



Australian Nurse-Family Partnership Program

Sharing stories, supporting mums

Environmental Health and Health and Human Services Domains

Eleventh Edition
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The ANFPP is underpinned by three theories, which have been discussed in previous editions of the newsletter: Bowlby's attachment theory, self-efficacy theory (which is a part of social cognitive theory) and Bronfenbrenner's human ecology theory. This last theory emphasises the importance of social contexts as influences on human development.

The focus on this theory in the ANFPP means that, in practice, the program takes a 'place-based' approach that looks not only at the individual but also at the context within which they live. In this issue, we look at the two final ANFPP domains: "health and human services" and "environmental health".

These domains consider the character of social networks, community and culture as the context within which the client and her baby live. It also considers the physical environment, in particular housing, and the effect of poverty, as well as the network of health and human services that clients can draw upon as important aspects of these domains.

Much of the literature on place-based approaches to children's services focuses, not surprisingly, on services whose clients are children. As discussed in [Newsletter No 9](#), the ANFPP takes the view that services offered to the mother are of equal importance to the child and that, in fact, the value of the network of services available for children will be maximised by building the self-efficacy of the mother.

Experiences of poverty limit the life chances of any individual

and impacts on their ability to become self-sufficient. Poverty is considered a factor in the establishment of positive relationships between mother and child. Mothers who are stressed about providing the basic resources for survival (e.g. shelter and food) are less likely to engage in relationship-forming activities with their children such as play. The impact of poverty on early childhood development is discussed by the [Centre for Community and Child Health in Policy Brief No 14, 2009](#).

The network of human services that are available to wrap around clients and their families can assist to break this cycle and the ANFPP is well-positioned to support clients to make the most of available services, which can help break this cycle of disadvantage. Stable and affordable housing is a great start for building a platform for self-efficacy and reducing common stressors, and if agencies act in partnership, collaborating to reduce barriers preventing access to their services, then services can be truly effective (for further discussion see ["Place-based approaches to supporting children and families"](#) Murdoch Children's Services Policy Brief No 23, 2011).

Inside this newsletter you will also find the reflections of three women from the ANFPP in Alice Springs who presented at the Chronic Diseases Network Conference in Darwin in September. The conference had the theme of "Promoting Healthy Childhood - Preventing Chronic Conditions". It was extremely well attended and

the importance of funding and delivering evidence-based programs that focus on primary prevention was a recurrent theme throughout the conference.

We profile Darlene Herbert, a Family Partnership Worker at Wellington Aboriginal Health Service and welcome a new "member" of the ANFPP who has a lovely connection to the program team in Wellington.

Collaboration between service providers in the delivery of place-based services, are important elements of the ANFPP. We identify some keys to effective support and collaboration based on the extensive literature available on this topic.

Finally, we farewell Pilar Baca, from the Prevention Research Center in the United States and acknowledge her valuable technical and personal contribution to the ANFPP.

Claire Runciman
ANFPP Support Service Team Leader



Rewards and challenges

Reflections on the ANFPP



Recently, members of the ANFPP Team at Congress in Alice Springs travelled to Darwin to share their reflections on the program with the Chronic Diseases Network (CDN) Conference.

The presentation was prepared by Natasha Hampton, an ANFPP client who will soon graduate from the program; Jasmine Campbell, an Aboriginal Community Worker (ACW); and Clare Levy, Nurse Home Visitor (NHV).

Together they worked to create an hour-long overview of the program, its aims, its ways of working and the impact it is having on clients in the Alice Springs area.

Natasha, whose twins are about to graduate from the program, spoke

about her experiences as a client and the ways in which the program had supported her as a mother. She generously shared her experiences about what the ANFPP has meant to her, including the sense of friendship and community spirit she felt. She shared her experiences of becoming a strong, proud and informed mum.

Natasha spoke about the culturally appropriate nature of the program and the support she has received in continuing her education. As a participant in the ANFPP, Natasha has also been able to gather photographs and video footage recording the first two years of her children's lives.

She shared what the program has

meant for her children, who now have a more informed, capable and supportive mother.

Reflecting back on the value of the confidential support she has received during her time with the ANFPP, Natasha says she would recommend the program to other eligible women and noted the lack of "pressure" she felt around her participation in the program.

As the first mother of twins to participate in the ANFPP at Congress, Natasha was also instrumental in sourcing suitable materials for mothers with twins and says she values the partnership approach that underpinned this work with her NHV.

