you can pay attention and pick up on things in the environment.”*

*(Worker)*

It can also be useful at times to meet with women in some other community location (such as a café or community centre). This could be an effective strategy to build trust with the woman who may then be more open to having appointments in a home or office based environment.

In conducting outreach work with clients, it is also important to be mindful of worker safety issues.

*“The safety when home visiting is really significant.”* (Manager)

The home visiting environment can be unpredictable. There may be other unknown people or pets present, people may be stressed or agitated, and there may be other factors which workers are not aware of. At times it can be necessary to drop in unannounced if the client has not been responding to contact and the worker needs to follow up.

It is important to be appropriately cautious and conduct ongoing assessments of the safety of the environment. This includes asking questions about safety issues during the initial intake phone call,

## Tips for Assertive Outreach :

- ❖ Provide information about your service and referral pathways to local community organisations and health services which may come into contact with vulnerable or disadvantaged pregnant women.
- ❖ Be flexible about the time and location of appointments.
- ❖ When meeting with a new client, find out where they would be comfortable to meet you and go to them.
- ❖ When meeting clients in a public place pay attention to privacy and confidentiality.
- ❖ When visiting clients at home, be mindful that you are in their space, and respect their rules of engagement.
- ❖ Provide transport to assist clients to get to appointments.
- ❖ Use the time in the car to engage in other useful conversations with them.
- ❖ Ensure worker safety is a priority during all outreach visits.

conducting initial visits in pairs, being aware of potential hazards during the visit, and prioritising safety at all times.

## Tips to ensure worker safety during outreach visits

- ❖ Have clear outreach and worker safety policies and procedures within the organisation.
- ❖ Include some questions in the initial intake call about safety issues.
- ❖ Even when initial assessment indicates that the risk level is low, it's important to continually re-assess this during each visit, as things may change.
- ❖ Conduct initial home visits with 2 workers.
- ❖ Workers in small or part time teams may need to partner with other services to do joint home visits.
- ❖ Inform colleagues at the office where you are going and when you expect to return.
- ❖ Ensure you have mobile phone coverage at all times.
- ❖ Park the car nearby and with easy escape access.
- ❖ Ask clients to tie up their dog or keep it behind a closed door or gate during home visits.
- ❖ Use common sense and trust your instincts if you feel uncertain.
- ❖ If unsure about safety, arrange to pick the client up out the front and take them to appointments.
- ❖ Be prepared to end the visit and reschedule if you do not feel comfortable .

## Client-Centred Casework

*“I want to try and make a change in these people’s lives”*

Engaging clients as active participants in their own care is fundamental to the approach of HMHB. Client centred casework requires the worker to consult with their client about their needs, goals, and what assistance they would like to receive. In this way, the programs endeavour to ensure that their involvement will be experienced as useful. The worker aims to be clear with their client about their role and negotiates what sort of support they are and are not able to provide.

*“I find out what is important to the client, not just to me – even though I may have an idea about what is important. I ask exactly what is it you want help with? Then you can focus. In order to ask this you must be truly non-judgemental”*

*“I don’t go in with a preconceived idea – I go in with ‘what can I take from this and make it work for them?’ In the back of my mind I’m utilising my knowledge and communication skills to assess and direct my questions”*

Care planning tools are utilised during the initial engagement and throughout the client’s contact with the program. These tools form a template to establish goals with the woman, incorporating her own ideas as well as tentative suggestions of what the worker thinks may be beneficial. While the client’s own goals tend to be prioritised, HMHB workers will also raise any areas of concern that need to be addressed. When used sensitively, care planning tools can provide a mechanism for talking with clients about their progress and any changes they are making. They also help the worker to monitor if the work they are doing is on track.

Harnessing clients’ own motivation is an important skill for workers. The period of pregnancy in a woman’s life is a time of significant change and transition. Often women are more open to addressing issues affecting their lives when they are pregnant. For some women, ‘doing it for the baby’ may be a more powerful motivation than doing it for herself. For example, many women may decide to reduce or cease their tobacco, alcohol or other substance use when they are pregnant. This is also a time when women may decide to address housing security or other safety concerns affecting their lives, in order to create a safe environment for the family. Talking to the woman about the changes happening in her body and the life cycle transitions associated with pregnancy and parenthood can lead to further conversations about changes that the woman wants to make in her life. Workers can then make use of the opportunity to provide information and support for the woman to make important changes when she is ready to.

*“It’s amazing what birth does for a woman, and how empowering and life changing it can be. Just the process of birth and the process of becoming a mother. The willingness to change is quite extraordinary - just to observe that.” (Worker)*

Conversely, for some women the rapid life and bodily changes associated with pregnancy may be experienced as overwhelming. HMHB workers spoke of the importance of listening compassionately

to their clients when they expressed strong emotions, disclosed trauma histories or shared other psychological difficulties. Having skills in 'incidental counselling' is important for workers, as is knowing when to link the woman with more specialist therapeutic services. For some women the prospect of her own history repeating in the next generation is a powerful motivator to address both practical and psychological issues, and this may be a time when she may be open to attending counselling. Others however, may not feel ready to access counselling services, despite the worker believing they could benefit from this. HMHB workers found that it was important to raise the possibility of accessing counselling, provide information about how the counselling process works, and where possible support the women to connect with an appropriate service. However, it was also important to respect that the woman may choose not to make this connection. In such situations it can help the worker to remember that by being an empathic listener and providing information about counselling, this may 'plant a seed' that she may choose to follow up in the future, beyond her involvement with the HMHB program.

## 1. Client Empowerment

Empowerment of the client is also a key aspect of the practice of HMHB work. The workers aim to assist their clients to develop a sense of personal agency by noticing and acknowledging the client's efforts, strengths and achievements. It may also involve conveying respect and belief in the client, or imparting skills and knowledge that will increase her capacity to manage in the future.

