# PRISM OVERVIEW – HALF WAY

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## 1. INTRODUCTION

We are now nearing the end of the first year of program implementation in 'intervention' communities. The purpose of this overview is:

- to summarise the first year of program implementation in local communities
- to provide an overview of strategies currently being developed by CDOs and local steering committees, and in the work we are doing with primary care professionals (GAPP/MCHN training).

It is intended to be an in-house document summarising our collective efforts to put the PRISM intervention in place, and thoughts about reinforcing and sustaining it over the coming year.

Stephanie and Rhonda have put together this first draft. It is being circulated simultaneously to other members of the PRISM, GAPP and EcoPRISM research teams and to the CDOs. The next draft will incorporate the feedback and suggestions we receive.

We would like the document to be as inclusive as possible of the range of strategies happening or planned in local communities. We clearly cannot hope to include everything everyone has been doing – but we would like to get on paper a summary of the range and types of strategies and approaches that make up the 'intervention' so far, and our plans/ideas for the second year of implementation.

## 2. PUTTING IN PLACE THE KEY ELEMENTS - November 1998 to September 1999

### 2.1 Local Steering Committees

Local steering committees were established in each municipality in the first 3-4 months of the project (Nov '98-March '99). They are a major vehicle for involvement of key stakeholders in the project, and development of local ownership of PRISM strategies.

The process for establishing these committees involved:

- Development of terms of reference by research team in consultation with CDOs
- Discussions between CDO, local contact person and research team about process for setting up the committee (December 98), and choice of chairperson (councillor, council manager)
- Development of position description for potential steering committee members, and covering letter explaining process of selection reinforcing other ways of being involved
- Consideration was given by all CDOs to involvement of key stakeholders (local government, MCHNs, GPs, recent mothers, community and consumer

organisations); geographic representation was also considered, especially in rural and larger LGAs.

The first steering committee meetings were held in February-April 99, and seven municipalities are meeting monthly. One steering committee met monthly until the launch of the project in August, and has now decided to meet bimonthly.

**Predisposing strategies**

1. LGA briefings about project participation in March-May 98 discussed partnership with LGA, including rationale for Council chairing local steering committee.

2. Memorandum of Understanding documents roles and responsibilities of research team (La Trobe University) and participating LGA, including role and membership of local steering committee.

3. LGAs invited to nominate 2 representatives to attend project launch and randomisation of LGAs in June 98 (7 of the LGAs taking part as intervention communities were represented at the launch).

4. CDOs – major focus in December-Feb 99 was on developing networks locally as a basis for identifying potential PRISM champions to invite onto Steering Committees..

5. Meetings in each LGA in December 98 involving project co-ordinator/CDO/local contact person provided an opportunity to discuss membership/chairing and link to key messages (especially importance of local ownership/partnership with Centre, intersectoral linkages, ways in which project aims to build on and strengthen existing services/activities).

**Enabling strategies**

1. Clear terms of reference for steering committees which invited steering committees:
   - to promote PRISM objectives in the local community,
   - to oversee establishment and implementation of the key elements of PRISM in ways that suit their communities,
   - to implement other local activities consistent with the aims of PRISM
   - and to facilitate integration of PRISM within ongoing service provision, once the program was established.

2. Position descriptions for potential members outlining the commitment being sought – in principle support for PRISM objectives and strategies, preparedness and capacity to attend monthly meetings, commitment to liaise with and report back to relevant constituencies, commitment to promoting and advocating for the project in local communities.

3. Local media publicity about project and invitation to get involved (Dec‘98/Jan‘99).

4. CDO mailouts to agencies/organisations to tell them about the project (including PRISM pamphlet) including a flyer outlining ways to be involved to mail back to CDO (Dec'98/Jan'99).
5. CDO visits to key agencies – December 98 onwards.
6. Discussions in steering committee meetings of ways to make PRISM happen in local communities, looking at how Council, local businesses and community agencies might contribute and develop PRISM strategies in ways that are relevant to each community. A number of initiatives flowed from these discussions in the first half of 1999:
    - one steering committee sent letters to two local bus companies seeking meeting to discuss access/assistance for mothers with prams; another steering committee initiated discussion with Council about feasibility of Council mini-bus providing a service for mothers attending cry-baby sessions
    - several steering committees took up environmental issues such as fencing for playgounds, pram-accessible parking, baby change facilities.

7. Involvement of steering committees in some LGAs in developing and commenting on local community guide for mothers.

8. Involvement of steering committees in planning and attending launches, e.g:
    - choice of location
    - arranging support from Council Leisure and Tourism Department
    - liaison with shopping centre management in relation to promoting and facilitating launch
    - decisions to hold 2 launches in some LGAs to be inclusive of communities in different parts of the shire, or to facilitate attendance of different groups of people
    - decision of one steering committee to hold and expo of local services and actiivities supporting mothers in the local community in the week following the launch.

9. Involvement of steering committees in setting priorities for period beyond the launch.

**Reinforcing strategies**

1. Agenda item for steering committees to identify PRISM things happening in their community.

2. Media publicity profiling mothers represented on steering committee - talking about what it's like to be a mother, and importance of community working to support mothers locally (March/April 99)

3. Media publicity surrounding launches – reinforcing role of steering committee/local representation of key stakeholders in project (August/September 99)

4. Launches – very successful in conveying to councillors, council staff, GP Division representatives, MCHNs and other Steering Committee members and community members that attended the level of community interest in PRISM

objectives/messages – CEOs, Mayors, GP Division rep's, MCH team leaders, mother representatives 're-inventing' PRISM for themselves and their community.

