

Enhancing service engagement through early antenatal screening and referral for at risk families

*A joint project between the FMC Child Protection Service,
and the Child & Family Health Service, Southern Adelaide*



Women's and
Children's
Health
Network

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SA Health



OUTLINE

1. Introduction
2. Our “at risk” clients
3. Pilot study
4. Case examples
5. Future directions



INTRODUCTION

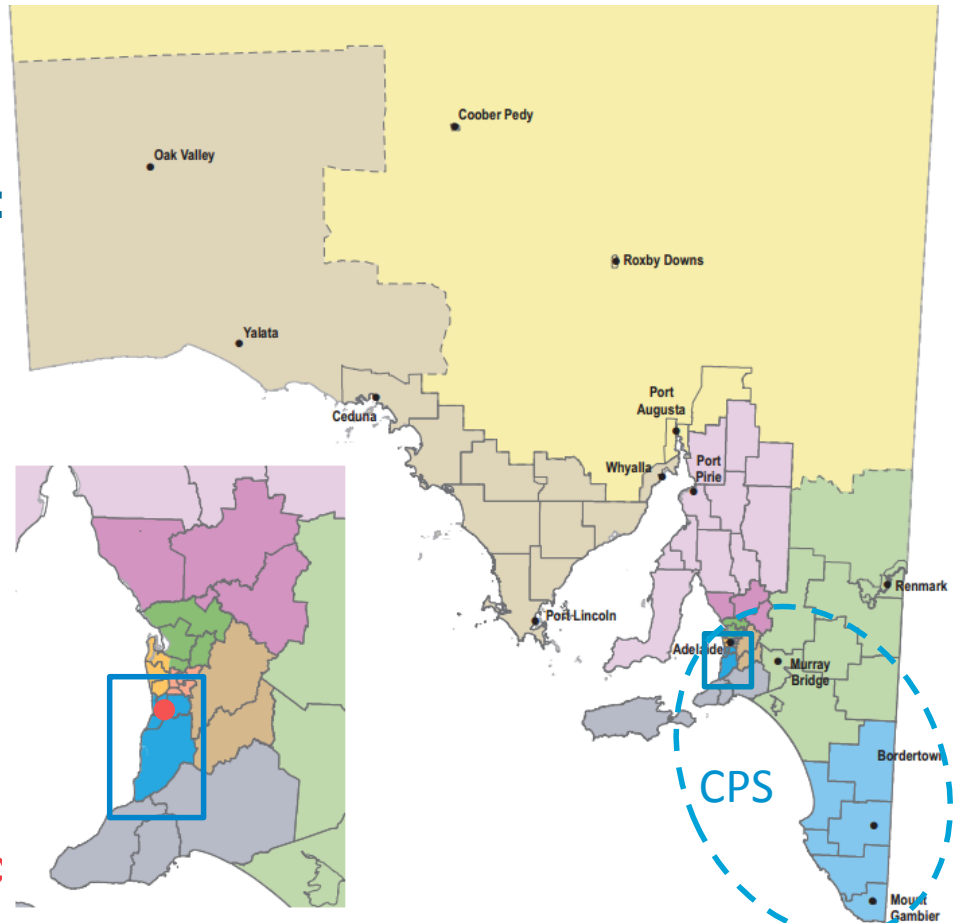
Where we are

Southern Adelaide:
 Pop'n 350,000
 Mostly urban
 Some rural

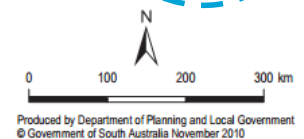


FMC
3,500 births p.a.
*82% of pregnant women
 in Sthn Adel birth at FMC*

CaFHS Metro Sth
4,500 new infants p.a.