*"I always tell my clients that I believe in them and their ability to move past their issues. It is empowering." (Worker)*

Empowering clients can also help mitigate the potential for them to become overly reliant on the worker. This is of particular concern for workers who enter a woman's life during the transitional time of pregnancy. They may quickly develop a strong trusting relationship through the provision of intensive support, and are then required to close the case 6-12 weeks following the birth of the baby. Empowerment can help the woman develop her skills and capacity to manage independently.

*"Empowerment of the client; it can be easy to just take over, and they can become reliant. It's really important to make sure that they're the person that's calling the shots, and they're in control. It's really important because they have to be a parent and move forward." (Worker)*

## 2. Working towards closure

HMHB workers utilise a range of skills to work towards closing with a client and to finishing well. Some of these include:

- bringing up the matter of closing on a number of occasions to remind them that the time is approaching
- providing them with a list of other services that will be involved, including the names and phone numbers of workers
- having a "goodbye" session where they can reflect on progress

- sending a letter or a card following the closure to acknowledge the changes the worker has observed, or
- taking the client for a coffee as a farewell ritual.

The practice of working toward closure involves providing opportunities for development throughout the client's involvement with the service. The worker is continually making an assessment about the woman's readiness to manage without the service and putting things in place to help her feel more confident after involvement with HMHB has ceased.

*"You're always working towards closure. Initially you might be doing things for them, but gradually working towards them doing things themselves. You've got to let them see if they can't do it, to see where they're at, and see what the barriers are. Sometimes we're so busy that it's easier to do it ourselves. You feel more confident to close when you feel confident that they're able to follow up and go to appointments." (Worker)*

For some clients, developing a trusting bond with a worker can be a significant achievement. Workers described their awareness that in such cases, finishing up may be experienced as abandonment by the woman if it is not handled well.

*"You're putting those steps in place long before the closing. So it's not like we're dropping you." (Worker)*

When closure is handled well, workers saw this as an opportunity for a kind of corrective experience; if the client has never had trusting relationships in the past, and this one is handled well, then it may pave the way for them to make significant changes in their future relationships – both personally and with professional systems. That is, they may feel more able to trust and assert themselves once they have had an experience of a respectful and empowering working relationship.

Deciding when to finish working with a client is also significant. In some more straightforward situations the closure may come about naturally. For example, if the woman has stable mental health, has given birth and is adjusting well to motherhood, and is well linked to Maternal and Child Health services. In more complex situations the timing of closure can be more difficult to resolve. For example, if there were complications with the birth, or there are current serious mental health or drug and alcohol difficulties, it can seem there is no good time to finish. In such situations it may be necessary to hand over to other services, before the client feels ready to let go of the trusted relationship with the HMHB worker.

*"Some are really ready; they get to six weeks post birth and are preparing to discharge us. The others have got so many needs that you're never going to be able to discharge them; you try to link them in but they just don't link." (Worker)*

*"You need to empower them to feel comfortable with all the services, otherwise at the end when we let go we're going to lose them again into the system.... It's about, once the baby's born, talking to them about the fact that; 'when we get to this stage, this is what's going to happen', getting the other services gradually involved, so there's two of them working with them... getting them engaged before we disengage". (Manager)*

The process of preparing for closure in the HMHB program is integrally linked with the practice wisdoms previously discussed under the heading 'Improving Access Through Collaborative Links'.

### **Tips for finishing up well:**

- ❖ Talk about the process of finishing up from the beginning of your work with a client.
- ❖ Provide opportunities for clients to be empowered and develop skills for managing independently.
- ❖ Recognise the emotional impact of finishing up, and allow opportunities for clients to talk about how they feel about closing.
- ❖ Assist clients to feel comfortable to link with other services.
- ❖ Remind them when you are planning to discharge, and talk about how this will work.
- ❖ Have some finishing rituals to acknowledge the transition.

## Reflective Practice

Working with clients facing a range of complex difficulties requires workers to engage in a process of reflection about their work and to develop their own self awareness. Work with vulnerable and complex clients can be both challenging and rewarding. It is a normal response for the clinician to be affected by these experiences. At times, clinicians may find themselves feeling distressed by their clients' distress, frustrated by a lack of progress, annoyed with a stretched service system, or powerless to effect meaningful change. All of these are understandable responses to the work and require a degree of reflection and self awareness in order for workers to avoid their personal responses taking over their professional roles.

*"It's such an emotive time for a woman having a baby, and then there's all the other associated issues that the worker has to deal with, around housing, drug use, child protection issues... it's pretty hard to just let that go emotionally if you're connected"* (Manager)

*"You can feel overwhelmed with sadness at times... even though people are trying their best to do their best, maybe the outcome isn't going to be what you would like."* (Worker)

Responses such as an over-identification or a strong negative reaction to a particular client or to the client group in general are good indicators for the worker to access support to reflect on their work with the assistance of a clinical supervisor.

At times workers' own personal life experience may impact on their engagement with clients. As discussed previously, many HMHB workers have their own experiences of pregnancy and parenting, which may inadvertently lead them to make assumptions about their clients based on their own life experience.

*"I'm a mother myself. For me, one of the most important jobs you can do is being a mother. When I see a 16 year old transient client... I'm thinking about the baby and I'm thinking about her. It's there when I wake up... it affects you. Being aware of it is important. It's important for me to stay well and healthy to help these people."* (Worker)

*"I find it challenging being pregnant and working with this client group... Just hearing some of the stories people go through... You can relate to it, especially if you're at the same stage as them... I never thought of it before. I always thought I'd be able to distance myself."* (Worker)

The capacity for self awareness is an important skill for workers in being able to recognise their own physical and emotional responses to the work, noticing signs of stress and distress, and being mindful of times when they need help to process this. Each of the HMHB programs developed organisational processes to enable clinicians to access debriefing and clinical supervision. The practice principles associated with these are described below, and will also be dealt with in the 'Establishing and Maintaining the Program' section.



## 1. Clinical Supervision and Debriefing

Access to clinical supervision and debriefing are important to support workers to reflect on their practice and to ensure a high standard of care for clients. Clinical supervision refers to an ongoing relationship and process between a supervisor and supervisee. Work with clients is reflected upon in order to develop clinical skills and ensure accountability to the agency and ethical standards. Support provided through debriefing is less planned and occurs in response to specific incidents.

