Supporting at-risk pregnant women: who cares?

Child Aware Approaches Conference 2016

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Acknowledgements

I would like to thank the agencies who agreed to distribute this survey, and the staff who completed the survey:

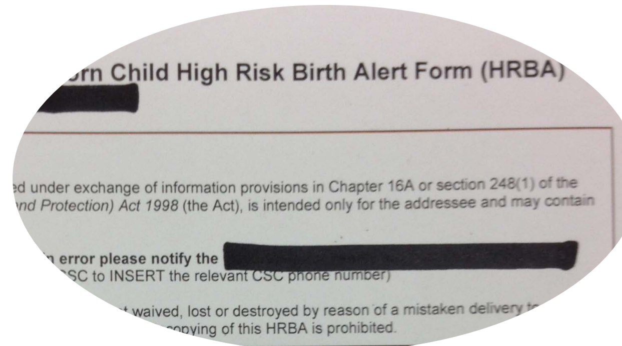
- Aboriginal Community Controlled Health Services
- Aboriginal Community Organisations
- Ms Gail Baucke, Mid North Coast Local Health District
- NSW Health Local Health Districts
- NSW Family and Community Services
- NSW Non-Government Sector (*Brighter Futures* programs, Women's and Children's Refuges - 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


orn Child High Risk Birth Alert Form (HRBA)

ed under exchange of information provisions in Chapter 16A or section 248(1) of the
nd Protection) Act 1998 (the Act), is intended only for the addressee and may contain

n error please notify the
SC to INSERT the relevant CSC phone number)

waived, lost or destroyed by reason of a mistaken delivery
opying of this HRBA is prohibited.

- 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).

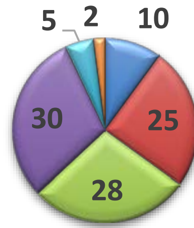
The survey

- 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
- Worker awareness of: the High Risk Birth Alert, clarity around policy/practice, attitudes, expectations.
- Culturally safe service provision.

Demographics

- **N**= 457 (from 487 responses)
- 93% **female**, 7% **male**
- **Age:**

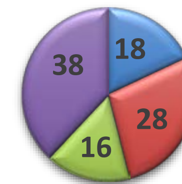
Figure 1: Age of survey respondents (%)



- **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 (%)



Preliminary findings

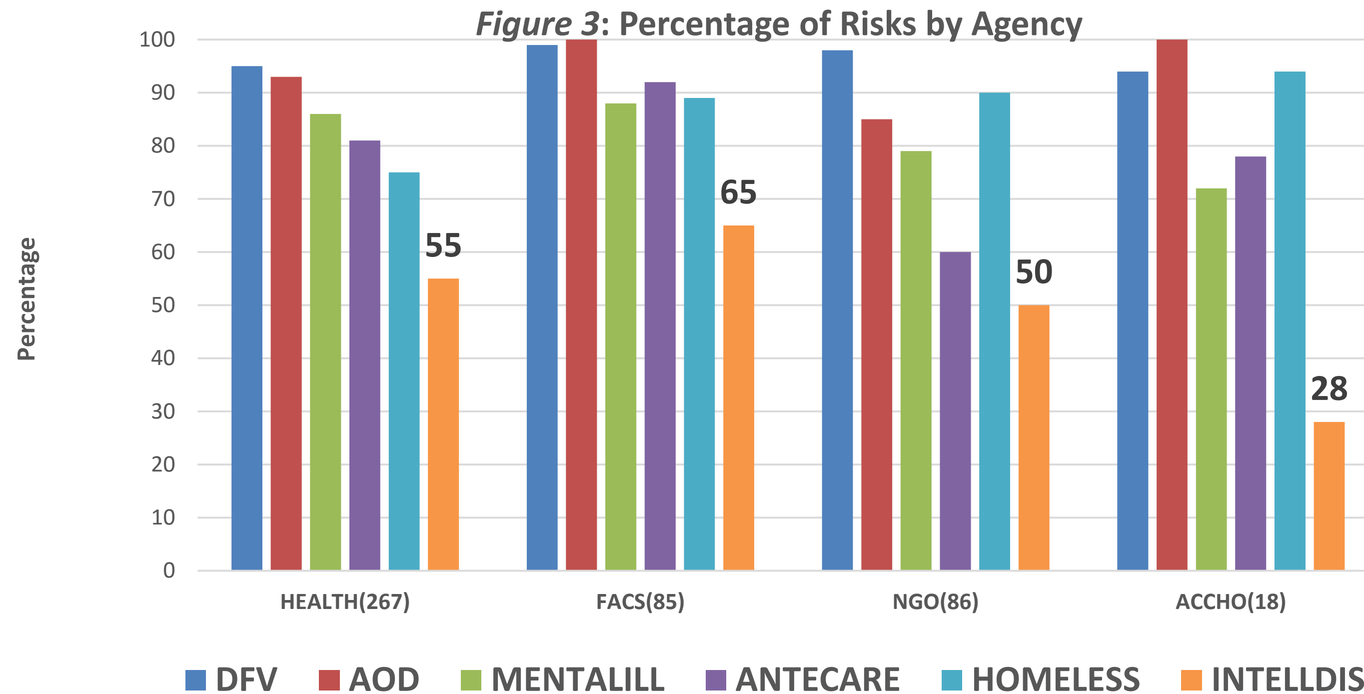
- Complexity of practice
- Awareness of the unborn child High Risk Birth Alert in the context of prenatal service delivery
- Worker clarity about policy & workplace supports
- Worker attitudes & expectations
- Engagement: positive practices
- Barriers to engagement: serious challenges.