Jasmine Campbell, ACW, was

unable to attend the presentation in person in Darwin, however, her section of the presentation was shared on her behalf and received great feedback from conference participants.

Jasmine's reflections focused on how the Alice Springs community has responded to the ANFPP, including positive community conversation about the program and the active participation of family members - including men and grandmothers - in visits.

Jasmine also looked at the positive responses of women to the program and the benefits it has for their children. These factors contribute to how much the program means to Jasmine: she appreciates meeting

the clients, helping and supporting the nurses, learning new things and seeing the clients graduate.

Claire Levy, a NHV in the program, also spoke about how privileged she feels to participate in the ANFPP, sharing one of the most momentous times in the lives of women and their families.

She spoke about how clients share their intimate stories and reflected on the strength she draws from working in an evidenced-based program that is well-supported at the organisational level, with a team of dedicated, passionate people.

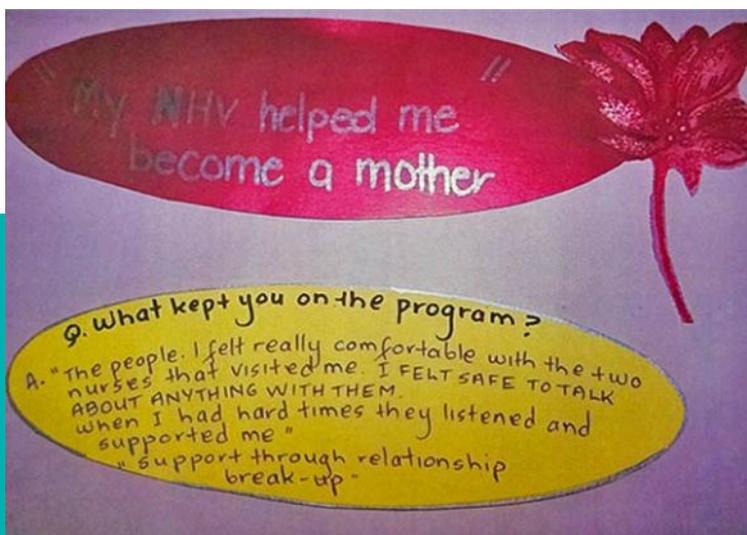
Claire also identified some of the challenges faced by the program including the transience of the Alice Springs' population; the complex

needs of some clients; the underlying determinants of health that the program is unable to address; and the need to be emotionally available for clients.

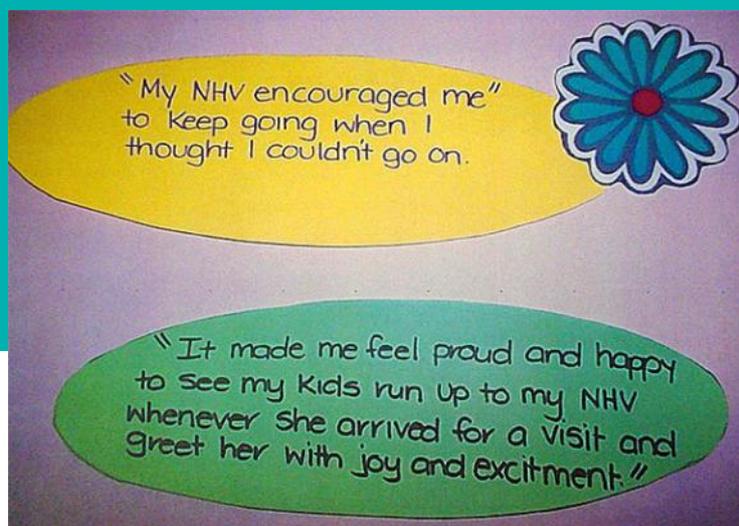
She also noted that working in an office full of strong women can be a challenging as well as rewarding aspect of the ANFPP!

Together these three women shared some of their fabulous experiences with the CDN Conference and were delighted to be able to connect with other practitioners working in the area.

For more information on the Chronic Diseases Network you can look at their page on the [Northern Territory Government's website](#).



Slides from the CDN Conference presentation showing comments from clients around factors that kept them in the program.