By having a forum to process their work with an appropriately skilled and qualified clinical supervisor, workers are able to:

- Receive guidance and advice from a senior worker about how to deal with clinical and case work issues arising in their client work
- Develop specific skills
- Unpack and explore their responses to the work and identify issues such as transference, counter-transference and parallel processes in their clinical practice
- Receive support to deal with the impact of the work on them as a person, which can help to mitigate the potential for phenomena such as burnout and compassion fatigue to occur. This is beneficial to the worker, who is more likely to be emotionally available for clients.

The value of access to timely debriefing and support is especially important for workers in outreach roles who may spend many hours working in isolation with clients in their homes or travelling with them to appointments. In such contexts workers may encounter clients who are agitated or in distress, and be dealing with crises with limited support on hand. Being able to process such experiences with colleagues or a supervisor is an important component of self care in the helping professions.

### Tips for caring for yourself as a worker:

- ❖ It is normal to be affected by working with clients in vulnerable or distressing situations
- ❖ Be aware of the impact that working with clients has on you.
- ❖ Notice and acknowledge your reactions to the work.
- ❖ Be mindful of any parallel life experiences you might have with your client/s.
- ❖ Access regular supervision and debriefing as required.
- ❖ Work within the boundaries of your role.
- ❖ Find ways to 'leave it behind' at the end of the day.
- ❖ Develop an understanding of concepts such as compassion fatigue, vicarious trauma and burnout.
- ❖ Consider what you are already doing, and what else you can do to care for yourself both within the workplace and in your personal life.
- ❖ Consider using relaxation strategies and physical exercise to help you unwind.
- ❖ Develop a written self care plan and share it with your supervisor.

*“It needs some guidance and supervision, because some of these clients are so complex.”*  
(Worker)

There are many different approaches to providing debriefing and clinical supervision. These include individual supervision, group or peer supervision, impromptu debriefing with peers, or debriefing with a supervisor or manager. Some examples of supervision and debriefing models implemented in the HMHB programs are illustrated below.

*“We’re having supervision one-on one, and we’re having reflective practice with one of the counsellors, and we can debrief one-on-one too. That’s really good.”* (Worker)

*“We’ve appointed a senior clinician. That person gives a lot of clinical supervision to the team as well as clinical leadership, which has been an important supportive role.”* (Manager)

*“We’ve got a community health counsellor who does supervision once a month, plus when they’ve got individual cases that are worrying them they can go to her. That debriefing; being able to talk at the end of the day, and go ‘oh, I’ve had a really bad day’; she’s got the skills to defuse that”* (Manager)

When accessing regular planned supervision sessions (as opposed to debriefing) it can be helpful for clinicians and supervisors to come up with an agreement about how the sessions will work, including who is responsible for the agenda for supervision sessions.

*“To get the most out of clinical supervision, it is good to go in with a clear agenda about what you want to get out of it”.* (Worker)

## **2. Reflection as a Sustaining Practice**

When supporting clients who are experiencing chronic difficulties, workers can benefit from having opportunities to reflect on progress in their work with clients, acknowledge successes (even small ones), and explore the values and beliefs that sustain them in their work. Developing a philosophical attitude to the work and taking time out to reflect is an important and sustaining activity.

*“Although it’s challenging, and they’re dealing with difficult women, it’s often quite rewarding for them, because they’re seeing changes.”* (Manager)

*“We’re not going to solve everybody’s problems... We just have a window of opportunity to be with them. So, the clients who we manage to stabilise, to actually support – for them to feel more empowered, those are our success stories”* (Worker)

Being able to connect with other workers in similar roles is also useful. It can be helpful to have someone who understands the nature of the work to normalise and process the workers’ experiences. Such opportunities can serve to mitigate against phenomena such as compassion fatigue, vicarious trauma and burnout (Figley, 2002).

### ***What sustains you in your work?***

*“Seeing mothers smiling with their baby, being more independent than when I started working with them. Seeing a healthy outcome.”*

*“Closing with a client who says thank you and knowing that I was able to be there and not judge them”*

*“Seeing that what I do and say can make a positive difference to the relationship between a mother and baby”*

## Implementing and Maintaining the HMHB program

The practice wisdoms outlined in this section were primarily ascertained from discussions with managers of each of the HMHB programs. Managers were invited to attend managers' meetings 3-4 times per year during the initial 3 year pilot project to support the sharing of information across programs and to assist with the implementation process itself. In these facilitated discussions, managers were encouraged to share both successes and challenges faced in implementing a new program. In this way, they were able to assist each other to overcome challenges by sharing actual examples of how each service was implementing the program.

Implementation of a new program is likely to be more successful if it meets a need that is not currently being addressed elsewhere, or fills a gap within existing service systems. HMHB programs were established to address an area of unmet need. That is, to target vulnerable or disadvantaged pregnant women who were not currently linking with antenatal or other support services. The program's fit with the values of the organisations and of the clinicians involved in service delivery helps to ensure successful implementation.

*"It's a program we're really passionate about, and we know it's working... You do it because you know it's really important work"*

*(Manager)*

Giving careful consideration to how the program will fit within existing service structures is also important. Time is well spent (in the initial stages of setting the program) ensuring that the program is a useful adjunct to existing service networks and is well embedded within the organisation.

*"The more integrated they are within community health and externally, the more effective the program is."* (Manager)

*"We've got refugee health services; we've got child health teams; we've got family services; we've got a whole range of program that use HMHB. It's a valuable referral point for their clients, that didn't exist before. So it has become very useful"* (Manager)

The implementation of an outreach program to support vulnerable pregnant women requires particular planning and resourcing. Given the challenge of engaging with a client group who have not been accessing services, program staff need to actively work to ensure that appropriate clients are reached.

*"Finding women was initially a real struggle. Getting referrals in... We had to do a heap of work just to find the women".* (HMHB manager)

It is important not to underestimate the time it will take to successfully establish the program. Attending meetings to plan service delivery, develop processes and documentation and engage with

key stakeholders can be time consuming but is integral to the successful implementation of the program.

