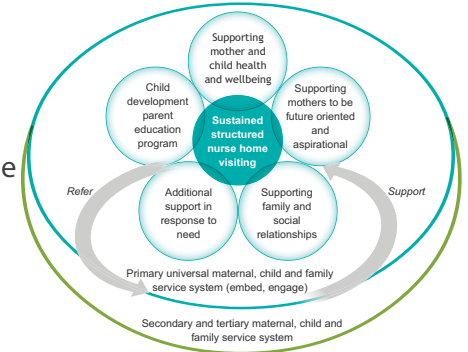


About MECSH

BACKGROUND

The Maternal Early Childhood Sustained Home-visiting (MECSH) program is a high-quality evidenced based nurse-led structured intervention for families needing extra support. MECSH is a child focused prevention model uniquely embedded within a universal child and family health service system, operating from three underpinning principles:

1. A core and adaptation model of local implementation.
2. Supporting families to learn the skills to build their capacity and source the resources they need to adapt and self-manage in their parenting journey, and parent effectively despite the difficulties and challenges they face.
3. A salutogenic (health creating), rather than pathogenic (illness treating) approach.



PROGRAM GOALS

Improve transition to parenting by supporting mothers through pregnancy. This includes providing support with the mother's and family's psychosocial and environmental issues, supporting the health and development of the family including older children, providing opportunity for discussion, clarification and reinforcement of clinical antenatal care provided by usual antenatal midwifery and obstetric services, and preparation for parenting.

Improve maternal health and wellbeing by helping mothers to care for themselves. Guided by a strengths-based approach, the health visitor will support and enable the mother and the family to enhance their coping skills, problem solving skills and ability to mobilize resources; foster positive parenting skills; support the family to establish supportive relationships in their community; mentor maternal-infant bonding and attachment; and provide primary health care and health education.

Improve child health and development by helping parents to interact with their children in developmentally supportive ways. This includes supporting and modeling positive parent-infant interaction and delivery of a standardized, structured child development parent education program.

Develop and promote parents' aspirations for themselves and their children. This includes supporting parents to be future oriented for themselves and their children, modeling and supporting effective skills in solving day to day problems and promoting parents' capacities to parent effectively despite the difficulties they face in their lives.

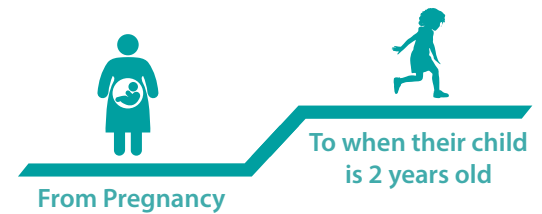
Improve family and social relationships and networks by helping parents to foster relationships within the family and with other families and services. This includes modeling and supporting family problem solving skills, supporting families to access family and formal and informal community resources and providing opportunities for families to interact with other local families.

EVIDENCE

The original MECSH trial (2003-2007) demonstrated the intervention was effective in improving child, maternal outcomes and the developmental quality of the home environment. The program evidence has been subjected to independent scrutiny and received approval as a quality evidence-based program by the USA Department of Health and Human Services Home Visiting Evidence of Effectiveness (HomVEE) review. Research is still in progress and results from an Australian multi-site randomized controlled trial will be published in 2018.

MODEL APPROACH

Home visits take place based on the child's age. Families may receive three prenatal visits. After the baby is born, families receive weekly visits until the child is 6 weeks old, visits are then every two weeks until the child is 12 weeks old and then every 3 weeks until the child is 6 months old. After this time, the visits are incrementally spaced further apart but visits continue until the child is 2 years old. Families are ideally recruited prenatally, but the program allows for families to enrol until the baby is 8 weeks old.



MECSH's target population are families who are in need of additional support. Women are assessed antenatally for risk factors such as: lack of support, history of mental illness or childhood abuse, depression, life stressors, history of domestic violence, or alcohol or drug use in the home.

MECSH LOCATIONS

MECSH is offered to families in Australia, South Korea, the United Kingdom, Channel Islands and the United States of America. Within Australia, MECSH programs are operating in New South Wales, Victoria and Tasmania. MECSH is being offered to families in Seoul within 19 municipalities. In the UK, MECSH programs are running in London, Plymouth, Essex and Somerset. MECSH is also being implemented on the Channel Island of Jersey and within the USA, MECSH is operating in the State of Vermont in nine local agencies.



FIT FOR PURPOSE

MECSH is designed to be integrated within a universal health visiting service as a sustained home visiting program predominantly for families needing ongoing support but also serving some families who require a more comprehensive response. The program is adaptable to fit with local systems and match local needs. Since the program builds practitioner skills and system capacity there are spillover effects to the broader community. Clients are identified, assessed for eligibility, recruited, and retained through the routine care provided by universal maternal, child, and family health services systems.

FURTHER INFORMATION

Professor Lynn Kemp
Director, Translational Research and Social Innovation, School of Nursing and Midwifery, Western Sydney University
Member of the Ingham Institute for Applied Medical Research
Locked Bag 7103, Liverpool NSW 1871 AUSTRALIA
Email lynn.kemp@westernsydney.edu.au
Phone +61 2 8738 9387
Web <http://www.earlychildhoodconnect.edu.au>

