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| Sleep and Settling Model of Care |
| Guide for Maternal and Child Health Services |
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| Sleep and Settling Model of Care  Guide for Maternal and Child Health Services |
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| To receive this document in another format, email Maternal and Child Health and Early Parenting, [MCH@health.vic.gov.au](mailto:MCH@health.vic.gov.au) <MCH@health.vic.gov.au>.  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Department of Health, August 2024.  Except where otherwise indicated, the images in this document show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services. This document may contain images of deceased Aboriginal and Torres Strait Islander peoples.  In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.  **ISBN** 978-1-76131-660-9 **(pdf/online/MS word)**  Available at [Sleep and settling (health.vic.gov.au)](https://www.health.vic.gov.au/maternal-child-health/sleep-and-settling) <https://www.health.vic.gov.au/maternal-child-health/sleep-and-settling> |
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# Version summary

The Department of Health acknowledges the contributions of the following organisations in the revision of the *Sleep and Settling Model of Care*:

1. Safer Care Victoria (SCV)
2. The Municipal Association of Victoria (MAV)
3. Tweddle Child and Family Health Service.

The changes in the document address critical feedback on the model and changes to the service system.

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| --- | --- |
| 2019 Digital Version | August 2024 Version |
| Figure 1, P10 | Updated Figure 1, P10. |
| Reference to controlled comforting deleted, P13 | Reference to responsive settling inserted, P13. |
| Staffing, reference to qualifications, P13 | Paragraph condensed and reference to qualifications deleted. Refers the reader to MCH Service Guidelines. |
| Training, P14 | Updated to reflect an overview of training support, P13.  Reference to backfill support has been removed. |
| Evaluation, P15 | Section deleted. |
| Data collection and reporting Information sessions, P18 and Outreach, P22 | Funding targets and reporting requirements have been updated and consolidated into one section, P22.  Updated to reflect the Sleep and Settling Integrated Program Report. |
| Sleep and Settling pathway, P20 | Diagram updated to reflect the expansion of the EPCs and reference to day program and residential program removed, P19. |
| MCH Line, P23 | Paragraph on MCH Line sleep and settling support call updated to reflect current practice in continuum of care, P21. |
| References | All references have been moved to end of the document. |

## Terminology

**Table 1: The terminology identifies terms used throughout the document and lists their full meaning**

| **Term** | **Definition** |
| --- | --- |
| ADHD | Attention Deficit Hyperactivity Disorder |
| Baby | Child aged from birth to 12 months of age |
| Bed-sharing | When a parent or caregiver shares a bed with an infant or child |
| Business hours | 9am to 5pm, Monday to Friday (except for public holidays) |
| BPD | Borderline personality disorder |
| CBT | Cognitive behaviour therapy |
| Co-sleeping | When a parent or caregiver shares a sleep surface with a child, and may include a bed, sofa or armchair |
| The department | Department of Health |
| EEG | Electroencephalography |
| EPC | Early Parenting Centre |
| FTPG | First time parent groups |
| GP | General practitioner |
| KAS | Universal maternal and child health key age(s) and stage(s) consultations |
| LGA | Local government area |
| LGBTIQ | Lesbian, gay, bisexual, transgender / gender diverse, intersex and queer |
| MCH | Maternal and Child Health |
| Newborn | Child aged from birth to three months |
| PANDA | Perinatal Anxiety and Depression Australia |
| Pre-schoolers | Child aged from three to five years |
| Self-settling | An infant’s ability to settle themselves to sleep without parent or caregiver attention |
| Severe night waking | In children over six months of age, this is defined as waking that occurs five or more times a week over one or two weeks and includes:   * consistently waking more than three times a night * consistently taking more than 30 minutes to settle * staying awake for 20 minutes after waking * going into the parents/caregiver’s bed * difficulties with sleep and settling that is causing parents/caregivers significant distress. |
| SIDS | SIDS is the sudden and unexpected death of an infant under one year of age with an onset of a fatal episode occurring during sleep, that remains unexplained after a thorough investigation, including performance of a complete autopsy and review of the circumstances of death and the clinical history. |
| Sleep disturbance | In infants and toddlers over six months of age, this is defined as children who have frequent night wakening, delays in sleep onset and co-sleeping that is not of the parents’ choice. There are several factors that can influence sleep disturbance:   * parental relationship instability * sharing a bed * environmental stimuli (noise, bright lights, et cetera) * biological factors (illness, child’s temperament, et cetera). |
| SUDI | Sudden unexpected death in infancy is a term used to describe the sudden and unexpected death of a baby. SUDI may be the result of a serious illness or a problem that baby may have been born with, but most SUDI deaths occur as a result of either SIDS or a fatal sleep accident. |
| Support | Indicates the provision of information, advice, education, counselling and other relevant activities by the maternal and child health workforce to the family. |
| The model | The Sleep and Settling Model of Care |
| Toddler | Child aged from 12 months to three years of age |
| Vulnerable child | Children and young people are vulnerable if the capacity of parents and family to effectively care, protect and provide for their long-term development and wellbeing is limited (*Victoria's vulnerable children: our shared responsibility strategy 2013–22*)*.* |
| Vulnerable family | The family may be at risk of adverse health and wellbeing outcomes due to individual, parental or family experience or circumstances. |

# Introduction

Sleep and settling concerns are common issues affecting families with children aged from birth to school age, (Parenting Research Centre 2017). Recognising the importance of sleep for a child’s long-term development and for the wellbeing of families, the Victorian Government is making significant investments to provide additional support for Victorian families through the ‘More help for new Victorian mums and dads’ initiative.

To support parents and caregivers, the department developed an evidenced-informed Sleep and Settling Model of Care (the model).

The model supports a family-centred approach when sleep is highlighted as a concern by a parent or caregiver. Something that is a concern for one family may not be an issue for another. The model and fact sheets are designed to be flexible and responsive to the needs of families and service providers.

Some of the critical considerations in the model’s design was ensuring that it:

* is embedded within the universal Maternal and Child Health (MCH) program, and that the local MCH nurse continues to work in partnership and be responsible for the care of the family, maintaining a holistic understanding of the family’s needs and outcomes
* integrates with existing services and activities, and facilitates flexible and streamlined transitions within the broader service system, including universal MCH service, enhanced MCH, Early Parenting Centres, antenatal care, community partnerships, family support, midwifery, neonatal and child safety services
* builds on, rather than replicates, existing activities which could cause duplication and system fragmentation
* that child safety is at the forefront of all aspects of the model
* is detailed enough to provide meaningful planning and guidance, while honouring that local variation and approaches maybe appropriate across the diverse range of Victorian MCH Services, within the parameters of the MCH Service Guidelines 2021 (DH 2021) and MCH Service Standards (DH 2009, reissued 2019).