*“We have quite a number of meetings around how the partnership works, how the clinicians work together... for such a small program there’s a lot of behind the scenes stuff in making sure it operates effectively.” (Manager)*

In the following sections, key practice wisdoms about setting up the program will be described. These include:

- Promoting the service
- Establishing partnerships with other service providers
- Developing policies and procedures
- Setting up demand management processes, and
- Staffing the program.

*“One of the challenges was that we didn’t have any antenatal services at all. To suddenly be providing services to pregnant women and have referrers trust us to work with that demographic was a difficult position to start from... We got the local maternity services onto our steering committee. It took time for them to say, ‘well, what’s the difference between this program and what our hospital social workers do? We already do this; we already work with these vulnerable women.’ It was only after getting some of those women having some success stories, and looking at what were the different things about what we provide that we started getting referrals [from the maternity hospitals]”.*

*(HMHB manager)*

## Promoting the Service

During the initial establishment of the program, it is important to invest time in marketing the program to ensure that other local services and potential referring agencies know that there is a new service operating and that they are aware of eligibility criteria and referral processes. Engaging key stakeholders in the early development of the program, by (for example), involving them in steering groups is one way to ensure that relevant service providers are well aware of the program's existence from the outset. Once the program is operational, service promotion will need to continue to ensure that staff at referring agencies are kept up to date with new information as the program develops.

*"The marketing is ongoing"* (Manager)

Once in operation, sharing case examples with other service providers can help demonstrate the value of the program. Stories of where clients have been successfully engaged can help to convey the usefulness of the program and build confidence in the service. This type of promotion can encourage other service providers to keep the program in mind, and make appropriate referrals.

*"Success stories are one of the key elements; not just in getting [referrers] on board, but ensuring understanding of what the program represents"* (Manager)

*"We're finally at the point where the organisations that refer get it - and they're seeing the response. They're seeing some successes, so they're referring more."* (Manager)

Prioritising the time to promote the program is an integral component of successfully meeting the needs of the marginalised population. Some services took innovative approaches to ensure that local services were well engaged.

*"When we had a [staff] vacancy, we brought on someone to go and visit all the services... Their brief was specifically to go and market the service, increase referrals, and support the [HMHB worker]. That actually was really successful, our referrals jumped...and it's provided a bit more balance to the referrals. And it just took time for people to realise that the program was going to make a difference".* (Manager)

## Factors for successful implementation of a new program:

- ❖ The new program meets a need or addresses a gap in the current service system.
- ❖ The aims fit with the values of the organisation and its staff.
- ❖ Consideration is given to how the new program will fit within existing service structures.
- ❖ Sufficient time and resources are allocated to support the implementation process itself.
- ❖ Staff and managers are encouraged to participate in meetings to plan the service.
- ❖ Policies and procedures of the organisation are adapted to include the new program as a core part of the service.
- ❖ Documentation of program specific policies and procedures is developed.
- ❖ The model is sufficiently flexible and adaptable to respond to needs that arise.
- ❖ Key stakeholders are well engaged.
- ❖ The service is actively promoted with stakeholders and in the community.
- ❖ Success stories which reflect the value of the program are shared both within the organisation and externally.
- ❖ Program staff receive access to appropriate supervision and training to enable them to carry out their duties.

## Establishing Partnerships

*“We’re trying to formalise procedures with some agencies now”*

*(Manager)*

An essential aspect of embedding the HMHB program within a community is developing a profile amongst other service providers that will facilitate smooth referral processes and collaborative working relationships. Strong working relationships between workers from different organisations is a useful starting point; however where processes are to be embedded sustainably, attention also needs to be paid to the development of more formal partnership arrangements.

*“Because the nature of the program is about linking these women in to other services... we made sure we had maternity services, youth services and maternal and child health on our steering committee... Because they are complex cases and there are so many services involved, we had to develop those partnerships.”* (Manager)

Developing a well functioning partnership arrangement can also enable service representatives to address any problematic issues arising.

*“We got a maternity network going, and now we’ve got mental health, both the maternity hospitals, enhanced Maternal and Child Health, and child protection around the table. Those connections are there now. So if there’s a problem we talk... We’ve managed to do it at two levels: The staff getting together with those teams and networking, and also the managers.”*

*(Manager)*

When the workers from partnering agencies have engaged in regular meetings and case discussions, the clinical work has benefited. Workers are able to discuss complex cases, gain input and advice from other clinicians, whilst also earmarking possibilities for future referrals and co-work. In this way, each of the service representatives can be clear about the parameters of their role and ensure smooth transitions to other services when the client is ready.

*“We have a clinical case discussion with maternity services, HMHB staff, and Maternal and Child Health, so Enhanced knows who we have to refer on, so they know who we’ve got, and who they might need to pick up. Everyone knows what their role is”.* (Manager)



## Developing Policies and Procedures

A review of existing organisational documents and customising some program specific policies and procedures are necessary when implementing a new program.

*“In developing the referral and assessment form, it’s very different to any of the other services [within this Community Health Service], and we deal with our referrals in a different way to referrals coming in to other parts of the service” (Manager)*

Some important areas that HMHB programs focused on in developing new policy and procedure documents included:

- Service documentation, including eligibility criteria and referral pathways
- Intake, referral and demand management processes
- Care planning tools
- Evaluation and data collection
- Worker safety and outreach policies
- Partnership agreements with other local service providers
- Position descriptions
- Promotional materials such as brochures

To obtain further information on the information described above, please contact HMHB managers directly.

Attention to the documentation of the program can help to ensure that it is well supported and embedded within the core business of the broader agency.

*“We’ve got a complete discipline manual which outlines the program and all the policy and procedures that go around it... We’ve had to develop a single session approach in allied health, so if one of the [HMHB] clients needs to see a physio, they’ll see them straight away, but just for one or 2 visits. So it’s had a broader impact on some of our other services as well, in terms of changing the way we respond to their needs.” (Manager)*

It is also important that the documentation be reviewed and revised as necessary as the work of the program becomes more established. This may include prioritising or fast tracking access to service depending on a woman’s needs.