Staff profile: Darlene Herbert FPW, WACHS



Darlene Herbert, Family Partnership Worker

Darlene Herbert recently joined the ANFPP team at Wellington Aboriginal Corporation Health Service (WACHS) where she works as a Family Partnership Worker (FPW). Darlene brings a fantastic range of experience to the team, with qualifications in both aged care and home services, as well as several years of work experience in aged care in the Wellington/Dubbo area. Mother to four beautiful girls of her own, Darlene works to support the ANFPP team and clients, while building linkages and relationships with the Wellington and Dubbo communities. Since joining the team, she has enthusiastically taken on a linkage role with the Us Through Arts program of Buninyong School as Community Centre (SACS). The Us Through Arts program at SACS operates each Wednesday between 10am-1pm and has a range of art-based activities that ANFPP clients participate in.

Recently, Darlene and ANFPP clients have been working on two major art projects. One is a mixed-medium mural that depicts the Dubbo/Wellington area and the community's physical and life journeys. The other is a beautiful tile and

mirror mosaic that will be used as the Buninyong School's signage. For Darlene, her support of the Us Through Arts

program helps link ANFPP clients to community services and to build client's broader social networks.

She has observed client's growing in confidence while participating in the art-based activities, and one client who participated in the program is now being mentored to take on a coordinating role. Linking clients to existing groups has helped broker connections between the ANFPP and other community programs. Programs include first aid training, in a fun and non-threatening environment where clients can connect socially, and clinics for immunisations and health checks. Darlene is looking forward to exploring other opportunities to connect with groups in the other communities in which the program operates.



Growing the ANFPP family

Welcoming the newest member of the program



Welcome to the family, Kalaia: (LrR) Nakita Carr; James Bell holds Kalaia Carr Bell; Kerry Griffin

It is always an exciting time for the ANFPP teams when a client gives birth and these new additions to the ANFPP "family" are welcomed with anticipation and delight! So it's even more exciting for the ANFPP team at WACHS to welcome baby Kalaia Jane Carr Bell to the ANFPP community as Kalaia and her mother Nakita have a range of connections to the WACHS ANFPP.

Nakita's mother, Kerry is the Administration Officer for the ANFPP at WACHS and is currently being skilled up to take on a combined FPW and administration role with the team. Nakita's cousin, Samantha Gray has also participated in the program and was a great source of support and advice to Nakita during her pregnancy.

Although involved in the program in different capacities, both Kerry and Nakita feel that they

have learnt a lot from the program and value the support and connection that comes from being a part of the program.

For Nakita, the support of her mum, cousin and partner, James, has been a key to her success in the program.

We all wish Nakita and Kalaia all the best for their exciting future together.



A five generation celebration: Great great grandmother Daphne Toomey holds baby Kalaia Carr Bell. Back row (LrR): Kerry Griffin, Norma Griffin and Nakita Carr

Service collaboration: keys to effective support

Collaboration between service providers is often nominated as a critical factor in the achievement of effective place-based services.

Gardner argues that maintaining a wide range of services contributes positively to service delivery and that the coordination, management and clinical integration of services is often more desirable than their complete structural integration.

While there is strong face validity in the claims that coordination and collaboration improve client outcomes, unfortunately there is currently little evidence with regards to the effectiveness of collaboration. There is, however, evidence about the criteria for effective collaboration which includes the need for facilitative leaders who can ensure that there is sufficient time for communication and group process and a common philosophical framework across and between services.

A group of Australian practitioners has collated the key elements of successful collaboration. These are:

- Shared vision and values
- Agreement on common goals and clearly stated aims
- Inspirational and energetic leadership
- Building on the enthusiasm and commitment of others
- Sound governance, clarity of leadership and assessment of risks
- Recognition of and valuing of diverse professional contributions
- Capacity to address issues of power and achieve and equitable distribution of resources
- Willingness to share risks and problems as well as positive outcomes
- Mechanisms to deal with conflict
- Recognition of all contributions and public recognition of worth
- Evaluations to assess effectiveness and cost-effectiveness
- Frequent and effective communication
- Time and resources to build relationships
- Mechanisms to facilitate sharing of information and administrative data as appropriate
- Mutual understanding of practice philosophies, culture, ideas and beliefs.

It should not be assumed that place-based approaches to service delivery necessarily eliminate conflict between

services, or that professional boundaries between providers are not maintained. It is important, in fact, that providers have a sense of certainty and mutual understanding of what their respective service boundaries are and have clarity around roles and responsibilities. While clients may be unaware or unclear as to the respective professional boundaries of the services they engage with, these boundaries need to be very clear to the providers. This enables providers to contribute their unique skills and knowledge while minimising negotiations over 'turf'. Time spent defining and agreeing on roles and responsibilities and establishing processes for resolving potential conflicts will pay dividends for service providers and clients alike.