The model includes three types of activities: information sessions, outreach consultations and 24-hour support through the MCH Line. Information sessions and outreach consultations are delivered through the universal MCH program. 24-hour sleep and settling support, is delivered through the Maternal and Child Health Line (MCH Line).

The model and fact sheets do not recommend a single strategy or approach. Instead, they provide a suite of safe, evidence-informed options that allow parents and caregivers to make informed choices to suit their individual preferences, beliefs, parenting styles and ideologies.

By embedding these activities within the MCH service it will ensure effective integration with other key service provisions, such as key ages and stages (KAS) consultations and additional consultations, the Enhanced MCH program, services provided by Early Parenting Centres (EPCs), antenatal care, maternity and community services.

With the expansion of Early Parenting Centres across the state, local MCH services are encouraged to form working partnerships with their closest EPC. The focus of the partnership is to improve service options and choice for parents and carers.

# Purpose

This document provides guidance to MCH services and nurses on the application of the model of care including informing practice changes and highlighting available supports to assist with implementation.

The model should be read in conjunction with the MCH Service Guidelines (DH 2019 reissued 2021) and the MCH Program Standards (DHHS 2011 reissued 2019).

The sleep and settling information provided in the model replaces the sleep interventions in the MCH Practice Guidelines (DHHS 2009 reissued 2019).

The 14 fact sheets that support the model are the information that is distributed in first-time parent groups and when a sleep or settling concern is raised by parents or caregivers. MCH nurses should direct parents to the Better Health Channel for information on typical sleep behaviours. [Better Health Channel](https://www.betterhealth.vic.gov.au/child-health) <https://www.betterhealth.vic.gov.au/child-health>.

Figure 1: Victoria’s Sleep and Settling Model of Care

Victoria's Sleep and Settling Model of Care includes Maternal and Child Health providing online resources for all parents and carers, as well as outreach support for when families need more support.
Local Maternal and Child Health services running group sessions providing information about childhood and sleep as well as tips and strategies to promote positive sleep patterns. 
MCH Line providing telephone consultations supporting families when they need it.
Early Parenting Centres offering day and residential programs to support families building skills and confidence.

# Sleep and settling evidence

A targeted, but comprehensive review of published and grey literature from Australian and international jurisdictions was undertaken. Consultations with many national and international sleep, parenting and infant wellbeing experts and experienced practitioners was carried out to test the efficacy of the evidence base.

## Understanding infant and early childhood sleep

For anticipatory guidance and managing parental expectations about sleep and settling, consistent advice on typical sleep behaviours and patterns should be provided across developmental stages. Physiological infant sleep mechanisms have been heavily researched through observation and objective measures, such as actigraphy and electroencephalography (EEG). While some sources are dated, the research is widely accepted and applied in a contemporary context. This includes the physiological understanding of the duration and consistency of infant sleep cycles and the amount of sleep required to promote optimal health, wellbeing and functioning in infants and early childhood.

It should be remembered that sleep and settling is an issue when it is highlighted as a concern by the parent or caregiver. Factors that can influence sleep disturbance in infancy and early childhood include sleep environments (Liu et al, 2003), biological factors (France & Blampied, 1999), medical illness, familial factors such as parental relationship instability or familial aggression (El-Sheikh et al. 2007), and external environmental causes such as screen time and limited outdoor play (Thompson and Christakis 2005).

For more information about the evidence in relation to sleep and settling, view the full [Sleep and Settling Model of Care Research Summary Report](https://www.health.vic.gov.au/publications/sleep-and-settling-model-of-care-research-summary-report) <<https://www.health.vic.gov.au/publications/sleep-and-settling-model-of-care-research-summary-report>>

## Attachment

Attachment is the relationship between a child and parent or caregiver that supports the infant or toddler to feel safe, secure and protected (Benoit 2004). Attachment is important for the healthy development of a child and for parent/caregiver and child mental health. Research indicates that poor attachment can result in an increase in night waking and sleep problems (Morrel and Steell 2003). Although poor attachment is not the sole cause of sleep problems in babies and toddlers, it is a factor that needs to be considered when supporting parents and caregivers with sleep and settling concerns. A parent–child interaction scale can be used to support assessment of attachment, such as the Parent–Child Interaction Scale (Brigance III).

## Safe sleeping

The model provides advice that is consistent with safe sleeping guidelines and aligns with current recommended practice. Extensive research has been undertaken over the past two decades relating to infant sleep conditions and environments that promote safety. The recommendations and risk factors associated with sudden unexpected death in infancy (SUDI) are widely accepted and endorsed across the world. The sleep and settling fact sheets support and refer to safe sleeping practices, developed by Red Nose. These safe sleep practices can be found on the [Red Nose website](https://rednose.org.au/resources/education) <<https://rednose.org.au/resources/education>>.

The information in the parent fact sheets recognises the variation in practice of parents and caregivers sharing a sleep surface with an infant (otherwise known as ‘co-sleeping’ or ‘bed-sharing’) (Mitchell and Thompson 1995). While this practice has been shown to increase the risk of SUDI, with a considerable proportion of SUDI occurring on a shared sleep surface, it is a complex issue. Bed-sharing and co-sleeping is a common and valued practice within some cultures, aligns with attachment-focused parenting ideologies, and in some circumstances, parents / caregiver may not have another appropriate sleep surface available (Blair 2007). In a Victorian study, almost 78 per cent of mothers who reported that they had co‑slept with their infant in the first eight weeks of their life did not originally plan to do so. They reported bed-sharing because of a need to get some sleep or because they fell asleep by accident (Cunningham et al. 2018). The mother, parent or caregiver may also unintentionally fall asleep with their baby, particularly while breastfeeding, with one study indicating that 51.8 per cent of mothers with babies aged from birth to six months reported falling asleep while feeding (McBean and Montgomery-Downs 2015).

# Sleep and Settling Model of Care

The implementation of the model is achieved across several activities including: information sessions, sleep and settling MCH outreach consultations, Early Parenting Centres and the MCH Line. These activities are supported by a suite of 14 fact sheets.

Information on what is to be delivered through each of the three activities is detailed in the following sections.

|  |
| --- |
| The Sleep and Settling Model of Care should be read in conjunction with the *MCH Service guidelines* (DH 2021) and the *MCH program standards* (DHHS 2009, reissued 2019).  The sleep and settling information provided in the model replaces the sleep interventions provided in the *MCH practice guidelines 2009* (DH reissued 2019).  The 14 fact sheets can be distributed in first-time parent groups and when a sleep or settling concern is raised by parents or caregivers. MCH nurses should direct parents to the Better Health Channel for information on typical sleep behaviours, [Better Health Channel](https://www.betterhealth.vic.gov.au/child-health) <<https://www.betterhealth.vic.gov.au/child-health>> |

A summary of the evidence informed sleep and settling strategies and approaches, for specific developmental stages, is summarised in Table 2: Sleep and settling strategies.