5. Discussion of sustainability initiated by CDO in several municipalities.

## 2.2 Training for primary health professionals

### *2.2.1 PRISM training program for MCHNs*

Workshops (4 half day sessions) were held in each municipality between March to June 1999.

- 81 MCHNs participated (including team leaders, full-time, part-time MCHNs and relievers)

- aims were to build on and support the work already being done by MCHNs; to engage/rekindle MCHN interest/enthusiasm in supporting mothers; update knowledge of recent literature on maternal physical and emotional health issues and evidence regarding effective strategies for dealing with health issues; enhance MCHN skills in 'active listening', encouraging mothers to talk about health issues, and listening as an effective strategy for support; and to look at ways that PRISM could build on and support work of MCHNs

- separate sessions were planned and organised for each municipality to provide an opportunity for each MCHN team to consider local context and strategies that would suit their community and ways of working together as a team

- first workshop began with invitation for MCHNs brainstorm issues affecting their capacity to support mothers in their community - as a context or background picture for discussion of maternal health issues over the 2 days of workshops. Prompted lots of useful discussion - recorded on white board, and in feedback provided to each team in a summary of issues discussed over the course of the workshops. Strategically our aim was to start the workshops with a session where MCHNs told us and each other what they saw as major issues affecting mothers and their practice as MCHNs supporting mothers in their local community, so that we could all refer back to this in the course of the workshops

- sessions on maternal emotional and physical health provided an overview of research evidence regarding prevalence of problems, contributing factors, the impact of ill health on mothers, evidence that majority of women don't talk to health professionals about their own health, reasons why women tend not to talk about their own health, and evidence regarding effectiveness of different strategies for supporting mothers with health problems. Small groups worked together to identify issues they saw as getting in the way of mothers being able to seek support and/or do anything about them, and strategies MCHNs can use to support mothers in this context
- 2 half day sessions were devoted to communication skills – these were structured to address and discuss strategies for supporting mothers in the context of

difficulties/constraints identified by MCHNs, eg. 15/30 minute appointments, constant interruptions, physical layout of centres affecting privacy, other demands on MCHN time related to child health surveillance, lack of local support/places to refer mothers for advice or support, isolation/lack of peer support/professional development time for MCHNs

- broader PRISM strategies and the ways these might support MCHNs were also discussed, eg. *Information kit* – reinforcing to women importance of their own health, encouragement to talk to GPs and MCHNs, giving women permission and encouragement to have 'time out', ideas about ways to meet other mothers etc; *strategies for supporting linkages between MCHNs and GPs* (eg. training for both groups covering same issues, reinforcing that both professional groups face similar problems in supporting mothers, *GAPP guidelines* to be made available to MCHNs and GPs, *introduction cards* for mothers to give to their GP with contact details for their MCHN, joint workshops for GPs and MCHNs post the GAPP training facilitated by local steering committees; *opportunity afforded by Steering Committee* for MCHN issues to be highlighted to local council (in 2 LGAs MCHNs have taken up access for mothers to home help, in another LGA MCHNs have used steering committee to take up issue of placing a MCH centre in a local shopping centre).

**Predisposing strategies**

1. Involvement of MCH team leaders (and whole teams in some municipalities) in LGA briefings and decisions to enter project/sign memorandum of understanding.

2. Invitation to all MCH team leaders/local contact people to attend Melbourne launch of project in June 98.

3. Contact between RS/SB and team leaders prior to training including visits to each LGA in December 98.

4. Starting from a base of MCHN's local knowledge, skills, and concerns (first session of workshop/request for teams to identify issues they would like covered in training before we began).

5. Emphasis in training on positives about MCHN practice, how much women value the listening and reassurance they offer, value of listening and 'sitting on your hands' approach.

6. Recognition of constraints affecting MCH practice informed the design of training, and was explicitly acknowledged in sessions – time constraints, other workload demands (child health surveillance, data collection requirements), constant interruptions to answer phone, and for mothers dealing with babies/toddlers, limited opportunities for peer support and team work, professional sensitivities/rivalries, impact of CCT.

**Enabling strategies**

1. Training sessions – content and process, eg. updates on maternal health issues, time to work together as a team to discuss how they address mothers health issues, consider barriers/constraints and opportunities locally .

2. MCHN introduction cards – idea canvassed in training, supported by all MCH teams.

3. PRISM poster – highlighting key PRISM messages for MCHN noticeboards, a prompt for mothers to talk to their MCHN about own health.

4. Resources handed out in training (folder of papers on maternal health, reviews and protocols from Cochrane Library, notes on communication skills).

