Supporting at-risk pregnant women: who cares?

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- NSW Health Local Health Districts
- NSW Family and Community Services
- NSW Non-Government Sector (*Brighter Futures* programs, Women’s and Children’s Refuges - Specialist Homeless Services)
- The Aboriginal people and organisations who have consulted on this study including the NSW Aboriginal Health and Medical Research Council.

Disclaimer: Views expressed in this presentation are those of the author and do not represent any participating agency.
Background – setting the scene

• “At-risk” pregnant women are pregnant women living in circumstances where there are serious health risk factors for example violence, alcohol & other drug addiction, unmanaged mental illness, disability, homelessness and sex work (Australian Health Minister’s Advisory Council, 2012; McConnell, et al., 2008; Duff et al., 2014)

• Internationally, more is being done to respond to women identified as “at-risk” while pregnant such as pre-birth assessment & conferencing, statutory agencies issuing an unborn child High Risk Birth Alert, policy changes regarding service provision to this group, and legislation changes

  ![Image of a form]

• National Framework for Protecting Australia’s Children: using the first 1000 days to build health and wellbeing

• However, not much is known about the views of practitioners working with this group.
Location & Agencies targeted for survey responses

- NSW Agencies funded to provide targeted health and social care to pregnant women, and in particular, “at-risk” pregnant women

2 types of agencies targeted
- **Government**, centrally operated state-wide agencies – NSW Health (all Local Health Districts) & NSW FACS
- **Non-government** agencies – Aboriginal Health and Community Organisations & Brighter Futures program & Women’s & Children’s Domestic and Family Violence Refuges (also known as Specialist Homeless Services).
The survey

- Completed by participants in Oct-Dec 2015
- 39 Items (some items contained multiple questions)
- Demographics – e.g. age, education level, employer, gender, job role, postcode.
- Risks women present with
  - Client engagement, including engagement techniques and barriers to engagement
  - Women’s health-literacy & service-literacy
- Culturally safe service provision.
Demographics

• N= 457 (from 487 responses)

• 93% female, 7% male

• Age:

![Figure 1: Age of survey respondents (%)]

- Under 30 years
- 30-39 years
- 40-49 years
- 50-59 years
- Over 60 years
- Prefer not to say

• Identified as of Aboriginal or Torres Strait Islander origin: 9.6%

• Language spoken at home: 97% English.

• Employed by:
  - NSW Health: 267
  - FACS: 85
  - ACCHO: 18
  - NGO: 86
  - OTHER Government: 1

• Education:
  - Degree: 87%
  - TAFE: 11%
  - No post-sec.: 2%

• Time in role:

![Figure 2: Time in role in years (%)]

- Under 12 months
- 1-3 years
- 4-5 years
- Over 6 years

Improving the lives of vulnerable children
Preliminary findings

• Complexity of practice

• Awareness of the unborn child High Risk Birth Alert in the context of prenatal service delivery

• Worker clarity about policy & workplace supports

• Worker attitudes & expectations

• Engagement: positive practices

• Barriers to engagement: serious challenges.
Complexity of practice (risk)

“What risks do the pregnant women engaged in your service present with?”
(multiple (6) response options)

- 47% ticked all 6 risks
- 84% of the sample ticked 4 or more risks
- The number of concurrent risks in pregnant women attending services speaks to the complexity of this client group and the complexity of practice associated with service delivery.

Figure 3: Percentage of Risks by Agency

<table>
<thead>
<tr>
<th>Agency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH(267)</td>
<td>55</td>
</tr>
<tr>
<td>FACS(85)</td>
<td>65</td>
</tr>
<tr>
<td>NGO(86)</td>
<td>50</td>
</tr>
<tr>
<td>ACCHO(18)</td>
<td>28</td>
</tr>
</tbody>
</table>

Improving the lives of vulnerable children
Worker awareness of the High Risk Birth Alert in the context of prenatal service delivery

“I know what a High Risk Birth Alert is.”

Of those who answered ‘not sure’, 99.9% gave a description of a High Risk Birth Alert compatible with current policy.
Worker clarity around policy and practice with at-risk pregnant women

- Goals of offering prenatal support to at-risk women via use of High Risk Birth Alert &
- Worker agreement with these policy goals.