Table 2: Sleep and settling strategies

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Strategy | 0–3 months | 3–6 months | 6–12 months | 1–2 years | 2–3 years | 3–5 years |
| Parental presence |  |  | Yes | Yes | Yes |  |
| Camping out |  |  | Yes | Yes | Yes |  |
| Responsive settling |  |  | Yes | Yes | Yes |  |
| Cot to bed transition |  |  |  | Yes | Yes | Yes |
| Bedtime fading |  |  |  |  | Yes | Yes |
| Reward charts |  |  |  |  |  | Yes |

## Staffing

The Sleep and Settling Model of Care is delivered within the Victorian MCH Service, which is led and delivered by qualified MCH nurses., When the model is delivered within the MCH Service, staff working in this initiative must have qualifications, skills and/or experience that align with the *MCH Service guidelines* (DH 2021).

Staff who are skilled and trained in the delivering the Sleep and Settling Model of Care also deliver the Model within the Victorian Early Parenting Centre sector network.

## Training

Training is provided to the workforce to support an understanding of the model and to ensure a consistent approach to sleep and settling.

Training includes an online module and a face-to-face workshop. The training provides an overview of the model, typical sleep behaviours for developmental ages, how to develop positive sleep patterns, how to support parents with identified sleep concerns using evidence-informed approaches and strategies, and the importance of self-care and support for parent / caregiver.

All staff working within the Universal and Enhanced MCH programs, the MCH Line, early parenting centres, student MCH nurses and Aboriginal Community Controlled Organisations delivering the MCH service should undertake the department’s sleep and settling training.

## Sleep and settling fact sheets

To support a consistent, contemporary, and evidence-informed approach to sleep and settling information sessions, a suite of fact sheets were developed to provide information and support to parents, caregivers and service providers.

Where the fact sheets refer to attachment or bonding strategies for parents, the MCH workforce should complement this information with their knowledge on attachment gained from the MERTIL training.

The fact sheets were developed using three overarching topics as a foundation to the group information sessions:

* information relating to ‘typical’ infant and early childhood sleep patterns, behaviours and requirements per developmental stage
* preventing sleep concerns with information on attachment, cues and establishing good sleep routines and environments and how to respond when a sleep concern is identified by parents and caregivers
* information and support to promote parental and caregiver wellbeing and self-care.

They are available to parents, caregivers, and service providers, including health professionals and clinicians on the [Better Health Channel](https://www.betterhealth.vic.gov.au/child-health) <<https://www.betterhealth.vic.gov.au/child-health>>. The fact sheets are available in other languages and tailored, as appropriate, for families.

# Information sessions

The parent and caregiver information sessions are designed to provide information and guidance at developmental stages on:

* typical sleep patterns and behaviours
* how to prevent sleep concerns through attachment, suitable sleep routines and environments
* solutions and strategies to address sleep concerns, for babies over six months, and
* self-care and support for parents.

The key developmental milestones of just after birth, six to eight months and around 18 months have been identified as the key times when sleep and settling concerns occur. These are the recommended times to deliver the information sessions.

The fact sheets should be referred to and/or made available at information sessions as they provide developmentally appropriate strategies and approaches that are supported by the underlying evidence base, enabling choices to align with individual family values.

## First-time parent information session

The updated first-time parent information will be delivered to new parents replacing the existing session on ‘A settled baby: what does it mean?’ in the *First-time parent group guide* (DHHS 2001, reissued in 2019). Parents who are not first-time parents but who may still benefit from this session should be encouraged to attend. Refer to the session planning guide in Appendix 1 for further guidance.

While each group and family are different, the session plan sets the minimum basic information for each session and allows for variations so that the group gets the most out of the session.

It is important to provide guidance on the typical infant and baby sleep patterns and behaviours. It is also necessary to support parents to understand their own infants’ cues and needs, and how to appropriately respond to these.

## Baby (six to eight months) information session

The baby information session will be offered to all families with a baby aged between six to eight months of age.

To support maximum participation of parents and caregivers, evening and weekend sessions are encouraged. Refer to the session planning guide in Appendix 2 for further guidance.

While each group and family are different, the session plan sets the minimum basic information for each session and allows for variations so that the group gets the most out of the session.

The sessions cover:

* typical infant and early childhood sleep patterns, behaviours and requirements for a baby. This provides parents and caregivers with a general understanding of what to expect across developmental stages, so they feel better equipped to deal with sleep and settling concerns
* support and strategies for sleep and settling concerns with a baby, including:
  + establishing positive sleep patterns and behaviour and preventing sleep concerns from arising
  + strategies and approaches to try when sleep or settling becomes a concern
* information and support to promote parental and caregiver wellbeing and self-care.

## Toddler (around 18 months) information session

The toddler information session should be offered to all families with a toddler around 18 months of age.

To support maximum participation of parents and caregivers, evening and weekend sessions should be encouraged. Refer to the session planning guide in Appendix 3 for further guidance.

While each group and family are different, the session plan sets the minimum basic information for each session and allows for variations so that the group gets the most out of the session.

The sessions cover:

* typical toddler sleep patterns, behaviours and requirements. This provides parents and caregivers with a general understanding of what to expect across developmental stages, so they feel better equipped to deal with sleep and settling concerns
* support and strategies for sleep and settling concerns in a toddler
  + establishing positive sleep patterns and behaviour and preventing sleep concerns from arising
  + strategies and approaches to try when sleep or settling becomes a concern
* information and support to promote parental and caregiver wellbeing and self-care.

## Parental and caregiver support

Infant sleep and waking patterns often have profound effects on parental and caregiver sleep and functioning and may affect their ability to adequately care for their child and support their development (Hiscock and Wake 2002). Infant sleep disturbance has been linked to parental and caregiver stress, anxiety, exhaustion and depression (Martin et al. 2007) as well as relationship conflict, family breakdown and decreased caring (Warren et al 2006).

The fact sheets provide anticipatory guidance and education, promoting protective factors and providing information to aid self-directed identification of risk factors or deteriorating mental health. Self-care strategies are included in fact sheet 14, with links to support and information options, such as groups, telephone lines and reputable websites.

Key websites referenced include Perinatal Anxiety and Depression Australia (PANDA), the Centre of Perinatal Excellence (CoPE), beyondblue, the Raising Children’s Network and the Better Health Channel.