5. PRISM spot in team meetings – this idea was canvassed with all teams as a way for MCHNs to structure time for working as a team on reviewing/strengthening their practice in the context of PRISM (ideas included a 'journal club' focusing initially on papers from PRISM folder and Cochrane Reviews, discussing ways of using Information kit, feedback from PRISM steering committee and opportunity to refer issues to the steering committee). All teams supported this idea but uptake is variable, e.g. one team decided immediately to introduce an 'extra' team meeting per month, shifting from monthly meetings to fortnightly meetings with every second meeting devoted to PRISM. At the other extreme one team that meets for only one hour a month in principle agreed that allocating time to PRISM in this meeting was a good idea, but in practice this is unlikely to be workable. On the other hand this team already produces a newsletter for mothers, and have decided to put emphasis in next few issues on maternal health and combine this with notice board items focusing on maternal health.

6. RS/SB have had contact with several team leaders between the training sessions – chance for team leaders to air their concerns about constraints affecting their practice, eg. time constraints in consultations, lack of professional development time, lack of shared philosophy/approach to supporting mothers, problems in working together as a team in meetings. SB/RS used these calls as an opportunity to discuss how PRISM might address some of these issues. Some team leaders have sought direct support from the research team – eg. one team leader asked us to draft notes on professional development issues (in context of PRISM) to use as basis for approaching Council to include greater time allocation for professional development in tender specifications. Another team leader discussed the possibility of Heather McCormack working with the team on developing team work and meeting procedures, and her plans for the team to review the conduct of new mothers' groups (shifting emphasis away from education towards greater focus on support/building friendship network). A third team leader asked for assistance with drafting a section of their tender bid (to maintain their current contract) arguing that the involvement of the MCH team in PRISM and the training program that they had participated in were major strengths that would be lost if the tender went to another agency .

## Reinforcing strategies

1. *Key PRISM messages* were reinforced over the course of the 4 workshop sessions – in some LGAs training was completed over 4 weeks, and in others 2 or 3 weeks. Gaps between sessions provided opportunity for MCHNs to try out some of the strategies discussed and report back to the group on what happened – when this occurred it was very useful in reinforcing key messages.

2. *Individual feedback summary for each team* – notes taken during course of sessions (brainstorming and group sessions) were recorded and copies made available for each MCHN as a review of issues discussed. Individual feedback summaries for each team were distributed between March to June 1999 to all MCHNs taking part in the training.

3. *Group feedback/summary of priorities identified* – summary of issues raised and discussed across the 8 areas was put together at the end of the workshops as a way of sharing ideas/experiences. It included a section highlighting priorities identified across the 8 areas (eg. professional development, physical environment of centres and how this impacts on supporting mothers, linkages with other primary care professionals), and ideas MCHNs had about using PRISM kit/other strategies for encouraging mothers to talk about health issues, meet other mothers, have time out etc. The summary was distributed to all MCHNs who took part in the training sessions in July 1999.

4. *CDO support/contact with MCHN teams* – CDOs reinforce key PRISM messages/ways in which PRISM can support MCH practice, e.g. inviting MCHNs to draft their entry in the local guide, developing resource material for noticeboards, attending team meetings to report on PRISM activities and seek their input/advice.

## *2.2.2 Training for GPs - GAPP (Guidelines for Assessing Postnatal Problems)*

The major aim of this element of the PRISM intervention program is to increase the knowledge and skills of general practitioners to enable them to deal more appropriately with depression and physical health problems occurring in the year after childbirth.

GAPP is using an innovative multi-faceted educational program that consists of academic detailing, written evidence-based guidelines, three educational sessions, practice audits, skills practice in active listening with a simulated patient, peer discussion, professional support and a practice reinforcing strategy to enable GPs to facilitate disclosure of and manage common postnatal problems.

The implementation of GAPP began in each area via the appointment of an interested local GP as a GAPP GP advisor, to facilitate local involvement of GPs both in the GAPP training program and in PRISM. Evidenced based guidelines for assessing postnatal problems were also developed and printed for use and distribution as part of the GAPP training program and a group of simulated patient evaluators has been trained to participate in the GP practice visits.

The GAPP training began in intervention communities in June 99. The first and second workshops in each community will be complete by the end of the year, with the third workshops planned for March 2000. We've included a full description of the planned GAPP strategies in Section 2, even though much of the program will be completed after September 99.

**Predisposing strategies**

1. Background research regarding GP involvement in postnatal care, GP views about their competence to deal with postnatal issues, as well as their needs for further training informed the design and content of the training program.

2. Previous research on maternal health issues contributed significant and relevant Australian data in the development of the evidence based guidelines.

3. Involvement of local GPs as GP advisors in GAPP and involvement of GP Divisions in their selection.

4. Attention has been paid to GPs' own local issues and needs in the first workshop, in order to inform, and increase the relevance of, subsequent parts of the training program.

5. Recognition of constraints of GP practice - time, workload demands etc - explicitly acknowledged in the training program with attention paid to developing practice strategies workable within these constraints .

6. The GAPP training program has been approved for a significant number of CME points (78), providing an incentive for GPs to take part and demonstrating the quality of the educational program being offered.

7. Quality of the materials produced - eg the GAPP guidelines, the GP resource folder and the practice reinforcing stickers - all contribute to the importance placed on the GP role in dealing with postnatal issues and on providing them with high quality information and support.

**Enabling strategies**

1. The GAPP educational program is being conducted in each of the 8 'intervention' communities. The program elements include:

    - Invitations to GPs in the intervention communities to take part in the program via divisional newsletters, or following a personal visit from a fellow GP recruited in each local government area as the local GAPP GP advisor(academic detailing). The aim was to recruit up to 20 GPs in each area.