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.



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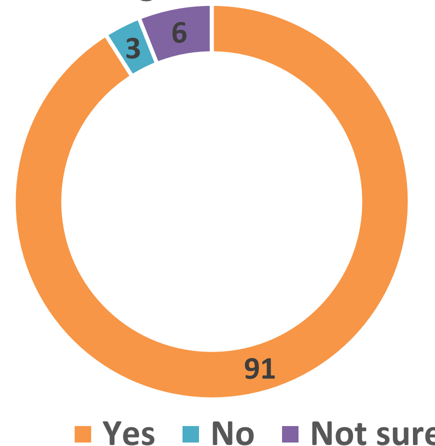
Worker awareness of the High Risk Birth Alert in the context of prenatal service delivery

"I know what a High Risk Birth Alert is."

Figure 4: Percentage of staff who know what a "High Risk Birth Alert" is



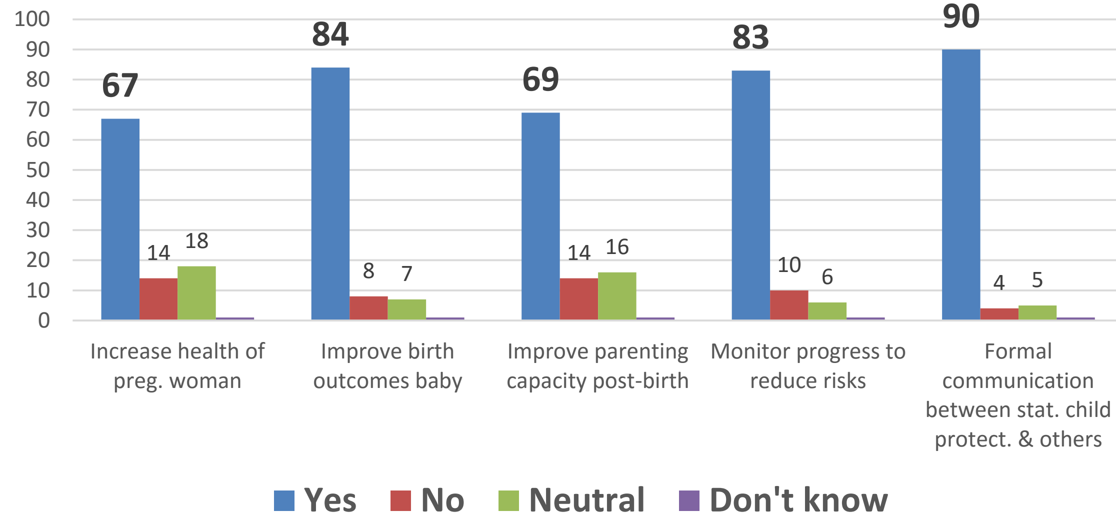
Of those who answered 'not sure', 99.9% gave a description of a High Risk Birth Alert compatible with current policy.