In the ANFPP there are lots of examples of teams collaborating with local services to ensure clients are provided with the support they need. The interview with Darlene in this edition provides a window into the time and work required to build strong relationships between programs. A concerted effort over time by the team at WACHS has also resulted in a significant increase in referrals from the Dubbo Base Hospital to the program, resulting in growing client numbers. In a previous newsletter (Issue 7, November 2011) we highlighted the work of the Wuchopperen team in building links with the Cairns Children and Family Centre.

In the ANFPP there are a number of in-built mechanisms for engagement with local providers. These include the Community Reference Group; Regular Case Conferencing; and systematic planning within teams that identified who the key stakeholders are, the roles and responsibilities within the team for building and maintaining relationships and regular review of the key relationships through quality improvement processes.

Resources:

Gardner, R (2006) "The Challenge of Integrating Children's Services" *Child Abuse Review* 15, 373-376.

Lasker, R and Weiss, E (2003) "Creating Partnership Synergy: The critical role of community stakeholders" *Journal of Health and Human Services Administration* 26 (1), 119-139.

Mulroney, J (2003) "Trends in Interagency Work" *Australian Domestic and Family Violence Clearinghouse Topic Paper*, UNSW, Sydney.

Virginia Schmied, Caroline Homer, Lynn Kemp, Catherine Thomas, Cathrine Fowler and Sue Kruske (May 2008) "Literature review -The role and nature of universal services for pregnant women, children and families in Australia" *Collaboration for Research into Universal Health Services for Mothers and Children - ARACY ARC/NHMRC Research Network - Future Generation* (p. 36).

Rushmer, R and Pallis, G (2002) "Inter-professional working: The wisdom of integrated working and the disaster of blurred boundaries" *Public Money and Management*, 23(1), 59-66.

Farewell Pilar Baca

Colleague and friend

Claire Runciman, Team Leader, ANFPP Support Service

Pilar Baca has been involved with the Nurse Family Partnership (NFP) since its early trials. Currently the Clinical Director of Program Development at the Prevention Research Centre (PRC), Pilar has held several NFP-related roles, as a team member, a trainer and technical advisor to international replication sites of the program. As one of the original Nurse Home Visitors (NHVs) to take part in the clinical trials of the program, she brings a unique depth and breadth of experience with the NFP, its implementation, successes and of course challenges.

Pilar has supported the ANFPP as a advisor since 2008, acting as a technical resource for both the Support Service and the ANFPP implementing teams. As a new program in Australia, Pilar offered support to implementation that would otherwise have been unavailable as there were literally no NFP "experts" in Australia at the time of its inception.

Pilar's initial role was to support training for the Support Service (the body tasked with the workforce development and training for the ANFPP as a whole) in the program's core elements. This training helped establish what the ANFPP would "look like" in the Australian context in areas such as core training, required materials, data collection and monitoring.

After this initial phase of support to the program's establishment in and adaptation to the Australian context, Pilar was available for on-call technical advice and assistance that helped to combine the elements of the NFP into a coherent program that would be suitable to the Australian context.



The PIPE "Queens" - Back row (L to R) Sally Taylor (NHV), Carmel Barry (NHV), Jan McGrath (Nurse Supervisor), Marlene Swan (ACW); middle row Michelle Somerville (NHV), Anissa Thompson (NHV), Sarah Kitto (NHV); front row (L to R) Louise Rockett (NHV); Pilar Baca (PRC), Inge Baumann-May (NS) at Advanced PIPE training in Alice Springs in 2010.

Pilar's approach to the ANFPP team has always modelled the program's approach to clients. Rather than taking a didactic approach, Pilar frequently asked participants how things work in Australia, exploring and learning more about the Indigenous cultural context in which the program would be operating. In her contributions, she has never lost sight of the five client-centred principles, which are reflected in whatever context she speaks. In eliciting information about the program, its participants and stakeholders, she was identifying where the ANFPP team was at so that she could build on our strengths. She knew that the challenges ahead would not be about what happened in a specific visit, but that what would determine whether the program worked in Australia would be whether we could reproduce the spirit of the program in our particular organisational and community contexts.