    - The first introductory workshop, held in each area in Aug-Sept 1999, provided an overview of PRISM/GAPP, an opportunity for discussion of local needs and issues and involved the collection of baseline data on GPs' knowledge, skills and attitudes regarding postnatal care.

    - Following this first workshop GPs have been asked to undertake a prospective audit in their own practice of all women seen who have given birth within the previous year (Aug-Sept 1999). The audit is intended to demonstrate to GPs their level of involvement in postnatal care, the types of problems that recent mothers present to GPs, their current management strategies and degree of confidence to manage particular problems.

    - The second workshop (Aug-Oct 1999) includes a presentation by a clinical psychologist on the benefits of, and ways to achieve active listening within general practice consultations. An introduction to the GAPP evidence-based guidelines for postnatal care is given and the use of a sticky label for attaching to the files of all women with infants under one year of age with key points from the guidelines is introduced as a way of applying a systematic approach to the care of women postnatally and for encouraging implementation of the learned listening strategies (practice reinforcing strategy). Small groups then discuss the findings of the pre-workshop audits.

    - A second prospective audit is planned 3 months after the second workshop (Jan-Feb 2000) and each GP will be visited again in their practice by a simulated patient evaluator, for assessment of competence in dealing with postnatal issues (Jan-Feb 2000).

- A third and final evaluation workshop is to be held in March 2000.

2. Role of GP advisors in promoting the training program to GPs and the value of having someone local 'on the ground' to inform, encourage and involve participants has enhanced the credibility of the training program, as has the prior work done by CDOs in developing initial links with GP divisions.

3. Background reading and resources provided to GPs as part of their training provide GPs with evidence for the strategies being promoted in GAPP/PRISM.

4. The simulated patient strategy incorporated in GAPP has prompted considerable participant interest as it provides GPs with a rare opportunity for patient feedback (albeit 'simulated') about their handling of a consultation.

5. The locality guides contained in the kits also provide the GPs with relevant information about local services and 'time-out' activities, ensuring that they have the local information needed to discuss with mothers some practical strategies for support and time-out.

6. Discussion at the introductory workshops about the desirability of better links with maternal and child health nurses and the opportunities via PRISM/GAPP for joint activities aimed at improving their collaboration with nurses.

7. Participant GPs are well equipped with materials to 'share' with other GPs in their practices, thereby providing an opportunity for spreading key GAPP/PRISM messages beyond those participating in the full GAPP program.

8. GP involvement on Steering Committees provides opportunities for intersectoral collaboration.

9. Involvement in local launches of GP Advisors, GPs on Steering Committees and of GP Divisions. At one launch the GP Division organised a display, at another a GP and Maternal and Child Health Team Leader presented a "conversation" about their roles in promoting maternal health and their commitment to working more closely together.

**Reinforcing strategies**

1. The PRISM, kit, poster and 'supporting mothers in our community' sticker - all provided to training program participants, acknowledging their interest and support for addressing maternal health issues and for use/display in their practices as prompts for mothers to talk about their own health issues.

2. The ESP (Emotional/Social/Physical)practice reinforcing stickers distributed for use by the GPs in their consultations with mothers act to reinforce the key messages of the training program, encouraging GPs to talk with women about their emotional,

social and physical health needs.

3. The monthly GAPP newsletter to be faxed to GPs aims to keep 'alive' the issues, ideas and practice skills central to the training program.

4. MCH Introduction cards presented to GPs by mothers serve to reinforce the importance of links and collaboration.

## 2.3 PRISM Information Kit

There are five components to the information kit:

- a leaflet for mothers focusing on emotional health issues (8pp)
- a second leaflet for mothers focusing on physical health issues (8pp)
- a leaflet for fathers talking about how life changes with a new baby, and some of the things they can do to enjoy being a father and support their partner (4pp)
- a guide for mothers to their local community (16pp)
- a booklet of vouchers for discounted or free local services/activities promoting opportunities for 'time-out' (max 20 vouchers).

The first three leaflets were developed by the research team. The local community guide and voucher contributions were designed by the CDOs in consultation with the research team.

The kits were designed:

- to be handed out to mothers by their MCHN at the first home visit (since almost all mothers are visited at home in the first few weeks, a strategy intended to maximise the chances of mothers receiving the kits)
- to be handed out over an eighteen month period – with a period of approximately 6 months before the trial data collection period begins
- to be mother-friendly – readable, simple format, containing lots of images/messages that mothers could relate to
- not to give advice
- to provide information about common problems mothers experience
- to reassure women that it is not unusual to feel depressed, or to experience physical health problems after having a baby
- to model things that mothers could do, e.g. time-out, finding someone to talk to, accepting offers of support
- to provide incentives via the vouchers for time out, and activities that involve meeting other mothers
- to be a resource for MCHNs and GPs in their work with supporting new mothers, e.g source of ideas regarding local activities for new mothers, encouragement to talk about health issues, reinforcing information about common problems after birth
- to provide an avenue for local community organisations and businesses to participate in PRISM and contribute to creating more supportive local environments

for mothers, initially via vouchers and the opportunity to be included as a mother-friendly organisation in the local community guide
- to be a vehicle for the CDOs to be 'out and about' getting to know their local community, and local services/activities in the community relevant to mothers, with something tangible to promote as a vehicle for involvement.