*“The referral form that we developed initially, we ended up scrapping, because it became a barrier to referral. They were making the call, we were then sending out the form, saying we need you to fill all this in, and we weren’t getting it back, and then you’d lost that referral. So in the end we said ‘let’s make this as easy as possible’, they pick up the phone as if they were referring for anything else” (Manager)*

## Demand Management Processes

Developing processes to manage new referrals, assess client eligibility and prioritise allocation of cases is a key aspect of implementing the program. Putting systems in place to manage during times of high demand is also important. The demand management process that is put in place will depend on the particular structures of each individual program. Some examples of demand management processes used by HMHB staff are outlined below:

- In one service, the team leader carried responsibility for monitoring new referrals, prioritising intakes according to urgency, and allocating to team members based on their current case load and capacity.
- Another service used a weekly roster system, where each team member would hold responsibility for managing intake and supporting clients awaiting allocation; handing this responsibility over at the end of the week. This requires some clarity around processes to ensure consistency.
- In a small team of only 2 part time staff, workers shared responsibility for monitoring intake and referrals. The clinicians worked closely together to ensure clear communication.
- Some programs used existing intake procedures within the community health service to handle new referrals.
- Other programs had new referrals coming directly to a member of the HMHB team.

A range of factors were considered in assessing the urgency of referrals and determining priority in allocating cases. These included the physiological health of the woman, her stage of pregnancy, level of risk (for example, family violence, substance use, mental illness, dangerous living environment) and access to appropriate social supports.

In situations where there was some waiting time before clients could be allocated a worker, it was important for programs to develop procedures to monitor and support those women yet to be allocated a worker. In some situations, program staff negotiated for the referring service to maintain responsibility until HMHB was able to pick up the referral. Some services have been able to include women in group work as a way of supporting them until they can be allocated a worker. Some HMHB programs also provide limited phone support to clients on the waiting list.

### 1. Caseloads Allocation and Monitoring

An essential component of demand management processes is ensuring throughput of clients so that new referrals can be taken up. Within the HMHB programs, workers and managers shared responsibility for monitoring caseloads and timely discharge of clients after the birth of their baby.

Allocating an optimum number of cases to each worker is important to ensure that pressures on workers are well managed and that clients receive a high standard of care. The overall number will be determined in consultation between clinicians and their manager or team leader, based on the complexity of the women they are currently holding responsibility for, and their other roles and responsibilities. For example, if a worker is working with a client with multiple risks and complexities, this may necessitate a temporary reduction in their caseload.

## Staffing the Program

HMHB programs are relatively small teams of varying sizes which were integrated into existing community health services. While some organisations employed small teams of part time staff, in others, the allocation of funds meant that only one effective full time (E.F.T.) position was available for employment under the program.

The value of team work was a key practice wisdom to emerge. Within the context of outreach work with complex clients it was recognised that workers and clients alike can benefit from a team approach to the work.

*“We just have one case load between the two workers... between them they work out what the care plan is; they might do the assessment together; they work out who the key contact will be... Because they do work part time, we try to have the case load shared”. (Manager)*

*“A lot of my staff are part time, so they all know each other’s cases, and will pick it up on the day if there’s a really big issue that they’re not in. So they all know each other’s clients; they need to.” (Manager)*

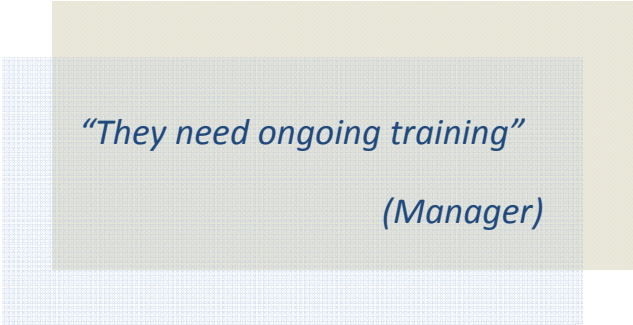
HMHB teams tend to be staffed by workers from a range of different disciplines. Even in the smaller programs, two part time staff from different professional backgrounds were employed. The complementary skills and knowledge of a multidisciplinary team was seen to be advantageous. For example, employing nurses or midwives offered important health knowledge and clinical expertise around the needs of pregnant women whereas social work and welfare staff contributed expertise in casework and advocacy. This mix of skills and knowledge was useful for the clientele of the program, and also enabled opportunities for staff to learn from and support one another’s development.

*“We have a nurse and a family support worker... the skills are complementary, and we’ve found it works quite well”. (Manager)*

*“We’ve got a very big mix [of professional backgrounds], which we’ve found really works. They’ve got the support of lots of different people”. (Manager)*

As the focus of HMHB service delivery is broad, it is important to develop clarity around the boundaries and parameters of the workers’ roles. Workers may provide flexible casework to assist the client to link with services and support, and provide

health education around a range of topics. Therefore a good working knowledge of a multitude of issues and service types is required. However the program does not provide clinical services and will involve other specialist services to address a range of issues involved. Due to the complexity of issues arising in the clinical work, HMHB workers require access to ongoing training in order to keep up to date with the range of different issues they are expected to deal with in their roles.



*“They need ongoing training”*  
(Manager)

## 1. Supporting workers

When implementing the program, it is important not to overlook the impact that the work can have on clinicians, and their needs for supervision. As discussed previously, clinicians' access to support and professional guidance is an important component of the program. Arrangements for this should be formalised before workers begin client work. At a minimum, this should include some form of clinical supervision and access to debriefing as required. Staff may also benefit from opportunities to participate in group supervision or professional networks outside the agency to support them in their work.

It is worth noting that workers from some professional backgrounds may be more accustomed to accessing clinical supervision as a core part of their clinical practice than others. Some may not have experienced supervision as a supportive process in their previous professional practice. Making supervision an expectation for all workers and providing education about the importance of this as an avenue for self care, reflection, professional growth and accountability will help to normalise it as an aspect of core practice, rather than just something to do when things go wrong.