- Adelaide Hills
- Barossa, Light and Lower North
- Eastern Adelaide
- Eyre and Western
- Far North
- Fleurieu and Kangaroo Island
- Limestone Coast
- Murray and Mallee
- Northern Adelaide
- Southern Adelaide
- Western Adelaide
- Yorke and Mid North
- Local Government boundary



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Legislative and Policy context

- > National Framework for Protecting Australia's children 2009-2020
- > SA Statutory system: Families SA
Children's Protection Act 1993
- > Information Sharing Guidelines: For promoting safety and wellbeing, 2013
- > Multi Agency Protection Service (MAPS)
- > SA Health High Risk Infants Policy
Collaborative Case Management of 'At Risk Infants' in Birthing Hospitals

Who we are – CPS at FMC

Flinders Medical Centre



Child Protection Service (CPS):
Psychosocial & medical Ax & interventions in the areas of child abuse and neglect

> CPS coordinates the **FMC Early Links Program:**

Early antenatal
psychosocial
screening



Early link
(referral)
to services

*Connects vulnerable pregnant women to services & supports **as early as possible**, to prevent adverse outcomes and maximise health, safety & wellbeing of child & family*



FMC Early Links program

- > Identifies potential risks to babies **early** in the antenatal period through comprehensive psychosocial assessment of pregnant women (ANRQ, EPDS, other questions e.g. history of involvement with child protective services) *Austin et al 2005*
- > Aims to reduce risk by **linking** pregnant women to services to address risk factors (i.e. targeted prevention and intervention)
- > Level of risk is rated as **“At risk”** *High, Medium, Low, or Not at risk*
- > Involves collaborative case planning, case coordination, formal interagency information sharing, referrals across the antenatal and perinatal period
- > After hospital discharge, responsibility passes to a lead community-based organisation e.g. CaFHS, FamiliesSA

Who we are – CaFHS

Child and Family Health Service



- > State-wide community based government organisation
- > Health services for parents with infants, children aged 0-5 years
- > Parenting support and information
- > Services for families and children with additional needs

Universal
contact
visit

Family
home
visiting

Child
health
checks

Range of
other
services

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Research literature: Antenatal Screening

- > Evidence of impact of perinatal mental illness and psychosocial risk factors on infant development (Austin & Kingston, 2016)
 - prematurity and low birth weight (Grote et al 2010)
 - Maternal prenatal behaviours and family risk factors predict developmental delay (Brownell et al 2016)
- > Without antenatal screening up to 80% of problems not detected in (Leiferman et al 2008)
- > Prematurity, young maternal age, and substance abuse is associated with non-accidental injury in infants (Doud et al 2015; P Kelly personal communication 2016)



Research literature: Service Engagement

- > Parents who engage have better child outcomes (Ingoldsby 2010)
- > Co-occurrence of parent risk factors found in difficult to engage families (Littell et al 2001)
- > High risk families have poorer sustained engagement (Alonso-Marsden et al 2013)
- > Second generation child protection families have greater problems and poorer engagement (Fusco 2015)