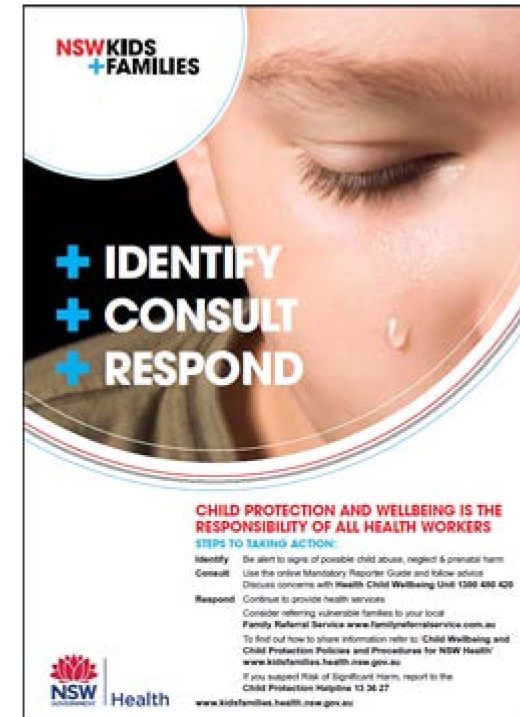
Worker clarity around policy and practice with at-risk pregnant women

- Goals of offering prenatal support to at-risk women via use of High Risk Birth Alert

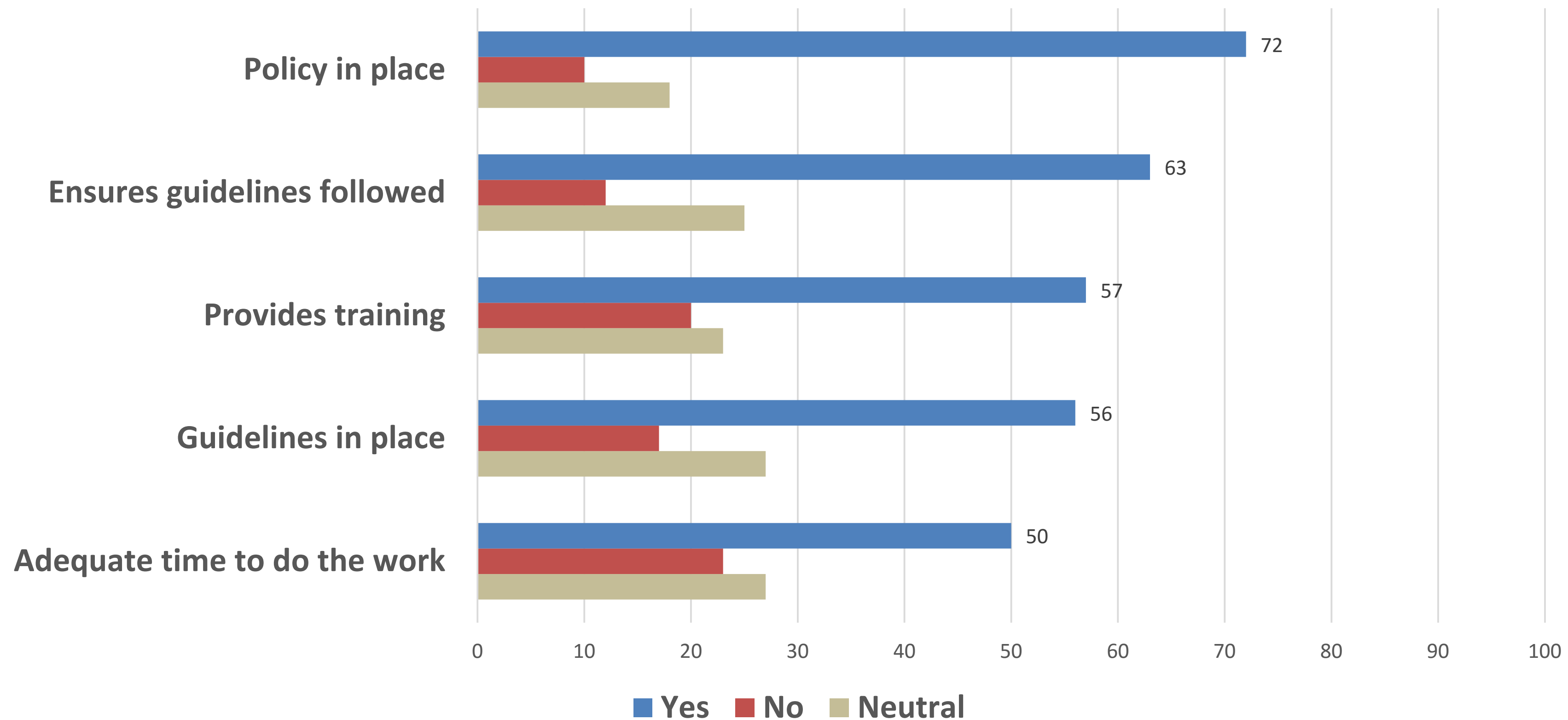
  &
- Worker agreement with these policy goals.