It is important to engage with and provide appropriate resources for fathers, and to strengthen and foster positive parental, caregiver and familial relationships. Relationships Australia has developed a toolkit for professionals to engage fathers, as well as national and international frameworks and helpful articles for dads. These can be found on [Support for Fathers – resources web page](https://supportforfathers.com.au/resources/)<<https://supportforfathers.com.au/resources/>

## Leadership of sleep and settling information sessions

The Model provides for two facilitators to conduct the information sessions – an MCH nurse to lead the sessions and another professional or support person whose involvement complements the role of the MCH nurse and meets the cultural, diversity and inclusiveness needs of the community including:

* Aboriginal health
* cultural diversity
* male facilitator
* early years and parenting
* family support
* social work.

Fathers also need to feel engaged and supported as parents. Aside from offering sessions outside of normal business hours, to better engage fathers in the information sessions, it is suggested that a male facilitator be engaged as the support person.

# Outreach

The sleep and settling outreach consultations are for families experiencing sleep and settling concerns that can be addressed with up to six hours (6.8 hours for regional/rural services) of additional support. The consultations provide more intensive and tailored sleep and settling information and support to parents and caregivers in their home or other suitable community settling.

Families experiencing vulnerability and who have a child aged from birth to school age can access the outreach program.

Where appropriate, families should attend the sleep and settling information sessions, access information on the [Better Health Channel website](https://www.betterhealth.vic.gov.au/child-health) <<https://www.betterhealth.vic.gov.au/child-health>> and call the MCH Line for information and support before accessing the outreach program.

## Guidance on access

The outreach consultations are for parents and caregivers who are experiencing vulnerability and have identified significant and ongoing sleep and settling concerns. A parent or caregiver is vulnerable if their capacity to effectively care, protect and provide for the development and wellbeing of their child is limited. A child and families experience of vulnerability is determined through lens of the social determinants of health and the balance of protective and risk factors as documented in CDIS.

Outreach consultations sit within a step up, step down system of support.Children, mothers, fathers and families can access sleep and settling support by ‘stepping up’ or ‘stepping down’ depending on their experience of vulnerability. This tiered support, as outlined in figure 2, is offered through information sessions, MCH Line, universal MCH, enhanced MCH and EPCs.

**Figure 2: Step up, step down system of support**

Families can access sleep and settling support by stepping up or down through services depending on their level of need.
Lowest level of support is information sessions.
Second level of support is universal MCH outreach consultations.
Third level of support is enhanced MCH.
Fourth level of support is early parenting centres.
The MCH Line offers support in conjunction with these four levels of support.

Assessment of a family’s suitability for the outreach program is to be undertaken by the MCH nurse within the universal MCH program. As outreach places are limited, access to the program will need to be managed by the MCH service. Families with more complex issues, such as multiple risk factors and limited protective factors are likely to need to step up to other secondary services like Enhanced MCH program, an early parenting centre program or be referred to health or family support services.

To support a consistent approach to accessing sleep and settling outreach consultations, a **sleep and settling pathway** has been developed (outlined in Figure 3).

A parent or caregiver may move systematically through the approaches in the sleep and settling pathway, or they may be supported with a preferred approach, as informed by assessment and the identified needs of the parent/caregiver.

Figure 3: Sleep and settling pathway

Parent/caregiver raises concern with sleep and settling of infant/toddler. 
MCHN unpacks the concern using clinical judgement, expertise and identified protective and risk factors to assess if child and family are at risk of vulnerability; or experiencing short term vulnerability; or experiencing long term vulnerability.

MCH nurse may use tools such as: sleep assessment, psychosocial assessment, parent–child interaction scale (Brigance III) and Edinburgh post-natal depression scale to support assessment. 
Pathways are characterised by an increase in vulnerability and complexity of issues.
Pathway 1: sleep and settling – child and family at risk of vulnerability
Recommend parent attends age-appropriate information sessions or accesses sleep and settling resources (online and hard copy)
Inform parent of MCH Line phone support
Offer additional universal MCH consultation
Suggest a day stay program 
Pathway 2: sleep and settling – child and family experiencing short term vulnerability
Referral as required for GP mental health care plan 
Inform parent of MCH Line phone support 
Offer MCH sleep and settling outreach consultation
Refer to Early Parenting Centre  
Offer a referral to EMCH 
Pathway 3: sleep and settling – child and family experiencing long term vulnerability
Referral as required for GP mental health care plan
Inform parent of MCH Line phone support 
Offer a referral to EMCH
Refer Early Parenting Centre 
Refer to family support services

## Outreach consultations

In consultation with the family, the MCH nurse will develop a deeper understanding of the sleep and settling concerns and develop a plan for addressing these concerns.

MCH services will have the flexibility to determine how best to support families through the outreach consultations. This may include providing information and support on age-appropriate strategies and approaches or options on sleep and settling.

The plan will also identify where the consultation will take place, how many consultations will be delivered and the outcomes to be achieved.

To ensure a consistent approach to sleep and settling, all strategies offered in the outreach consultations are to align with the evidence informed information and support provided in the fact sheets on the [Better Health Channel](https://www.betterhealth.vic.gov.au/child-health) <<https://www.betterhealth.vic.gov.au/child-health>>.

It is suggested that the following MCH tools are also used, where appropriate:

* sleep assessment (Appendix 4) – the online form is available on the department’s website [Sleep pathways assessment form (health.vic.gov.au)](https://www.health.vic.gov.au/publications/sleep-pathways-assessment-form) <<https://www.health.vic.gov.au/publications/sleep-pathways-assessment-form>>
* safe sleeping checklist (in CDIS)
* pre-home visit safety assessment (in CDIS)
* parent–child interaction scale (Appendix 5) – the online form is available on the department’s website [Parent child interactions scale (health.vic.gov.au)](https://www.health.vic.gov.au/publications/parent-child-interactions-scale) <<https://www.health.vic.gov.au/publications/parent-child-interactions-scale>>
* psychosocial assessment (Appendix 6) – the online form is available on the department’s website [Parents and carers psychosocial assessment (health.vic.gov.au)](https://www.health.vic.gov.au/publications/parents-and-carers-psychosocial-assessment) - <<https://www.health.vic.gov.au/publications/parents-and-carers-psychosocial-assessment>>
* Edinburgh postnatal depression scale (in CDIS).

## Continuum of support

The MCH nurse, in partnership with parent and caregiver, may at any time during the outreach consultations identify that additional support is required. In these situations, the MCH nurse will refer the family to an appropriate service, using their standard referral practices.

Providing families with a range of options and support is important, ensuring families have a seamless experience of moving between different supports. Families can enter and exit the continuum of support at any given time.

# MCH Line

Support for sleep and settling is provided to families through the MCH Line via the existing 13 22 29 phone number.

When families call the service, the MCH nurse will work with the family to determine their needs and concerns.