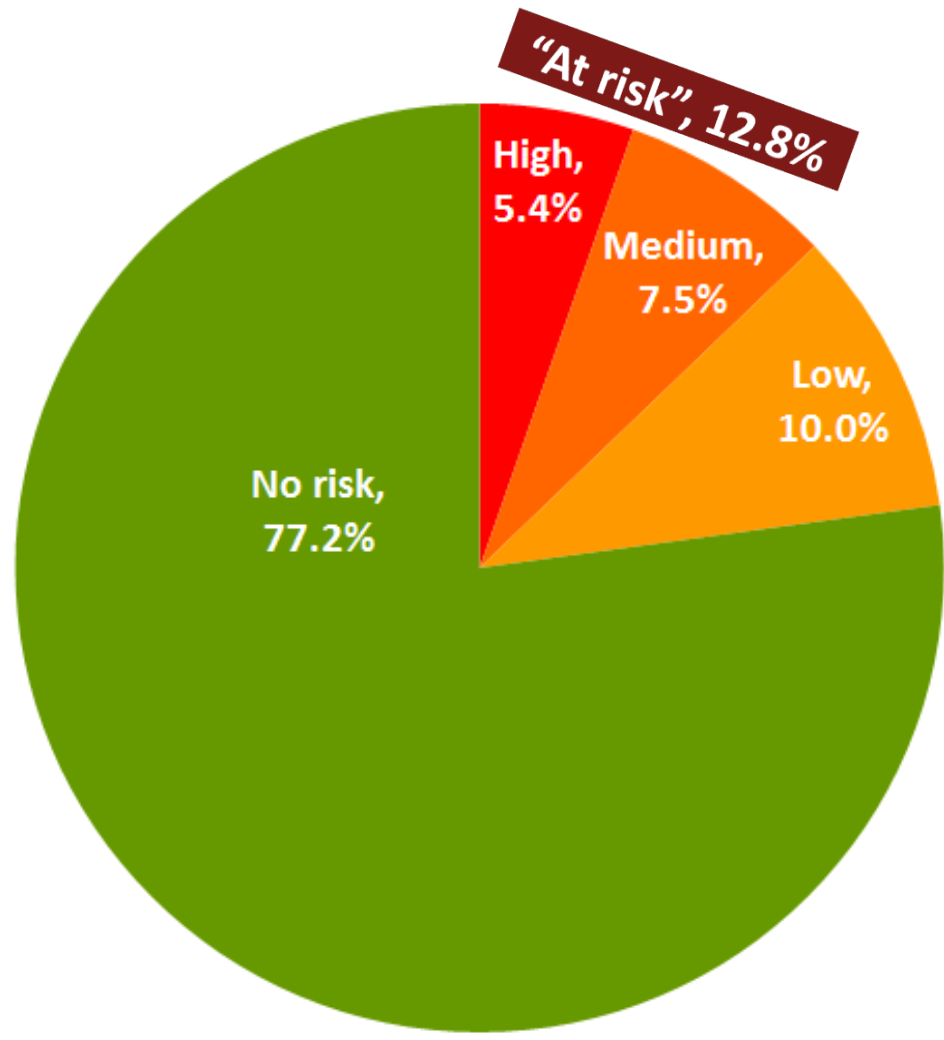
OUR “AT RISK” CLIENTS