## Predisposing strategies

1. Background research – especially the Survey of Recent Mothers, Mothers in a New County study, the follow-up study of women's experience of motherhood and emotional well-being after childbirth, and Life as a Mother Project – substantially informed key messages regarding common experiences and problems in the first postnatal year, and strategies that might help.

2. Piloting of leaflets resulting in minor modifications to language in mothers' leaflets, and more significant changes to messages and graphics in the fathers' leaflet.

3. Contacts with MCHNs via Centre's policy/advocacy role and with GPs via collaboration with Jane Gunn provided a perspective on issues/constraints/ways of working of primary care professionals – influenced the decision to distribute kits via MCHNs, with concurrent training for GPs and MCHNs addressing both knowledge of research literature and evidence regarding maternal health issues, communication skills (active listening) giving us an opportunity to introduce kits as a strategy supporting and building on their practice.

4. Discussion of kits with MCHNs was integral to MCHN training – included both discussion of content of kits and distribution.

5. Voucher for free occasional child care – was implemented in Traralgon as local council response to MCHN research project which identified very high prevalence of maternal depression. We borrowed this concept and expanded upon it in designing the voucher scheme, but emphasised that it was a Victorian local government idea originally.

6. Christina Meissen's graphics have been an instant success – with local government, health professionals, local businesses and women.

7. Professional approach of CDOs in promoting the kits, eg. written agreements with sponsors, offering organisations opportunity to write/edit and approve text.

## Enabling strategies

1. All components of the kit:
   - Leaflets on physical and emotional health: reassurance/information about common health problems, acknowledgement of constant demands/juggling acts of motherhood, encouragement for women to see their own health as important, use of quotes and graphics to model strategies for dealing with health issues, e.g. time-out, talking to someone understanding, accepting offers of help.
   - Leaflet for fathers – reinforcing key messages, recognising stresses for fathers/relationships, use of quotes and graphics to model things that they can do to enjoy baby and support their partner
   - Vouchers: incentives for time-out, recognition of need for support, strategy for involving businesses and community organisations

- Local guides for mothers to each municipality: recognition of how life and what you need to know about your community changes; encouragement to be out and about doing things you enjoy, opportunities for time-out, meeting other mothers; use of quotes to reinforce key messages; strategy for encouraging businesses/organisations to identify things they can do to be mother-friendly to ensure they were included in the guide.

2. CDOs' efforts to maximise local input into the guides:
   - involving steering committees – eg. identifying contacts, commenting on drafts, feedback on local parks etc.
   - invitation to MCHNs to draft their entry for the guide
   - contacts with local organisations and businesses
   - contacts with local mothers via 'recent mothers' on steering committees; attending new mothers' groups, playgroups, NMAA, etc; mailout to local mothers asking for feedback and recommendations about local parks, walking paths accessible to prams, home delivery services etc.

3. CDO efforts to take account of local context (physical and social geography of their locality, inter-city rivalries post amalgamations, lack of public transport between towns):
   - two LGAs opted to have separate voucher booklets for three geographic areas within each LGA (i.e. 3 voucher booklets instead of 1 for the whole LGA)
   - all CDOs endeavoured to obtain voucher contributions across all major centres, and where possible to have equivalent offers in different regions/centres within the LGA.

**Reinforcing strategies**

1. Local launches of kits – public event involving key stakeholders to mark commencement of kit distribution.

2. Media publicity (eg. local papers, radio, TV in rural LGAs, community newsletters, GP Division newsletter) leading up to and surrounding launches – emphasisng key messages eg. local community involvement, support from businesses for vouchers, encouraging mothers to feel welcome, PRISM cafes etc, check-list for being mother-friendly, invitation to join walking group.

3. Certificates of appreciation for voucher sponsors.

4. PRISM display stickers – received by all voucher sponsors and organisations doing mother-friendly things included in the local guides.

5. CDO visits to voucher sponsors post the launches – to show them the kits and voucher booklets, talk about ways they might expand on what they have already offered or work together with other PRISM friendly businesses. Some CDOs used this as the opportunity to hand out the PRISM display stickers and certificates of

appreciation, others did this at the launches as well. One CDO was accompanied by local councillor/Chair of steering committee (see PRISM POINTS - September 99).

6. Local PRISM newsletters – reinforce key PRISM messages, brief updates/summary of project happenings locally, modelling PRISM friendly initiatives eg. list of PRISM cafes.
7. Information sheets for MCHNs – question/answer format summarising issues research team were asked about in training in relation to distribution of kits and outcome evaluation. Distributed in early August – invited nurses to contact RS/SB with any queries.

8. CDO visits to MCHNs soon after launch to distribute kits, answer questions about them, and/or talk to nurses about their initial reactions to handing out kit. CDOs also received copy of info sheets for MCHNs and could talk through queries nurses had referring to this summary and/or refer MCHNs to research team for further clarification.

9. Decision to produce extra copies of the locality guides in response to a request from one LGA for copies to distribute to services working with mothers (e.g. family support services, community health services, etc). MCHNs in a number of localities were also keen to have copies of the locality guide to give to mothers with babies born before the local project launch in their area. PRISM funded and extra 250 copies of the locality guide for each area. 7 LGAs paid for an additional 250-500 further copies.