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





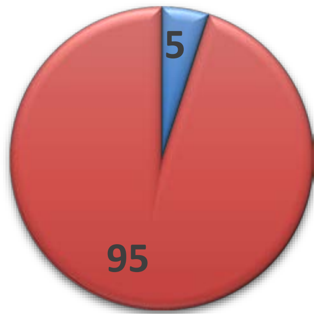
Workplace supports for working with at-risk pregnant women



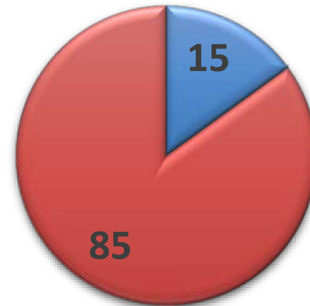
Worker attitudes

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

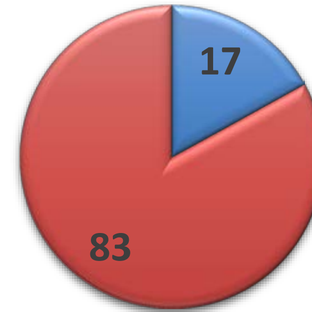
Staff care about the women they work with
(95%)



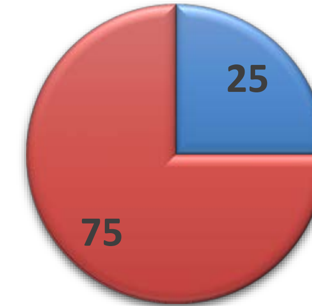
Staff accept the women for who they are
(85%)