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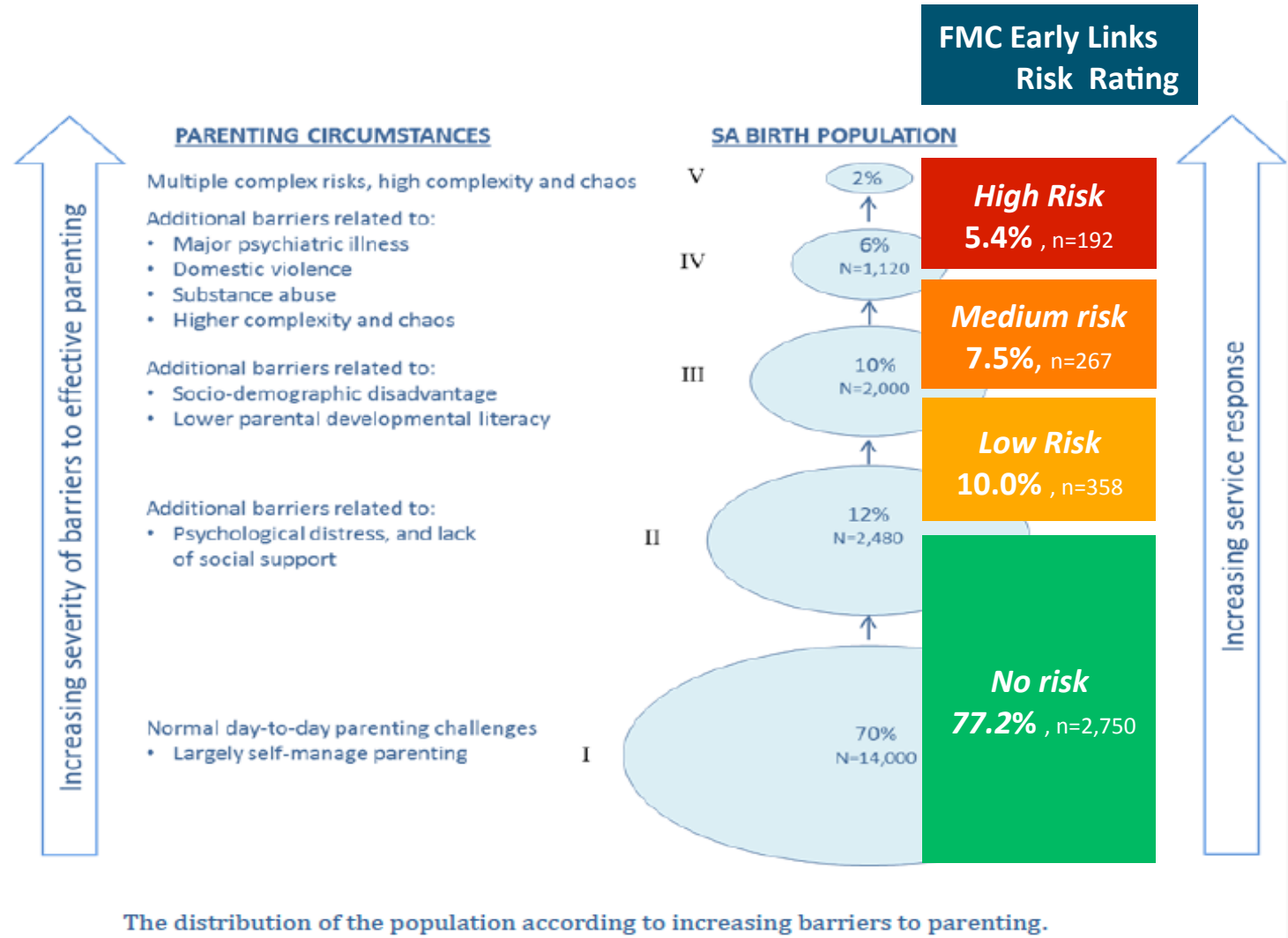