## 2.4 Befriending

The concept of a befriending scheme included in the original grant application to NMHRC has been modified more than any other key element since the project began.

The inclusion of befriending as a key element in the project derived from the evidence that social isolation was a contributing factor in depression for many women, combined with recognition that standard strategies for overcoming isolation (new mothers groups, support groups for mothers with depression, NMAA groups, etc) were not meeting the needs of all mothers for support.

The aim from the outset of the project was therefore to consider strategies that would enable mothers to broaden their social networks that did not rely on participation in groups. The project did not begin with a clear definition of 'befriending' beyond the view that the aim should be to promote opportunities for mothers to expand their social networks in settings/ways that enabled them to make new contacts on a one to one basis (rather than in a group context).

The concept of 'befriending' within PRISM recognised that:

- groups are not a solution to isolation for all women (not all women like groups; they can be difficult to get to with an older child, or a baby that is sick or cries a lot; may seem too baby focused to some women)
- another strategy for overcoming isolation is to make new friends
- friends are made in range of contexts – many of them opportunistic
- friendship involves doing things together and meeting each other's needs (mutual and reciprocal relationships)
- friends don't have to be the same age or at the same life stage.

At Beechworth, the research team and CDOs discussed:

- importance of befriending as a universal strategy consistent with view that <u>all</u> mothers need support
- ways of increasing the chances of mothers making friends eg. through places, activities, a facilitator (eg. MCHN), and through community groups.

**Predisposing strategies**

1. Centre's descriptive research – women's views about isolation, about new mothers' groups/other support groups, and about the role of friendship/someone who really listens in helping women cope with depression and stresses associated with having a new baby informed inclusion of this strategy.

**Enabling strategies**

1. Local guide/voucher contributions
   - PRISM cafes – times each week when mothers can drop in for a coffee when other mothers are likely to be there
   - Leisure centre vouchers with occasional child care – potential for mothers to team up with a friend to use the vouchers
   - Toy libraries/story time at the library – places to meet other mothers informally
   - Cinema cry baby sessions – coupled with coffee afterwards in a friendly PRISM café
   - Walks/parks to visit – ideas for teaming up with another mother perhaps with coffee or picnic along the way

2. MCHN drop-in for a cuppa sessions ie. times in the week when the kettle is on and mothers are welcome just to call in for a chat with other mothers

3. CDO discussions with local agencies (e.g. neighbourhood houses, women's health centres, community health centres, churches, NMAA, playgroups) about befriending opportunities for mothers.

4. CDO involvement in discussions with existing volunteer programs in two LGAs with a view to refocussing the programs towards befriending approach.

5. One steering committee is considering adapting model of befriending program for mothers operating in another state; reframing this program to take a universal rather than targetted approach.

## 3. CONSOLIDATING AND STRENGTHENING INTERVENTION STRATEGIES - August 1999 onwards

This section is based on current plans and ideas about how the 'intervention' strategies might be consolidated and strengthened post the local launches held in August/September 1999.

We have based this section in large part on the discussions held at team meetings, and the planning documents developed by CDOs for discussion with steering committees.

Some of the strategies mentioned are already in place, and others are ideas at this stage. We haven't differentiated between strategies that are already in place, and those that are still at the ideas (maybe, depending on….) stage. We saw our purpose here as getting on paper the range of possibilities. Undoubtedly we've missed some! So please do add your ideas to the possibilities list, and we will incorporate all ideas in the final document.

## 3.1 Local Steering Committees

### Enabling strategies

1. Monthly steering committee meetings – CDOs attention to agendas, regular meetings, chairing, fostering local engagement/priority setting for second year of implementation.

2. Joint workshop for MCHNs/GPs/other primary care organisations/professionals auspiced by Steering Committee.

3. PRISM POINTS – exchange of ideas/strategies across 8 intervention communities, including items by steering committee members.

### Reinforcing strategies

1. Increasing local awareness about PRISM key messages and strategies:

    - Local media publicity – emphasising positive achievements of steering committee/project eg. PRISM friendly environments check-list, fortnightly column in local paper, local community radio programs

    - Local PRISM newsletters

    - PRISM items in local community newsletters, eg. Council magazine, library newsletter, internal Council staff newsletter

    - PRISM displays – in shopping centres, Council offices, MCHN noticeboards, community centres, toy libraries etc

- PRISM/mother-friendly week or month

- Mothers' Day PRISM activities/publicity in May 2000

- EXPO of local services/businesses offering things to mothers in the local community/promotion of mother-friendly environments and activities

- Encouraging local mothers to express their views about issues that concern them (and things they like) about local services and the local environment, e.g. via letters to local papers, using suggestion boxes

- Meetings with local traders' associations facilitated by steering committee to discuss ways that businesses can support PRISM objectives, e.g. changes to physical environments, ways to welcome and assist mothers with babies.

2. Promoting changes to local environments and services consistent with PRISM objectives:

    - Working via the steering committee to advocate for increased access to practical support at home for recent mothers (e.g. home help, home delivery of shopping, prepared meals)

    - Steering committee input into council planning processes, e.g Corporate Plan, tender specifications for council services (MCHN Services, Libraries, etc), environmental planning, human services planning

    - Representation of PRISM (CDO or Steering Committee member) on advisory bodies to councils (e.g. Family and Children's Services Advisory Committee) could be an opportunity to take up issues about fencing/safety in local parks, parent-room facilities, signage, location of MCH Centres, home help, etc.