Paying attention to the culture of the organisation, putting structures in place to ensure worker safety (as previously discussed) and facilitating access to ongoing professional development are also important aspects of providing a supportive workplace.

## Addressing Key Practice Issues

In this section, examples of the practice of HMHB will be presented. This is not intended to be a comprehensive list of the issues that HMHB workers address in their practice. Examples have been chosen which highlight some of the common themes to emerge. These themes represent important aspects of the HMHB program and the practice wisdoms of the workers in addressing these issues.

### Practice Example 1: Preparation for Bringing Baby Home

Much of the work of HMHB is around supporting the mother to get ready for the birth and for bringing her new baby home. Some of this support consists of providing practical assistance (such as accessing nursery furniture) and facilitating the woman to link with supports (as discussed previously). It is also important to initiate conversations with the woman that focus on the likely experience of having a baby and being a mother (in the case of first time mothers), and to increase the woman's skills and knowledge in how to look after herself and the baby.

While ante-natal classes, midwives and maternal and child health nurses provide much of this information, it is common for HMHB clients to have missed some ante-natal classes or appointments with these health providers, or to have simply not been able to take in the information due to other complex factors in their lives. The HMHB worker is in a unique position to raise these topics for discussion on a number of occasions, to walk them through practical skills in their home environment, and to follow up both before and after the baby is born.

Some important topics which the HMHB worker will often raise to prepare the mother for bringing her baby home include:

- Discussing what equipment and furniture is required and how to access this
- How to hold the baby, and wrapping techniques
- Settling the baby, safe sleep positions, and making up the cot
- How to bathe the baby
- Practical advice about how to set things up in the home in order to have everything ready and within easy reach
- Sleep-play-feeding cycles
- Breastfeeding techniques
- How, when and where to ask for help should a new Mum find herself struggling to cope
- Education about the baby's crying, how to deal with it and normalising the mother's feelings about this
- Preparation for and how to handle tiredness and fatigue
- Information about safety issues
- Discussions about the importance of bonding and attunement
- How to recognise and act if baby gets sick
- Sterilising techniques

While this is not an exhaustive list, it demonstrates the significant information and support that is provided. These conversations tend to take place within the home environment with an emphasis on appropriate timing to allow her to take the information in. Workers have also used a number of resources to assist in providing such information. For example;

- websites such as the 'Raising Children Network' to demonstrate where the woman can access further information and resources
- technology such as portable computers during home visits to show the mother short video clips
- DVDs that can be taken to the home visit about preparing for a new baby, which can be used as a platform for further discussion and demonstrations
- Local libraries: helping clients to join up and showing them how to access information about parenting

### **Tips to support preparation for bringing baby home:**

- ❖ Help the mother prepare for the practicalities and emotions associated with caring for an infant.
- ❖ Provide important information about child safety.
- ❖ Normalise common difficulties the mother may experience and provide reassurance .
- ❖ Show the mother how to do things with hands-on support.
- ❖ Use a variety of media to help the mother prepare, and show her how she can access information.
- ❖ Talk through a range of scenarios and how she will respond.
- ❖ Let her know that it's OK to ask questions or seek support.
- ❖ Be patient and understanding.
- ❖ Let her know where she can get help.

## Practice Example 2: Promoting Breastfeeding

Promoting breastfeeding is an important health promotion message and one which is consistently discussed by HMHB with women during the pregnancy and after the baby is born. The key messages that workers deliver include the benefits in terms of the baby's health and development, mother-infant attachment and bonding. A secondary but also important benefit to discuss is the financial advantage of not having to purchase formula.

Preparation for breastfeeding also involves talking with the woman about what to expect (including the possibility of difficulties) and how to do it, and the provision of support during the first few weeks around any difficulties that arise with feeding. Normalising any struggles that the woman may experience is also important, as new mothers with existing vulnerability may experience a sense of shame or failure if they find feeding difficult, or if their baby is not gaining weight.

In some situations clinical dilemmas regarding breastfeeding may arise. For example, despite providing clear information, education and support to breastfeed, some women may either choose not to, or feel unable to. Disadvantaged and vulnerable women may be less likely to breastfeed than those in the general population for a variety of reasons. Some may be reluctant (for example, some young women had fears about the bodily changes, or awkwardness with the notion of breastfeeding) or may have received misinformation about their suitability to breastfeed (such as those who were taking certain prescription or illicit drugs).

*"I've had some women who have been told that they're not going to be able to breastfeed their baby if they go on depression medication, which is just not correct." (Worker)*

In these situations, it is important to actively engage in conversations with the client to provide accurate information. Linking with specialist support through lactation consultants or the Australian breastfeeding association can be a useful intervention.

*"She felt she was being judged as a druggie... I was able to take her along to the breastfeeding association and talk about it... She wouldn't have been able to walk through the door and say 'I use marijuana and I want to breastfeed' without that support and reassurance. So she came and she enjoyed it!" (Worker)*

While it is important to encourage and support breastfeeding, in those situations where the woman makes a choice to bottle feed instead, it is important to accept her decision and continue to work with her non-judgmentally and respectfully.

### **Practice Example 3: Addressing Family Violence and Trauma**

During pregnancy, many issues can be raised for clients who have experienced trauma and abuse. If the abuse is current, the first priority of the HMHB clinician is to establish safety.

#### **Tips for Addressing Current Family Violence:**

- ❖ Make it standard practice to assess for risk of family violence. Ask every client, not just the ones who display obvious signs of abuse.
- ❖ Be mindful of different forms of abuse; intimidation, physical, verbal, psychological, sexual, financial, and social.
- ❖ Recognise the increased risks of family violence to pregnant women and their children.
- ❖ Make opportunities to talk with the woman in private.
- ❖ Ask her questions to assess her safety and risks.
- ❖ If she discloses any abuse, listen and validate her experience.
- ❖ Reassure her that nobody deserves to be controlled or abused.
- ❖ Help her to develop a safety plan.
- ❖ Inform her of her options and supports available.
- ❖ Help her to link in with specialist family violence support and legal advice.
- ❖ Support her to access housing, financial and material assistance if she chooses to leave the relationship.
- ❖ Prioritise the safety of women and children.
- ❖ Support abusive partners in taking responsibility for abuse and for changing their behaviour.
- ❖ Pay attention to worker safety issues.
- ❖ Be clear about which circumstances would warrant notification to Child Protection.