What we know – basic profile

Women who gave birth at FMC in 2015:
Early Links Risk classification

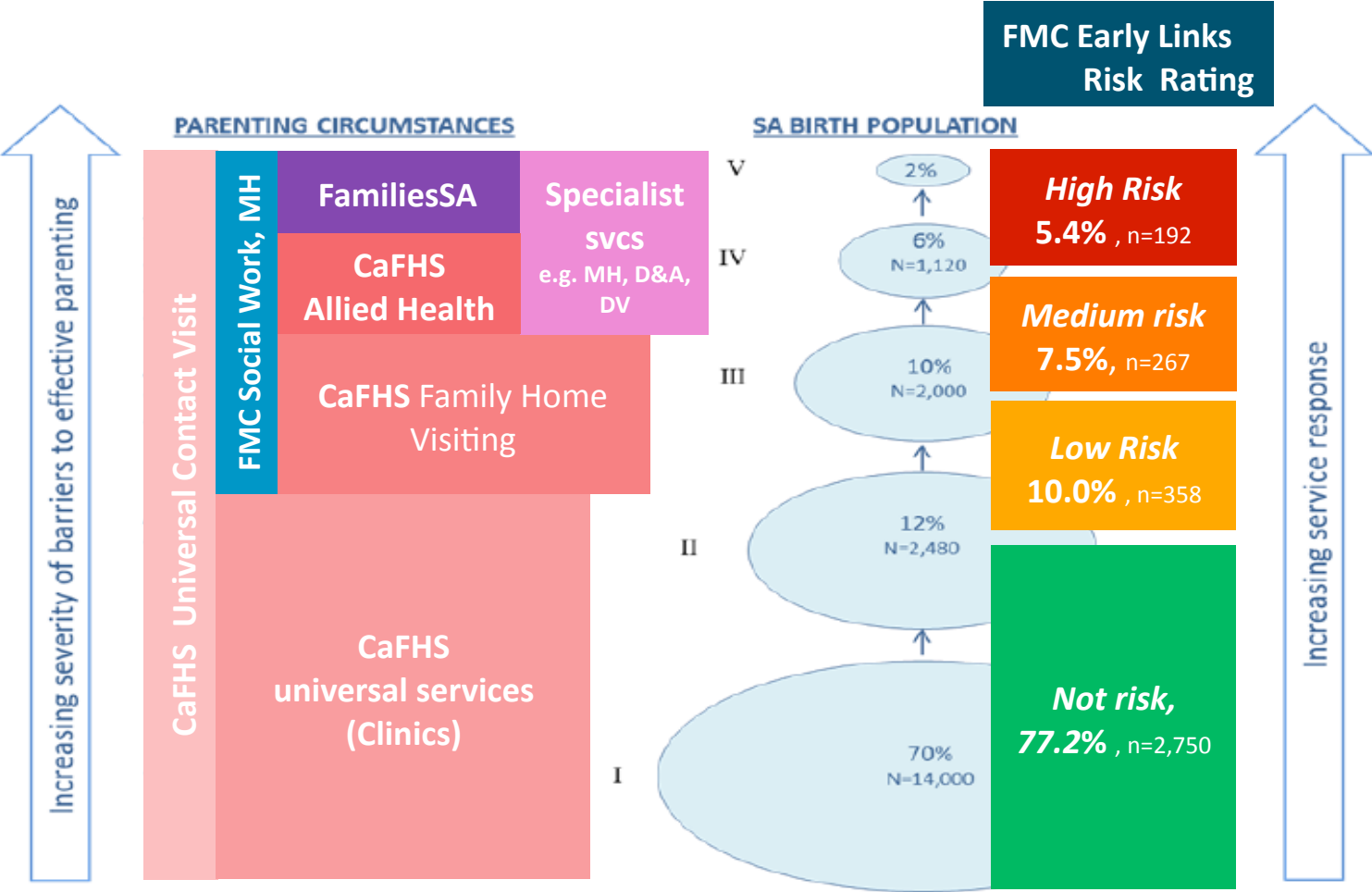


SA population's parenting circumstances (Adelaide Uni), vs FMC Early Links risk groups



Source: Sawyer A, Gialamas A, Pearce A, Sawyer MG, Lynch J. *Five by Five: A Supporting Systems Framework for Child Health and Development*. Better Start Child Health and Development Research Group, School of Population Health, University of Adelaide. 2014.

Services commonly engaged at different levels of risk



The distribution of the population according to increasing barriers to parenting.

Source: Sawyer A, Gialamas A, Pearce A, Sawyer MG, Lynch J. *Five by Five: A Supporting Systems Framework for Child Health and Development*. Better Start Child Health and Development Research Group, School of Population Health, University of Adelaide. 2014.



Does our Early Links program work?

Assessing risk:

- > When we look at clients retrospectively, *how well* did we identifying risk antenatally?

Linking families to services:

- > Is the program successfully linking families to services, in terms of actual *engagement*, initial and sustained?
- > Where are the *service gaps*? Do some pathways work better?

Outcomes:

- > Is the program *making a difference* to mothers' and infants' health and safety?

=> Joint pilot study between FMC and CaFHS



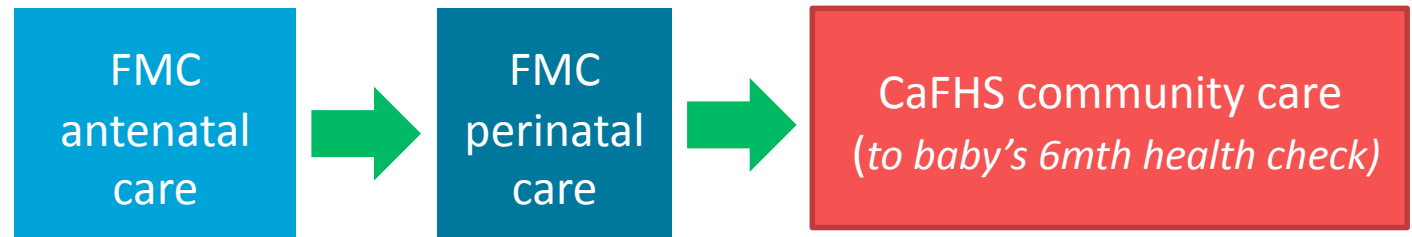
PILOT STUDY

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Overview

- > Follow a full two-month birth cohort at FMC to discharge, then the subgroup of ~100 “At risk” mother-infant dyads:



- > Data sources:

- 1) Electronic data from FMC antenatal & perinatal care
- 2) Electronic data for “At risk” clients from CaFHS client DB
- 3) Additional data for “At risk” clients from CaFHS case audit.