    - Developing *a mother-friendly services strategy* with involvement of all relevant sections of Council (e.g. urban-planning, economic development, environmental development, and community services departments); local traders; service clubs (e.g. Rotary); community services and other local advocates for PRISM. Possible directions/components of the strategy could be:
        - to work with traders (eg. local shopping centre traders group, home based businesses network, etc) on strategies to support mothers in local community, eg. supportive services such as home delivery, making services/ environments mother-friendly;
        - to develop a framework to inform Council planning processes (municipal health plan, environmental planning for playgrounds, pram-accessible walking paths, pram-accessible parking, baby-changing facilities in public buildings and parks, etc)
        - establishing process of liaison with relevant sub-committees of Council and affilliated networks/forums that bring together key local players (e.g Public

Transport Charter Committee, Human Services Forum, La Trobe Safe Cities Advisory Committee) and 'PRISMing' them
    - to plan and implement a 'voucher scheme' to continue beyond the 2 year period of implementation
    - to explore location of MCH Centre in local shopping centre in association with development of mother-friendly 'shopping' environment
    - to explore potential for neighbourhood houses to provide a 'university' for mothers i.e "PRISMing" neighbourhood houses.

- Steering committee members being active advocates for PRISM initiatives in local community, e.g. visiting voucher contributors with CDO to hand out 'display stickers' and certificates of appreciation

- Transforming steering committees into an advisory body to Council on issues relating to supporting mothers in the local community

- Individual and group discussions between CDOs and local mothers about issues relevant to supporting mothers in the local context. Creating opportunities for mothers to raise issues and identify local concerns is an important mechanism for:
    - tailoring of PRISM strategies to suit local community and address local needs
    - potentially countering perception that statewide research isn't relevant, by providing evidence regarding issues important to local mothers
    - documenting local concerns to present to Council in relation to issues such as home help, fencing of local parks, pram-friendly parking etc.

- Steering committees taking an active leadership role in auspicing of interagency networking and educational forums for MCHNs/GPs, other community based services, allied health services and specialist mental health services:
    - to improve intersectoral co-ordination and knowledge of primary care professionals about other resources available in local community
    - to facilitate appropriate referral between agencies including specialist mental health services
    - to model universal rather than targetted ('at risk') approach to supporting mothers in local communities
    - to facilitate interagency collaboration around ways each agency works to support mothers, eg. between women's health centres, community health centres and neighbourhood houses
    - to raise the profile of maternal ill-health after childbirth as a major (local) public health issue

## 3.2 Training for primary health professionals

### *3.2.1 Maternal and child health nurses*

**Enabling strategies**

1. Team leaders are attending GAPP training in many areas.

2. GAPP guidelines are being distributed to all MCHNs Sept/October 99; team leaders attending the GAPP training will receive background to the development of the guidelines and have an opportunity to participate in discussion about how they might be used in primary care.

3. Meeting involving MCH team leaders/GAPP advisors/CDOs/research team is being planned for mid November 1999 – opportunity to review how key elements (especially kit, befriending initiatives) are working to support MCH practice, discuss and exchange ideas about supporting mothers/promoting maternal health, discuss strategies for addressing constraints (eg. time constraints, peer support, professional development), and further opportunity for team leaders to identify priorities for 'refresher' training session in March-April 2000; also opportunity to encourage networking to facilitate local intersectoral forums in 2000.

**Reinforcing strategies**

1. Distribution of Cochrane Review updates – research team has taken on role of updating each team with paper copy of reviews/new protocols relevant to maternal health for the period of the trial (2 years); teams are being encouraged to explore local access to the CD-ROM Library

2. Distribution of summary of feedback from nurses about the training programs – 65% of nurses provided feedback, summary includes ratings of each session, and open ended comments

3. MCHN Interviews – process evaluation interviews in Nov/December 1999 to discuss experiences/issues regarding distribution of kits.

4. MCHN Interviews – impact evaluation interviews with a sample of MCHNs to assess impact of initial training on practice, scheduled Feb 2000

5. Refresher training – half-day workshop planned in each LGA March/April 2000.

6. CDO activities to support MCHNs:
   - Attendance at team meetings to report on PRISM activities and facilitate MCHN input and involvement

- Networking – putting MCHNs in contact with other local services and vice versa, promoting and facilitating intersectoral linkages, eg. via organisational support for local forums, ensuring MCHNs receive bulletins/newsletter/information resources from local women's health and relevant community services
- Supporting MCHNs to access resources for notice boards that support PRISM objectives and key messages, e.g one CDO is exploring possibility of a community groups' roster for updating information on local services/activities for mothers on MCHN notice boards, another CDO is exploring possibility of local mothers network updating information in consultation with MCHNs and using noticeboards to publicise local activities/information/ideas they think may be of interest to other local mothers
- Liaising with Council community services departments to facilitate MCHN's access to information about local and statewide services/supports for mothers
- PRISM Newsletters/media publicity promoting MCHN role in supporting mothers
- Working with MCHNs to strengthen social networking in new mothers' groups focusing on what sustains groups continuing to meet and provide supportive networks for mothers in longer term
- Focus groups to consult local mothers about their social and support needs.
- Consulting with mothers who have left new mothers' groups individually regarding their needs.