If the woman has experienced abuse in the past, pregnancy may be a confronting time. The sense of something uncontrollable happening to her body (i.e. the changes of pregnancy) can trigger past traumatic experiences (such as physical or sexual abuse). If they experienced abuse in their own childhood, the prospect of becoming a parent may raise fears about their own child's future. Being subject to internal examinations during medical appointments and the labour itself can also be potentially re-traumatising for women, particularly those who have experienced sexual assault.

Some women may be consciously aware that these issues are being raised, whereas others may just have a strong physical or emotional response without necessarily understanding why. Some women may be able to articulate what is going on for them, whereas others may not. Even if they can identify their experience of trauma, they may not be open to receiving counselling assistance to process this at the current time. As discussed previously, this can be challenging for workers who want to encourage them to deal with the effects of what has happened.

In providing support to women who have experienced trauma, HMHB workers have developed practice wisdoms about how to assist the woman to feel safe and in control, which is fundamental to creating a context for healing. This may mean that the worker is laying the foundations for significant changes that may not take place immediately, or even during the worker's involvement, but may take place in the future.

Simply listening to the woman and believing her story is significant. For some, this may be the first time her experience has been validated. Conveying respect, providing transparent information, and empowering her to make choices can begin to counter some of the effects of trauma and abuse. That is, while trauma takes away the person's sense of control, empowering practice aims to restore the sense of power and control.

Developing a basic understanding of the neurobiology of trauma can assist workers to recognise the signs of when their clients are being triggered, and make informed decisions about how to respond. For example, if a woman is triggered during hospital appointments or internal examinations, she may experience an overwhelming sense of distress or feel 'frozen'. By anticipating this, or noticing it when this happens, the worker may put steps in place to support her to manage the triggers.

## Tips for managing trauma triggers during medical appointments:

- ❖ Discuss what the woman would like to share with medical personnel (if anything) about her trauma history. It may help for them to be aware of any potential sensitivities so that they can avoid inadvertently re-traumatising her. However only share what your client has agreed to share, and only what is relevant to the situation.
- ❖ Ask medical personnel to provide information about procedures and explain what is happening during the appointment.
- ❖ Talk to the woman about what she would like to happen during medical procedures, to ensure she feels in control.
- ❖ Find out about different options that might be available to her, particularly in the case of internal examinations. Suggest breathing or distraction techniques to help the woman manage her arousal levels.
- ❖ If both feel comfortable enough about it, stay with her during the procedure as an advocate or support person.
- ❖ Ensure that appropriate interpreters are available if the woman does not speak English.
- ❖ Provide her with information about counselling services that can help her with specific techniques to process the trauma or to deal with the triggers and provide referrals where appropriate.

## Practice Example 4: Working with Young Women

*“We need professionals who are sympathetic to young mums – not people who are going to say “well, you are 15, you shouldn’t be pregnant.” It’s got to be – “you are 15, you are pregnant. Now what do we do, how can we help you?”*

Young mothers have specific needs in addition to those faced by other HMHB clients. They are likely to be dealing with the normal developmental tasks of adolescence at the same time as they are dealing with the pregnancy and transition to parenthood.

Social connections and supports are a particularly significant issue for young women who are pregnant and parenting. During adolescence and early adulthood, the development of independent social relationships is a key developmental task. Young women require support and encouragement to balance their own developmental tasks with the needs of their baby.

Young mothers and their families are not a homogenous group. They may have had a variety of growing up experiences, and varying degrees of access to support from their families, friends and communities. However they are likely to be more vulnerable to experiencing disadvantage and social isolation. The father of the baby may be a young person himself and may or may not be ready to accept the responsibility of parenting. For many young women, their social connections may change significantly as a result of becoming a mother. They may have to leave school, find it hard to maintain social relationships with their peers who are not parents, and may have limited support from their parents or family.

Young women may not have had experience in managing their own finances, and may never have lived independently. Depending on age, developmental stage and life experience, some young women may lack the maturity to prioritise and organise their lives around the needs of a baby appropriately. They may also have limited access to transport if they are unable to drive.

They may be vulnerable to:

- Family violence from their own families of origin and their partner, particularly emotional and financial abuse
- Negative judgements from professionals due to their age
- Leaving school education early

## Tips for engaging young women who are pregnant

- ❖ Develop links with local youth services that may come in contact with young pregnant women and inform them of referral processes for your service.
- ❖ Be vigilant to covert blame and the shame of being judged.
- ❖ Be mindful of the stigma that young pregnant women experience in society.
- ❖ Understand how the transition of pregnancy and parenthood may impact on the developmental needs of the young person.
- ❖ Meet her in some location where she feels comfortable.
- ❖ Use text messaging to communicate between appointments.
- ❖ Listen to the young woman and find out what is most important to her.
- ❖ Help her to plan by writing down appointments and giving reminders.
- ❖ Help her to access practical resources.
- ❖ Provide transport to important appointments.
- ❖ Use the time in the car to have important conversations. (Young people may be more inclined to open up when doing something such as being a passenger in the car.)
- ❖ Give her suggestions when she asks for advice and offer options for her to choose from.
- ❖ Inform her of her rights, including her right to privacy, the limits to confidentiality, and duty of care issues.
- ❖ Help her to access information and support regarding her legal options.
- ❖ Ask how she would like you to involve her family or other supports.