**Figure 5:** Staff agreement (%) with the policy goals of offering prenatal support to at-risk pregnant women via High Risk Birth Alert

<table>
<thead>
<tr>
<th>Goal</th>
<th>Yes</th>
<th>No</th>
<th>Neutral</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase health of preg. woman</td>
<td>67</td>
<td>18</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Improve birth outcomes baby</td>
<td>84</td>
<td>8</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Improve parenting capacity post-birth</td>
<td>69</td>
<td>14</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>Monitor progress to reduce risks</td>
<td>83</td>
<td>10</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Formal communication between stat. child protect. &amp; others</td>
<td>90</td>
<td>4</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>
Workplace supports for working with at-risk pregnant women

Figure 6: Workplace supports for working with at-risk pregnant women
(% of staff agreement with statement)

- Policy in place: 72%
- Ensures guidelines followed: 63%
- Provides training: 57%
- Guidelines in place: 56%
- Adequate time to do the work: 50%
**Worker attitudes**

*Figure 7: Staff views about at-risk pregnant women, services matched to need & service re-use*

- **Staff care** about the women they work with (95%)
- **Staff accept** the women for who they are (85%)
- **Women get the help** they need (83%)
- **Women would come back** to the service (75%)
Worker attitudes continued

*Figure 8*: Elements potentially impacting on the ‘client experience’ of service delivery (% of staff agreement)

- Worker Commit. to Fetus: 98%
- Service Collaboration Impacts on Outcomes: 94%
- Could be Good Parents: 88%
- Labels Impact Serv.Prov.: 73%
- Approp. Serv. Avail.: 63%

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Worker expectations (motivation)

- Staff expectations (as proxy for their motivation) align with the goals of prenatal intervention.

Figure 9: % of staff expecting their efforts to result in policy outcomes

- Healthy mother: 74%
- Healthy baby: 83%
- Adequate parenting: 78%
- Surveillance: 88%

Yes | No | Neutral
Engagement (positive & effective practices)

“...midwives and social work provide a place based service to the...community. Perinatal Family Conferencing is offered to all women at all maternity sites in the district who have a risk-of-significant-harm report [to the statutory child protection service] made.

This is a transparent, participatory, strengths based approach to working with vulnerable women and their families where risk-of-significant-harm concerns for the unborn are identified.”
Barriers to engagement (serious challenges facing the sector)

“What are the barriers to engaging and working with at-risk pregnant women in your service?” (open-ended response, 428 responses)

Lack of: services to deal with demand; resources to do the work
• Mental Health Services
• Drug & Alcohol Services
• Interpreters
• Appropriate spaces to work in, support, training

“Trust” with service providers; “fear” of losing custody of baby
• Loss – male partner if leaving D&FV
• Fear of engaging - child removed if woman is too honest about the risk
• Stolen Generations

Homeless, transient, transport
• Urgent housing required
• Difficult to relocate pregnant woman before child is born
• Couch surfing/cars
• No licence, cost of transport, lack of public transport

Time
• Time constraints
• Time to build trust
• Time consuming cases
• Insufficient time for remote families
• Time to be able to contact the woman – difficult when relying on mobile phones that have no credit, are out of range, no battery
• Time to work at the woman’s pace as she may be unwilling to acknowledge there is a risk to her baby

Access
• The risks themselves become barriers e.g. unmanaged mental illness means women don’t turn up for appointments
• Women don’t know about services or how to access them
• Partner prevents access
• Full case loads restrict the number of new families that can be seen
• Small communities – isolation, stigma, anonymity

*Interagency collaboration
• Lack of service-to-service communication
• Level of cooperation between services
• Silos versus partnerships
• Skills of staff
• Prejudice, labelling, stigma, shame
• Services to engage fathers, males – policy exclusion criterion
Implications for practice

• Recognition of this group as emerging, needs special attention

• Attitudes toward at-risk pregnant women are positive/supportive, but there are barriers & policy/service supports are needed

• Changes to funding models to resource services for at-risk pregnant women

• Measurement of interagency collaboration regarding the High Risk Birth Alert including consideration of the statutory child protection agency providing a copy of the alert to the other services participating in this research

• Evaluation of current programs e.g. Perinatal Conferencing

• National Framework for Protecting Australia’s Children & National Plan for Reducing Violence Against Women and their Children: still work to do to be able to provide support to staff & families.