To ensure a consistent approach to sleep and settling, when a concern is identified, the MCH nurse will use the strategies, information and support provided in the fact sheets on the [Better Health Channel](https://www.betterhealth.vic.gov.au/child-health) <<https://www.betterhealth.vic.gov.au/child-health>>.

Where appropriate, the MCH Line will use the following existing MCH tools:

* sleep assessment (Appendix 4) – the online form is available on the department’s website
* safe sleeping checklist
* psychosocial assessment (Appendix 6) – the online form is available on the department’s website
* Edinburgh postnatal depression scale.

## Continuum of support

At any time during the phone consultation, the MCH Line nurse may decide that the family has needs that require additional support. In these situations, the MCH Line nurse will work with the family to make an appropriate referral, using standard MCH Line referral processes.

Providing families with a range of options and support is important, ensuring families have a seamless experience of moving between different supports. Families can enter and exit the continuum of support at any given time.

# Targets, Funding and Reporting

## Community-based MCH

### Targets and Funding

Sleep and Settling programs are fully funded by the Department of Health (the department) via service agreements with MCH service providers.

#### Information sessions

Providers are funded to deliver a target number of sessions. Target allocations are based on MCH enrolments levels.

Per target session, funding is provided to cover:

* one MCH nurse and one other support worker to facilitate a two-hour session, including penalty rates for evening/weekend sessions and set-up and pack-up time
* all other service costs related to delivery of that session.

#### Outreach

Providers are funded to deliver a target number of hours of client service delivery. Target allocations are based on enrolments levels and also the level of socio-economic disadvantage in the provider’s LGA.

Per target hour, funding is provided to cover:

* one hour of MCH nurse time engaged in client service delivery (direct, indirect or travel)
* all other service costs related to the delivery of that hour of service delivery.

***NOTE:***

Factors used in calculating funding are not requirements of service delivery. Flexibility exists for service providers to use the funding as required to meet the needs of their community (in line with the Model of Care).

Examples:

* Information session funding assumes that each session takes exactly two hours. However, services should use their funding to provide information sessions in lengths that best meet the needs of their community.
* Outreach funding modelling assumes that each family engaged in the program will receive exactly six hours of service delivery (or 6.8 hours in rural LGAs). However, services should use their funding to support families according to the needs of each family, which may be significantly more or less than six hours in each case.
* Outreach funding modelling assumes that outreach service delivery is provided by MCH Nurses. However, as per the Model of Care, services may use their funding for appropriately qualified staff other than MCH Nurses to deliver the Outreach program.

### Reporting to the Department

MCH service providers are required to report on service provision to the department as part of their service agreement obligations. This includes reporting of delivery against targets.

Specific reporting requirements are communicated to MCH service providers by the department in advance of each reporting cycle. As at August 2024, reporting is required at the end of each financial year, and reporting instructions are communicated in June each year.

For information on recording accurate data in CDIS please see the [CDIS web page](https://www.health.vic.gov.au/maternal-child-health/child-development-information-system) <<https://www.health.vic.gov.au/maternal-child-health/child-development-information-system>>

### Data and reporting to support quality improvement

Data collection is used to monitor outcomes for children and families and service quality. Data can be used to demonstrate the achievements and gaps in the provision of the Sleep and Settling Model of Care on progress towards achieving agreed outcomes.

To review progress and identify service gaps the following data could be monitored.

**Number of cases / families** (based on the number of children enrolled / attached in a group) for

* First Time Parent Groups
* Baby sessions
* Toddler sessions
* Number of group sessions held in
  + working hours
  + outside of working hours (based on group sessions date/time)
* Aboriginal and Torres Strait Islander status of child
* CALD status of child (based on main language spoken at home and ethnicity both recorded in child screen)

## MCH Line

### Funding for MCH Line

The additional support through the MCH Line is fully funded by the department.

### Data collection

Sleep and Settling calls and interventions are recorded in the current client record management system (CERES) used by the MCH Line.

# References

Benoit B (2004) ‘Infant-parent attachment: definition, types, antecedents, measurement and outcome’, *Paediatric Child Health*, vol. 9, no. 8, pp. 541–45.

Blair PS (2006), ‘Sudden infant death syndrome epidemiology and bed sharing’, *Paediatrics and Child Health*, vol. 11, pp. 29–31.

Cunningham HM et al. (2018) ‘Bed-sharing in the first 8 weeks of life: an Australian study’, *Maternal and Child Health Journal*, 3 January 2018.

DHHS (Department Health and Human Services) (2011 reissued 2019) *Maternal and Child Health Program Standards*. Melbourne, Victoria: Victorian Government, Melbourne. Retrieved May 2024, from <https://www.health.vic.gov.au/publications/maternal-and-child-health-program-standards>

DHHS (Department Health and Human Services) (2001 reissued 2019) First time parent group guideI: *Maternal and Child Health Program*. Melbourne, Victoria: Victorian Government, Melbourne. Retrieved May 2024, from <https://content.health.vic.gov.au/sites/default/files/migrated/files/collections/policies-and-guidelines/m/maternal-child-health-service-first-time-parent-group-guide.docx>

DH (Department of Health) (2009 reissued 2019) *Maternal and Child Health Service Practice Guidelines Guidelines*. Melbourne, Victoria: Victorian Government. Retrieved May 2024, from <https://www.health.vic.gov.au/publications/maternal-and-child-health-service-practice-guidelines>

DH (Department of Health) (2021) *Maternal and Child Health Service Guidelines,* Melbourne, Victoria, Australia: Victorian Government . Retrieved from <https://www.health.vic.gov.au/primary-and-community-health/maternal-and-child-health-service>

El-Sheikh M, Buckhalt JA, Cummings ME and Keller P (2007), ‘Sleep disruptions and emotional insecurity are pathways of risk for children’, *Journal of Child Psychology and Psychiatry,* vol. 48, no. 1, pp. 88–96.

France KG and Blampied NM (1999), ‘Review article: infant sleep disturbance: description of a problem behaviour process’, *Sleep Medicine Reviews,* vol. 3, no. 4, pp. 265–80.

Hiscock, H., & Wake, M. (2002), ‘Infant sleep problems and postnatal depression: a community-based study’, *Pediatrics, 107*(6), 1317-1322.

Liu X, Liu L and Wang R (2003) ‘Bed sharing, sleep habits, and sleep problems among Chinese school-aged children’, *Sleep,* vol. 26, no. 7, pp. 839–44.

Martin, J., Hiscock, H., Hardy, P., Davey, B., & Wake, M. (2007) ‘Adverse associations of infant and child sleep problems and parent health: An Australian population study’, *Pediatrics, 119*(5), 947‑955.

McBean AL and Montgomery‐Downs HE (2015) ‘What are postpartum women doing while the rest of the world is asleep?’, *Journal of Sleep Research*, vol. 24, no. 3, pp. 270–78.