### Case example:

*"I worked with a young woman who was sixteen. Her partner was also sixteen... She was a really lovely girl but she was terrified of him. He was controlling her in meetings with me, answering for her, saying she should leave school. He said he would harm the baby if she left him. She lived with her Mum, who was supportive... We had lengthy discussions about her relationship... what a healthy relationship is and what her rights were. We talked about types of violence, that there is not only physical abuse. I encouraged her to see a counsellor... I worked with her for 10 months and the outcomes were really good... she breast fed for 6 weeks, she's going back to school next year. She was great at caring for her baby and mothering. She's still dealing with her partner in court but she is acting in accordance with Child Protection and is protecting her baby... She is a stronger woman now... more empowered to say no. She feels confidence in her parenting."*

This case example illustrates some of the common complexities involved in working with young women who are pregnant and parenting. The worker was conscious of the importance of building trust in her work with this client. She focused on what was important to the client by being curious about what she was going through. She provided health education about topics such as nutrition, breastfeeding and early parenting. She also provided hands-on support to help her client learn how to bathe, change and swaddle the baby.

When issues of violence and control became apparent the worker prioritised the safety of the woman and baby. She asked questions to assess the level of risk. When threats of violence escalated she made a report to child protection. She had worked hard to establish trust with the woman which enabled the engagement to continue. The worker experienced frustration when her client would leave and then return to the abusive relationship, but also understood the cycle of violence - and that this young woman's difficulty leaving the relationship was based on fear that things would get worse if she did.

The worker advocated for her client with a number of service systems. She engaged with staff at the young woman's school and negotiated for her to attend part time and do some of her work at home. This enabled her to complete year 10 and to remain connected with her peers. She also advocated for her with Child Protection and Maternal and Child Health staff, educating the workers about the unique needs of young mothers. This enabled her client to feel better understood by the workers in these systems, and this in turn enabled her to engage with them more effectively.

The worker also talked with her client about family planning. They discussed her thoughts about future pregnancies and cleared up misconceptions about the possibility of becoming pregnant again while breastfeeding. The worker provided information about different methods of contraception and the client decided to start taking 'the pill'.

## Practice Example 5: Working with Complex Health Issues

### Case example:

*“Probably the most distressing case I’ve had.... The baby was born at 31 weeks, very very sick. The mother is on the Methadone program, and Valium. She has a depo for mental health every fortnight. She smokes marijuana and is a heavy smoker. And there’s other antidepressants that she’s on but she doesn’t take... And the baby was born early. I went into the hospital to drop her off, and the baby was having withdrawals and was very distressed.... The client was just looking at the baby..., and I suggested that she put her hand in and stroke him, you know, let him know mummy’s here. There was none of that. It was hard to look at this baby struggling... It was really hard to not be able to help. To feel so helpless and to know that this baby has such a hard life ahead....”*

This case example captures some key themes associated with the work of HMHB. The workers recognised the level of complexity involved in managing the case, as both parents had mental health and substance use issues. There were also concerns about the father’s aggressive behaviour, and their housing situation was at risk of breaking down. Two HMHB workers were involved in the case, enabling them to provide back-up support when there were safety concerns, and also to draw on each other for support and collaboration in dealing with the complex issues arising.

The workers actively engaged the woman and provided education about healthy eating and the dangers of substance use and smoking. They often transported the woman to appointments as a way of engaging her and ensuring she was able to access important health services during her pregnancy. They worked hard to address safety and health concerns and to establish links with antenatal care and other support services. Due to the significant concerns for the baby’s welfare and the lack of stability of both parents’ mental health and substance use, a number of professionals became involved, including Child Protection, Mental Health services and the medical staff of the neonatal intensive care unit (N.I.C.U).

The level of distress of both the baby and the mother was confronting for the worker to witness. Despite this she remained calm and maintained a stance of respectfully engaging with her client in her new role as mother. Knowing the importance of early attachment in infant wellbeing, she offered gentle suggestions to encourage the mother to bond with her baby.

The worker was also aware of the limitations of her role in the context of urgent involvement of the other service systems. She operated within her boundaries, allowing medical, Mental Health and Child Protection staff to carry out their roles, whilst utilising her own role to provide appropriate liaison, advocacy, and coordination. She remained involved until other services were engaged and she felt it was appropriate to close.

The worker also sought out debriefing with trusted colleagues who were able to listen to her experience, normalise her response to the situation, acknowledge the value of her work in this case and provide her with support.

## **Practice Example 6: Working with Cultural Diversity**

This case example highlights some of the complex issues involved in working with clients from CALD (Culturally and Linguistically Diverse) backgrounds. The worker reflected on her own cultural assumptions and biases to ensure that she was sensitive to her client's culture. She educated herself by doing research online and by speaking to other workers to help her gain insight into the cultural norms and expectations that her client's family and community might have had.

During the initial engagement the worker developed an understanding of her client's past negative experiences of service involvement, and worked hard to establish trust. She was punctual and reliable with appointments, and kept in touch with her client by phone to help establish the connection. She was aware of her client's position as a young woman living in an overcrowded household, so made opportunities to speak with her in private by offering to transport her to appointments or to buy supplies whenever they would meet. Gradually the client began to trust her and accepted the support. The worker helped her client work through important issues such as her schooling, her antenatal care and her relationships.

When issues of potential abuse and mental health concerns emerged, the worker found herself grappling with dilemmas about how best to support her client. She was conscious of Australian laws and social norms and of the need to balance this with the expectations and norms of her client's culture and community. She spoke with cultural consultants and quickly developed an understanding of her client's cultural background and the expectations of men and women around relationships and pregnancy. She prioritised immediate safety concerns, and provided her client with information about her options. She sought to empower her client by weighing up these options, bearing in mind the consequences for her client of defying her family and community, and supporting her to make choices that fit for her. When other service systems became involved she worked closely with the other professionals to ensure her client felt supported and received continuity of care. The collaboration with other professionals was challenging at times but also provided support to the worker in addressing shared concerns for their mutual client.

The client was then able to negotiate for herself with both families to be allowed to return home and to not be forced into a relationship. When she did return home, the worker sought to engage with the grandmother and to also empower her. The client's mental health improved. She has now given birth to a healthy baby boy and is adjusting well to motherhood.

The worker also empowered her client by inviting her to be a guest speaker at a group for pregnant women after her baby was born. She spoke about her experience of childbirth and early parenting, and through this she has gone on to make a social connection with 2 other young mothers.

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