## 3.3 PRISM Information Kit

### Enabling strategies

1. Ideas discussed with MCHNs in training
   - notice board display on maternal health – reinforcing info in kits/encouraging mothers to talk to their MCHN
   - MCHN newsletter items on maternal health – reinforcing info in kits/encouraging mothers to talk to their MCHN
   - using kits in new mothers' groups to reinforce key messages about mothers own health and recovery, doing things you enjoy every day, time-out, encouraging mothers to use the vouchers, local opportunities for making friends and meeting other mothers

2. In two LGAs a pamphlet or 'flash card' (brightly coloured, large print) is being distributed to women at their pre-admission hospital visit in pregnancy letting women know about the project and the kit they will receive from their MCHN – includes an introductory voucher as well, and summary of key PRISM messages about time-out, and opportunities to meet other mothers. This has involved collaboration with pre-admission clinic staff, and was facilitated via the local steering committees. One of the aims of this strategy was to reach women who might not access MCHNs or read longer kit pamphlets. It may also act as an incentive for women who might not otherwise visit their MCHN to obtain the kit and take a look at its contents.

3. Public transport organised via community buses for mothers to access activities promoted in local guide and vouchers, e.g. bus to cry-baby sessions

4. In one LGA, local CWA has expressed interest in tape-recording the information in the kits for visually impaired mothers.

### Reinforcing strategies

1. CDO visits to voucher sponsors - repeat visits are planned at regular intervals to collect vouchers but also as a strategy for reinforcing key messages/encouraging co-operation between voucher sponsors, and extending nature of sponsorship (eg. café owner might actively encourage mothers to get to know each other, leisure centre might take on role in supporting walking group etc).

2. Media publicity, profiling voucher contributors, PRISM cafes etc in local newsletters, community notice-boards etc with a view to:
   - reinforcing the information/incentives in the guide and vouchers
   - using positive media publicity/newsletters etc as an opportunity to acknowledge agencies/traders supporting PRISM objectives, and to invite other agencies/traders to get involved in promotion of mother-friendly activities/environments
   - acknowledging/publicising agencies doing PRISM-friendly things that missed out on being included in the kit.

3. MCHN interviews regarding kits has been planned as a component of the process evaluation, intended to identify any obstacles to distribution of kits – scheduled for November 99.

4. At least one LGA is considering second draft of local guide for mothers for wider distribution to mothers in local community; currently considering strategies for seeking sponsorship of council/Rotary/other local agencies to build local ownership and sustainability

5. Longer term strategies for voucher scheme – ideas include making it inclusive of broader group of mothers in community, seeking sponsorship from Council and other community leaders such as Rotary to build local ownership and sustainability, use of a single voucher card with a list of contributing sponsors over given period.

6. One LGA is considering strategies for resourcing local mothers re how to get what they want out of the system – perhaps involving women's health services in this.

7. Working with local support groups e.g. NMAA to promote PRISM messages, foster and extend the efforts of local agencies to be mother-friendly.

## 3.4 Befriending

**Enabling strategies**

1. Steering committee discussions of local strategies for expanding opportunities for mothers to meet and do things together with other mothers, 'grandmothers', and others, including consideration of mentoring and befriending programs implemented in other settings, e.g Good beginnings, Moruya program

2. Mothers' coffee mornings/drop-in times at MCHN centres on mornings when nurse not in attendance, or during open session.

3. Pamphlet for mothers with information and encouragement about ways to meet other mothers, and opportunities for making friends/meeting people in your local community, possibly with sponsorship of Council, service club or local businesses.

4. Identifying agencies/people enthusiastic about 'befriending' and assisting them to implement strategies relevant to local community, e.g. NMAA, women's health centres, churches, leisure centres.

5. Place-based low-key meeting opportunities, e.g 'Take a Break' after immunisation sessions, at the toy library, after story time at the local public library, after classes at a recreation centre.

6. Annual events, 'once-off' activities that could be repeated involving befriending opportunities, e.g. baby goods bazaar, demonstration of water familiarisation/water safety for babies with refreshments to follow organised by leisure centre.
7. CDO contacts with local agencies to discuss ways they might contribute to befriending initiatives, e.g. health promotion workers at CHC offering to facilitate mothers' walking group, neighbourhood house or women's health centre offering venue for coffee/tea after walking group or cry baby session, offers negotiated by CDOs for kit linking cry-baby sessions with PRISM café.

8. Using public events (local launches, EXPO) to canvas interest in befriending initiatives, e.g. Mum's Walking Group – 12 mothers signed up for a walking group in Sale at the launch in the local shopping centre.

9. Extra vouchers to support befriending activities, e.g discount on running shoes for mothers joining the walking group.

10. PRISMing mentoring schemes being established in some LGAs, e.g. CDO in one LGA supported application for mentor program 'worker' who may be able to play a role in facilitating 'befriending' activities for mothers.

**Reinforcing strategies**

1. Using community noticeboards, local PRISM newsletter, and local media to publicise and model befriending opportunities, e.g. stories about local mothers' walking group, tea and coffee after story time at the library, friendships formed at the local PRISM cafe.

2. Discussion of MCHNs' experience with 'befriending' in refresher session.

**8th October, 1999**