Mitchell EA and Thompson JMD (1995) ‘Co-sleeping increases the risk of SIDS, but sleeping in the parents’ bedroom lowers it’, in Rognum TO (ed.), *sudden infant death syndrome: new trends in the nineties*, Scandinavian University Press, Oslo, pp. 266–69.

Morrel J and Steele H (2003) ‘The role of attachment security, temperament, maternal perception, and care-giving behaviour in persistent infant sleeping problems’, *Infant Mental health Journal*, vol. 24, no. 5, pp. 447–68.

Parenting Research Centre (2017) *Parenting today in Victoria survey*, retrieved from <https://www.parentingrc.org.au/publications/parenting-today-in-victoria/>

Thompson DA, Christakis DA (2005), ‘The association between television viewing and irregular sleep schedules among children less than 3 years of age’, *Pediatrics,* vol. 116*,* pp. 851–56.

Warren, S. L., Howe, G., Simmens, S. J., & Dahl, R. E. (2006). ‘Maternal depressive symptoms and child sleep: models of mutual influence over time’. *Development and Psychopathology, 18*(01), 1-16.

# Appendix 1: First-time parent information session plan

## Objectives of the session

* To create an opportunity for first-time parents to share ideas and concerns about sleep and settling, common to parenting.
* To promote sustainable connections between parents of children of similar ages.
* To consider and address the realistic and unrealistic expectations people (including new parents) have of babies sleeping behaviours.
* To inform participants of sleep patterns and common cues babies display when ready for sleep.
* To inform parents about appropriate parental responses to the sleep cues, especially to encourage a settled baby.
* To provide an opportunity for parents to develop a range of considered responses to (critical) comments about sleep and babies.
* To alert parents to a range of safety issues around baby’s sleeping.
* To provide parents with information to support their wellbeing and self-care.

## Information and support to be provided at the session

* Typical infant and early childhood sleep patterns, behaviours and requirements for a newborn and a baby. While every child is different, the aim is to provide parents and caregivers with a general understanding of what to expect across developmental stages. **Fact sheet 1**: typical sleep behaviour: newborns 0 to 3 months and **Fact sheet 2**: typical sleep behaviour: babies 3 to 6 months.
* Support and strategies to develop positive sleep patterns for newborn or baby. **Fact sheet 7**: preventing sleep concerns: babies 0 to 6 months.
  + Establishing positive sleep patterns and behaviour and preventing sleep concerns from arising:General strategies that parents and caregivers can use across developmental stages to encourage babies to sleep well, promoting parent/child attachment an interaction.
  + When sleep or settling becomes a concern: provide information for parents and caregivers who may be unsure whether a newborn is experiencing a concern with sleep.
  + What to do if a sleep concern arises: strategies to address sleep and settling concerns. Every family is different, so families can choose the most suitable strategy for them. The recommended strategies and approaches differ between developmental ages and stages.
* Information and support to promote parental and caregiver wellbeing and self-care. This fact sheet provides a range of information to support parents and caregivers through this time, and to promote self-care and general wellbeing. It also provides links to resources for extra support. **Fact sheet 14**: self-care and support for parents and caregivers.

## Anticipated benefits of the session

* Participants will understand what happens during sleep and the range of sleep patterns of babies.
* Participants will be alert to baby’s sleep cues and aware of appropriate parental response to these cues.
* Participants will be alert to the value of sleep associations for babies.
* Participants will have considered a range of strategies to assist parental wellbeing and self-care.
* Participants will be confident in responding (assertively) to people’s (sometimes critical) comments, concerns and advice about their baby and sleep.

## Pre-session planning and handouts

* Organise name tags for babies and parents.
* Collect sheets of butcher’s paper and textas.
* Prepare fact sheets for participants to use during session and/or to take home:
  + Typical infant and early childhood sleep patterns and behaviours for newborns and babies (fact sheets 1 and 2)
  + Support and strategies for baby and early childhood sleep and settling concerns – settling suggestions, sleep routines and environments, tired signs and safe sleeping (fact sheet 7)
  + Information and support to promote parental and caregiver wellbeing and self-care (fact sheet 14).

# Appendix 2: Baby information session plan

## Objectives of the session

* To provide participants with information on typical baby sleep patterns and behaviours.
* To consider and address the realistic and unrealistic expectations people of babies sleeping behaviours.
* To inform participants of sleep patterns and common cues babies display when ready for sleep.
* To inform parents about appropriate parental responses to the sleep cues, especially to encourage a settled baby.
* To provide participants with strategies should they have sleep and settling concerns with their baby.
* To provide an opportunity for parents to develop a range of considered responses to (critical) comments about sleep and babies.
* To provide parents with information to support their wellbeing and self-care.

## Information and support to be provided at the session

The baby information session should be offered to all families with a baby aged between six to eight months of age. To encourage father, partner and other caregivers to participate, evening and weekend sessions should be offered.

While each group and family are different, at a minimum each session should cover:

* Typical infant and early childhood sleep patterns, behaviours and requirements for a baby. While every child is different, the aim is to provide parents and caregivers with a general understanding of what to expect across developmental stages, so they feel better equipped to deal with sleep and settling concerns, including parent/child attachment and interaction. **Fact sheet 3**: typical sleep behaviour: babies 6 to 12 months.
* Support and strategies for sleep and settling concerns with a baby. **Fact sheet 8**: preventing sleep concerns: babies 6 to 12 months.
  + Establishing positive sleep patterns and behaviour and preventing sleep concerns from arising: General strategies that parents and caregivers can use across developmental stages to encourage babies to sleep well.
  + When sleep or settling becomes a concern: provide information for parents and caregivers who may be unsure whether a baby is experiencing a concern with sleep.
  + What to do if a sleep concern arises: Strategies to address sleep and settling concerns. Every family is different, so there are a range of options to allow families to choose the most suitable strategy for your family. The recommended strategies and approaches differ between developmental ages and stages.
* Information and support to promote mother, parental and caregiver wellbeing and self-care. This fact sheet provides a range of information to support parents and caregivers through this time, and to promote self-care and general wellbeing. It also provides links to resources for extra support. **Fact sheet 14**: self-care and support for parents and caregivers

## Anticipated benefits of the session

* Participants will understand what happens during sleep and the range of sleep patterns of babies.
* Participants will be alert to baby’s sleep cues and aware of appropriate parental response to these cues.
* Participants will be alert to the value of sleep associations for babies.
* Participants will have a range of strategies to respond to sleep and settling concerns.
* Participants will have considered a range of strategies to assist parental wellbeing and self-care

## Pre-session planning and handouts

* Sign in sheet for participants.
* Prepare a short evaluation form/survey for participants (either collect on the day/night or email out after the event).
* Prepare fact sheets for participants to use during session and/or to take home:
  + Typical infant and early childhood sleep patterns and behaviours for babies (fact sheet 3)
  + Support and strategies for baby and early childhood sleep and settling concerns – settling suggestions, sleep routines and environments, tired signs, safe sleeping and when sleep and/or settling becomes a concern (fact sheet 8).
  + Information and support to promote parental and caregiver wellbeing and self-care (fact sheet 14).