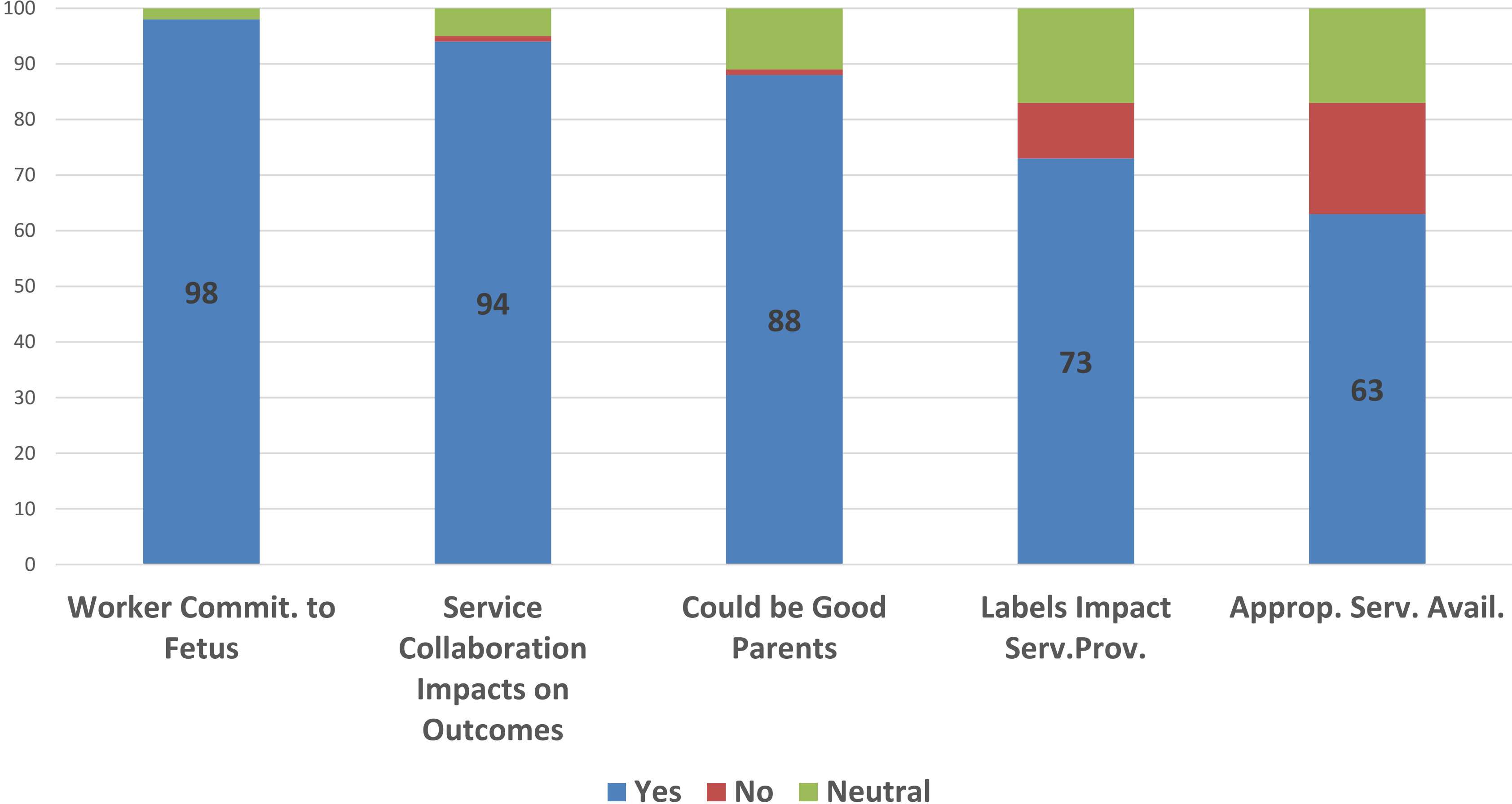
Women **get the help** they need
(83%)



Women **would come back** to the service
(75%)