Throughout the last four years, Pilar has been in constant contact with the Workforce Development Team at the ANFPP Support Service. She has assisted in resolving many challenges, always providing the calming reassurance that only someone who has lived and breathed the program for as long as she has is able to do. She regularly supported the ANFPP Support Service Leadership Team and the teams of Nurse Home Visitors. Direct access to program leaders such as Pilar has been immensely valuable to the teams in the development.

From a personal perspective, the real benefit I gained was during the precious moments between training sessions when I was able to touch base with Pilar face-to-face to talk through some thorny issues or challenges that I had in my own role. Pilar always demonstrated reflective practice at its best, leaving me with both renewed confidence and a way forward.

On a lighter note, Pilar has actively embraced the interpersonal and cross-cultural connections between the ANFPP sites and team members, taking time where possible to meet members of the community and to learn more about the program contexts. I will always remember Pilar, gamely aboard a kayak in Raby Bay in Brisbane off to see a sea turtle.

Thank you, Pilar, for everything.



Sharon Hughes (FPW) and Pilar Baca (PRC) demonstrating a PIPE activity in Alice Springs in 2010.

A generous spirit and an inspiration beyond words

Janice Finlayson, Nurse Educator, ANFPP Support Service

When thinking about Pilar Baca, this quote from Albert Schweitzer epitomises the profound affection and respect I have for this extraordinary and beautiful soul:

"At times our own light goes out and is rekindled by a spark from another person. Each of us has cause to think with deep gratitude of those who have lighted the flame within us."

There are many adjectives that have been used to describe Pilar as an individual: generous, talented, knowledgeable, kind, gentle, nice, wonderful, calm, encouraging and thoughtful. Those who have worked with her and been the beneficiaries of her extraordinary program knowledge will surely have many more glowing adjectives to add to this list.

I joined the ANFPP team early in 2009, and, sadly, missed the initial suite of training that Pilar delivered with the ANFPP Support Service in Brisbane. The participants in that training were so positive in their feedback about the grounding in the program that they had received from Pilar, however, that I was keen to have a chance to work with her.

Later that same year, I had the extraordinary privilege to be part of the Workforce Development Team that accompanied Pilar at the NHV Unit 3



L to Right Michelle Somerville (NHV), Samantha Lewis (NHV); Pilar Baca (PRC); Sally Clarke (ANFPSS); Jean Sharaz (NHV); Louise Rockett (NHV) PIPE Instructional Steps in 2010.



Back row (L to R) Pilar Baca (PRC), Janice Robinson (NHV), Ingrid van der Spek (NHV), Raylene Miliado (Administrative Officer); Front row (L to R) Kerry Mundine (FPW) Inge Baumann-May (Nurse Supervisor) in Alice Springs at a cultural evening hosted by the Alukura women's health and maternal and child health centre.

and Partners in Parenting Education (PIPE) training, which was followed by Nurse Supervisor Unit 2 Training.

To observe Pilar training, whether in core training or PIPE/Advanced PIPE, and to have the opportunity for Pilar to contribute to our sessions was an enlightening experience; her generosity of spirit reflects on how she 'grew' us all in the program. It can be quite daunting for a new trainer to have someone with so much knowledge and experience in the room, but Pilar somehow managed to make everyone feel worthy.

Again, it wasn't all business and in Alice Springs, Pilar was warmly received at the cultural evening hosted by the Alukura women's health and maternal and child health care centre, where she presented each of the traditional grandmothers with a gift of local honey from the United States.

Pilar has always been available - whether that be via email or telephone conference - providing guidance, advice, support and even once answering an "SOS" to participate in an in-service professional development session after a last-minute cancellation. This in-service session delivered by Pilar remains in the top three requests for the ANFPP in-service calendar, with staff in Australia remembering just how valuable Pilar's insight into the program

is and was.

As I write down these recollections of Pilar's generous contributions, tears well up as I remember and smile. I have been blessed to have shared space, even for such a short time, with this wonderful person. Thank you Pilar, you are and will remain an inspiration. You will be missed.



Pilar Baca (PRC) and Judy Townsend (Nurse Supervisor) PIPE Training 2010.

Holiday wishes

As this will be the last ANFPP newsletter for 2012, we would like to take this opportunity to wish all members of the ANFPP "extended family" a safe, happy and restful holiday period.

If you would like to stay in touch with the ANFPP, please remember to visit our website at www.anfpp.com.au which provides further information about the program and its implementing sites.

We look forward to reconnecting with you all in 2013.

Thank You

The ANFPP Support Service Team

The Australian Nurse-Family Partnership Program is delivered by the following organisations:



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