# Appendix 3: Toddler information session plan

## Objectives of the session

* To provide participants with information on typical toddler sleep patterns and behaviours.
* To consider and address the realistic and unrealistic expectations people have of toddlers sleeping behaviours.
* To inform participants of sleep patterns and common cues toddlers display when ready for sleep.
* To inform parents about appropriate parental responses to the sleep cues, especially to encourage a settled toddler.
* To provide participants with strategies should they have sleep and settling concerns with their toddler.
* To provide an opportunity for parents to develop a range of considered responses to (critical) comments about sleep and babies.

## Information and support to be provided at the session

The toddler information session should be offered to all families with a toddler around 18 months of age. To encourage father, partner and other caregivers to participate, evening and weekend sessions should be offered.

While each group and family are different, at a minimum each session should cover:

* Typical toddler sleep patterns, behaviours and requirements. While every child is different, the aim is to provide parents and caregivers with a general understanding of what to expect across developmental stages, so they feel better equipped to deal with sleep and settling concerns, including parent/child attachment and interaction. **Fact sheet 4**: typical sleep behaviour: toddlers 1 to 2 years and/or **Fact sheet 5**: typical sleep behaviour: toddlers 2 to 3 years.
* Support and strategies for sleep and settling concerns in a toddler. **Fact sheet 9**: preventing sleep concerns: toddlers 1 to 3 years.
  + Establishing positive sleep patterns and behaviour and preventing sleep concerns from arising: general strategies that parents and caregivers can use across developmental stages to encourage toddlers to sleep well.
  + When sleep or settling becomes a concern: provide information for parents and caregivers who may be unsure whether a toddler is experiencing a concern with sleep.
  + What to do if a sleep concern arises: strategies to address sleep and settling concerns. Every family is different, so families can choose the most suitable strategy for them. The recommended strategies and approaches differ between developmental ages and stages.
* Information and support to promote parental and caregiver wellbeing and self-care. The fact sheet provides a range of information to support parents and caregivers through this time, and to promote self-care and general wellbeing. It also provides links to resources for extra support. **Fact sheet 14**: self-care and support for parents and caregivers.

## Anticipated benefits of the session

* Participants will understand what happens during sleep and the range of sleep patterns of toddlers.
* Participants will be alert to toddler sleep cues and aware of appropriate parental response to these cues.
* Participants will be alert to the value of sleep associations for toddlers.
* Participants will have a range of strategies to respond to sleep and settling concerns.
* Participants will have considered a range of strategies to assist parental wellbeing and self-care.

## Pre-session planning and handouts

* Sign in sheet for participants
* Prepare a short evaluation form/survey for participants (either collect on the day/night or email out after the event).
* Prepare fact sheets for participants to use during session and/or to take home:
  + Typical infant and early childhood sleep patterns and behaviours for babies (fact sheet 4 and/or 5).
  + Support and strategies for baby and early childhood sleep and settling concerns – settling suggestions, sleep routines and environments, tired signs, safe sleeping and when sleep and/or settling becomes a concern (fact sheet 9).
  + Information and support to promote parental and caregiver wellbeing and self-care (fact sheet 14).

# Appendix 4: Sleep pathways assessment form

The sleep pathway assessment form supports a consistent approach to understanding the sleep and settling needs of families.

## Family information

| Parent/carer: |  | |
| --- | --- | --- |
| Relationship to child: |  | |
| Question | | Yes/No |
| Is your child’s sleep a concern? | |  |
| Is your child’s sleep a concern for other family members? | |  |
| How long has your child’s sleep concerned you or a family member? | |  |
| Would you or a family member like further information and support around your child’s sleep? | |  |

## Child’s sleeping arrangements

| Sleeping arrangement | Yes/No |
| --- | --- |
| Cot in parents’ room |  |
| Cot in separate room |  |
| Cot in room with sibling |  |
| Bed sharing in parents’ room |  |
| Bed sharing in child’s room |  |
| Co-sleeping – sharing a sleep surface with a child, and may include sofa or floor |  |
| Other (please specify) |  |

## Child’s sleeping associations

| Sleeping association | Yes/No |
| --- | --- |
| Wrapping |  |
| Sleeping bag |  |
| Dummy/soothers/pacifier |  |
| Comfort toy |  |
| Feeding |  |
| Cuddling or held |  |
| Car |  |
| Music/white noise |  |
| Other (please specify) |  |

## Feeding (age appropriate)

| Diet | Feeds per 24 hours |
| --- | --- |
| Breast feeding |  |
| Formula feeding |  |
| First foods |  |
| Meals (breakfast, lunch, dinner) |  |
| Snacks (morning tea, afternoon tea, supper) |  |

## Sleep patterns – day (7am–7pm)

| Sleep pattern | Number |
| --- | --- |
| Average number of sleeps |  |
| Average length of each sleep |  |
| Average number of hours in total |  |
| Does child need support to resettle during sleep/s? (Yes/no) |  |

## Sleep patterns – night (7pm–7am)

| Sleep pattern | Number |
| --- | --- |
| Average number of sleeps |  |
| Average length of each sleep |  |
| Average number of hours in total |  |
| Does child need support to resettle during sleep/s? (Yes/no) |  |

## Assessment completed

| MCH nurse: |  |
| --- | --- |
| Date: |  |

# Appendix 5: Parent–child interactions scale

|  |  |
| --- | --- |
| Child’s name: |  |
| Child’s age: |  |
| Parent/carer’s name: |  |

## Observations

Compared to the way other children of the same age are learning, developing and behaving,   
would you say this child is: (select one of the following choices)

| Below average |  |
| --- | --- |
| Average |  |
| Above average |  |

Please check the answers that correspond to your observations.

| Observation | Not likely/not often (0) | Sometimes (1) | Often/likely (2) |
| --- | --- | --- | --- |
| 1. Parent plays with child or plays with toys with child. |  |  |  |
| 1. Parent helps child learn new things. |  |  |  |
| 1. Parent reads children’s books to child. |  |  |  |
| 1. Parent makes up games or songs for child. |  |  |  |
| 1. When child looks or touches a toy or object, parent talks to him/her about the toy or object. |  |  |  |

| Total Score from 1–5 |  |
| --- | --- |

A score of < 8 suggests a need for parent training that emphasises knowledge of child development and builds nurturing skills.