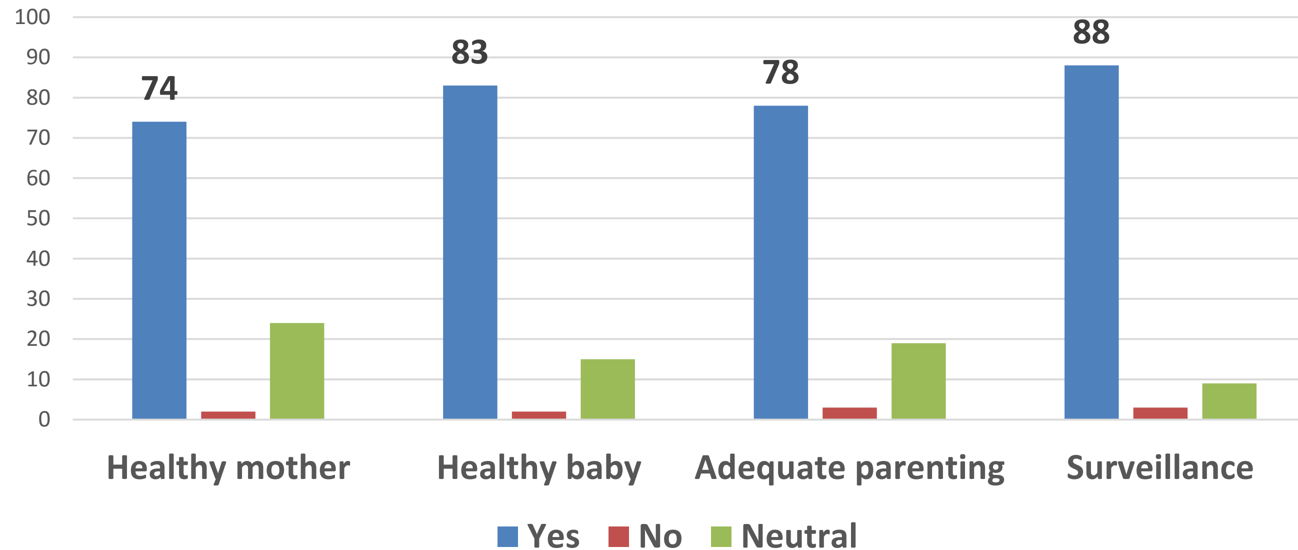


Worker attitudes continued

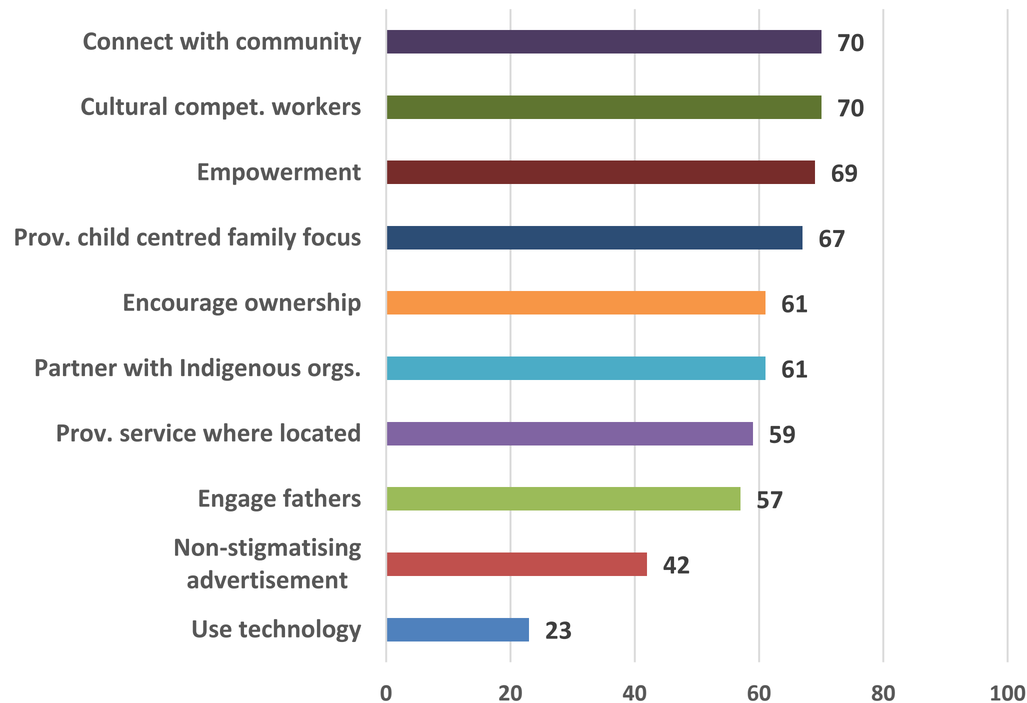


Worker expectations (motivation)

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



Engagement (positive & effective practices)



"The […] 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 verse 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.

NSW

Lily Grace inquest: Coroner wants baby boxes at hospitals, safe haven laws for 'desperate parents'

February 10, 2016 9:11pm