| Observation | Not likely/not often | Sometimes | Often/likely |
| --- | --- | --- | --- |
| 1. Parent hugs and kisses child and is openly affectionate. |  |  |  |
| 1. Parent talks to child only when child is crying or upset. |  |  |  |
| 1. When child is looking at parent, parent talks or makes sound with child. |  |  |  |
| 1. Child seems to avoid parent or to prefer the company of other people. |  |  |  |
| 1. Parent seems to enjoy child. |  |  |  |
| 1. Parent soothes child when he/she is upset. |  |  |  |
| 1. When child looks at or touches something, parent’s first response is ‘no’. |  |  |  |
| 1. Parent faces child when speaking to him/her. |  |  |  |

Responses to items 6–13 can give information about whether the parent (and therefore child) would benefit from additional nurturing and child-rearing skills

## Psychosocial risk factors

Along with the completed *Parent–child interactions scale*, the following information about the child’s   
parents/carer and family can assist with determining psychosocial risk. This information is to be documented in the parents/carers’ client details page and child’s notes in the Child Development Information System (CDIS). This form can be uploaded as an attachment to CDIS.

A number of variables are associated with psychosocial risk and a few factors are listed. For a full list of psychosocial risk factors refer to the Brigance Early Childhood Screen III (2014), Table 4, page xxii.

|  |  |
| --- | --- |
| Language spoken at home |  |
| Ethnicity |  |
| Employment status |  |
| Education level |  |
| Number of siblings in home |  |
| Number of household moves in last year |  |

The *Parent–child interactions scale* should be only administered by practitioners after referring to the Parent-child interaction form information in the Brigance Early Childhood Screen III (2014), pages 71–72.

## Parent-child interactions scale completed

| MCH nurse: |  |
| --- | --- |
| Date: |  |

# Appendix 6: Psychosocial assessment

The psychosocial assessment provides a holistic integrated approach to emotional health that encompasses other psychological and social factors.

|  |  |
| --- | --- |
| Child’s name and age: |  |
| Child’s name and age: |  |
| Child’s name and age: |  |
| Child’s name and age: |  |

|  |  |
| --- | --- |
| Parent/carer’s name: |  |
| Relationship to child/ren: |  |

## Psychosocial factors

| Question | Yes/No |
| --- | --- |
| Have you ever experienced or needed treatment for a mental health condition, e.g. depression, anxiety, bipolar disorder, psychosis? |  |
| Has any member of your immediate family (grandparent, parent, brother or sister) needed treatment for a mental health problem? |  |
| In the last 12 months have you experienced stress, change or loss of someone close, relationship problems, illness, pregnancy complications or loss, financial worries or moving house or interstate? |  |
| Do you feel safe and well supported by your current partner? |  |
| When you were growing up did you feel like your mother provided the emotional support you needed? |  |
| If you need practical support do you have someone who could help you? **OR**  Do you have people you can rely on to provide practical support if you need it? |  |
| Do you or others think that you or your partner may have a problem with drugs or alcohol abuse? |  |
| When you were growing up did you always feel cared for and protected? |  |

## Emotional health

| Question | Yes/No |
| --- | --- |
| During the past month, have you often been bothered by feeling down, depressed or hopeless? |  |
| During the past month, have you often been bothered by little interest or pleasure in doing things? |  |
| Do you sometimes worry so much that it affects your day-to-day life? |  |

## Edinburgh Postnatal Depression Scale (EPDS)

|  |  |
| --- | --- |
| EPNDS completed (Yes/No) |  |
| EPNDS score |  |
| Referral (Yes/No) |  |

If not referred, reason:

|  |  |
| --- | --- |
| Not required |  |
| Not appropriate at this time |  |
| Parent/carer declined |  |
| Another appointment scheduled |  |

## Psychosocial assessment completed

| MCH nurse: |  |
| --- | --- |
| Date: |  |

# Appendix 7: Text-equivalent descriptions of figures

## Figure 1: Victoria’s Sleep and Settling Model of Care

Victoria’s Sleep and Settling Model of Care provides parents with the information and support they need to confidently respond to infant and early childhood sleep, and address sleep and settling concerns using safe and effective techniques.

The figure comprises a circle divided into three segments.

### Group sessions

Support and information for every family

Focusing on age-appropriate information about infant and early childhood sleep and tips and strategies to promote positive sleep patterns. All group sessions will also support parents and caregivers to promote self-care and wellbeing.

* Sleep and settling first-time parent group session – for all new parents and caregivers
* Sleep and settling parent session (6–8 months) – for parents and caregivers who want to better understand infant sleep
* Sleep and settling parent session for toddlers – for parents and caregivers who want to better understand toddler sleep

### Telephone consultations

Support when families need it.

Telephone delivery of follow-up sleep and settling support for parents and caregivers who have called the MCH Line with a sleep and settling concern.

### Sleep and settling outreach

Support when families need more.

Up to six hours of sleep and settling consultations in a family’s home, or other preferred location. For families experiencing significant and ongoing sleep and settling concerns.

## Figure 2: Step up, step down system of support

Families can access sleep and settling support by stepping up or down through services depending on their level of need.

Lowest level of support is information sessions.

Second level of support is universal MCH outreach consultations.

Third level of support is enhanced MCH.

Fourth level of support is early parenting centres.

The MCH Line offers support in conjunction with these four levels of support.

## Figure 3: Sleep and settling pathway

Parent/caregiver raises concern with sleep and settling of infant/toddler.

MCHN unpacks the concern using clinical judgement, expertise and identified protective and risk factors to assess if child and family are:

* at risk of vulnerability; or
* experiencing short term vulnerability; or
* experiencing long term vulnerability.

MCH nurse may use tools such as: sleep assessment, psychosocial assessment, parent–child interaction scale (Brigance III) and Edinburgh post-natal depression scale to support assessment.

Pathways are characterised by an increase in vulnerability and complexity of issues.

### Pathway 1: sleep and settling – child and family at risk of vulnerability

* Recommend parent attends age-appropriate information sessions or accesses sleep and settling resources (online and hard copy)
* Inform parent of MCH Line phone support
* Offer additional universal MCH consultation
* Suggest a day stay program

### Pathway 2: sleep and settling – child and family experiencing short term vulnerability

* Referral as required for GP mental health care plan
* Inform parent of MCH Line phone support
* Offer MCH sleep and settling outreach consultation
* Refer to Early Parenting Centre
* Offer a referral to EMCH

### Pathway 3: sleep and settling – child and family experiencing long term vulnerability

* Referral as required for GP mental health care plan
* Inform parent of MCH Line phone support
* Offer a referral to EMCH
* Refer Early Parenting Centre
* Refer to family support services