- > Data linkage:

Undertaken in accordance with best practice principles, e.g. separation principle, project-specific IDs



Challenges to date

- > Ethics approval process is complex – data linkage, multiple sites, sensitive information
- > Accessing data – multiple data custodians, data from Early Links never before extracted for research purposes
- > Administrative data – collected through routine clinical care, not research-ready (documentation, quality)

Opportunities

- > Building/strengthening relationships within and between our organisations
- > Thinking about our data from a new perspective
- > Rigorous understanding of our services & their outcomes

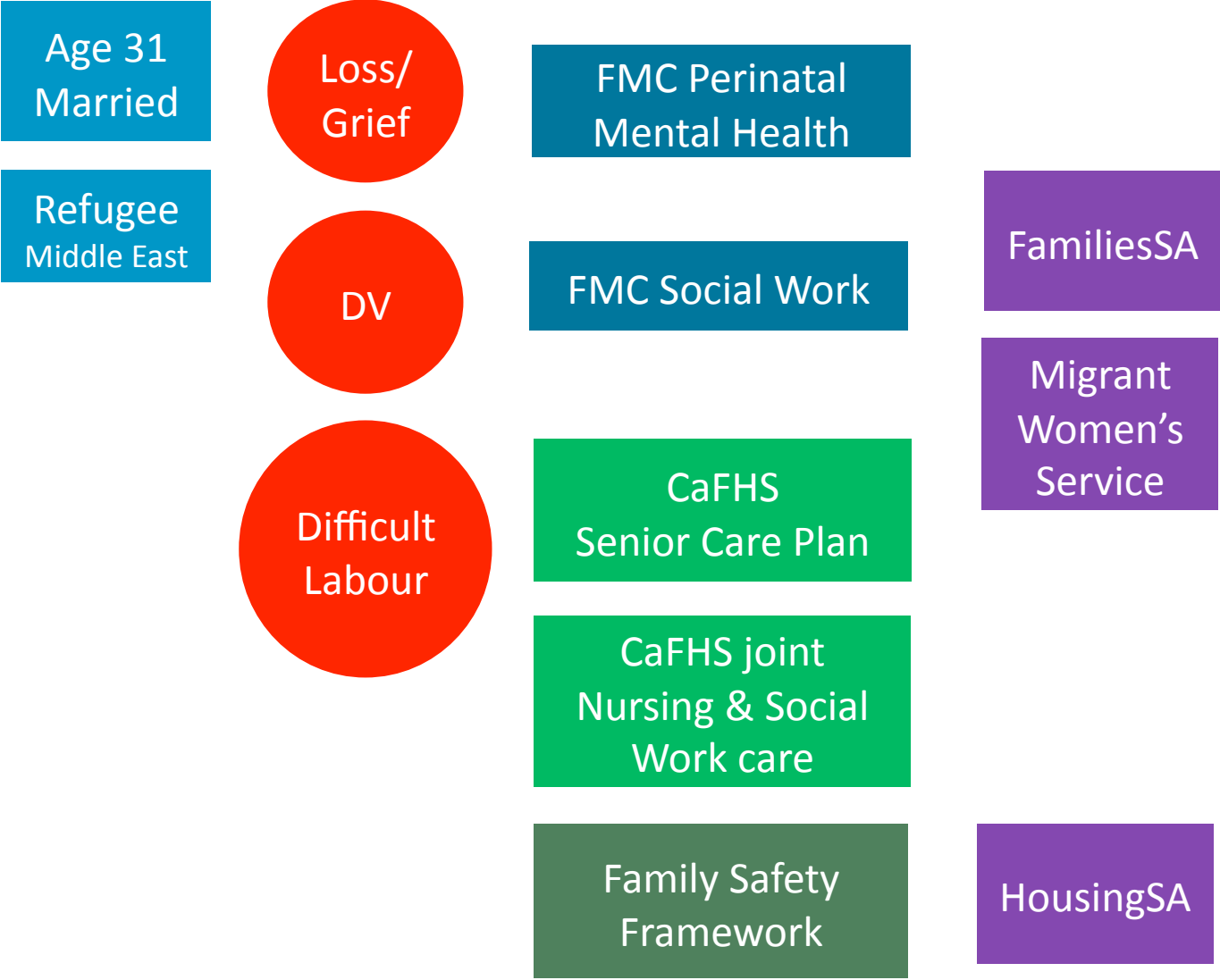


CASE EXAMPLES



Case Example 1:

High risk, good linkage and engagement



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Summary - Case Example 1:

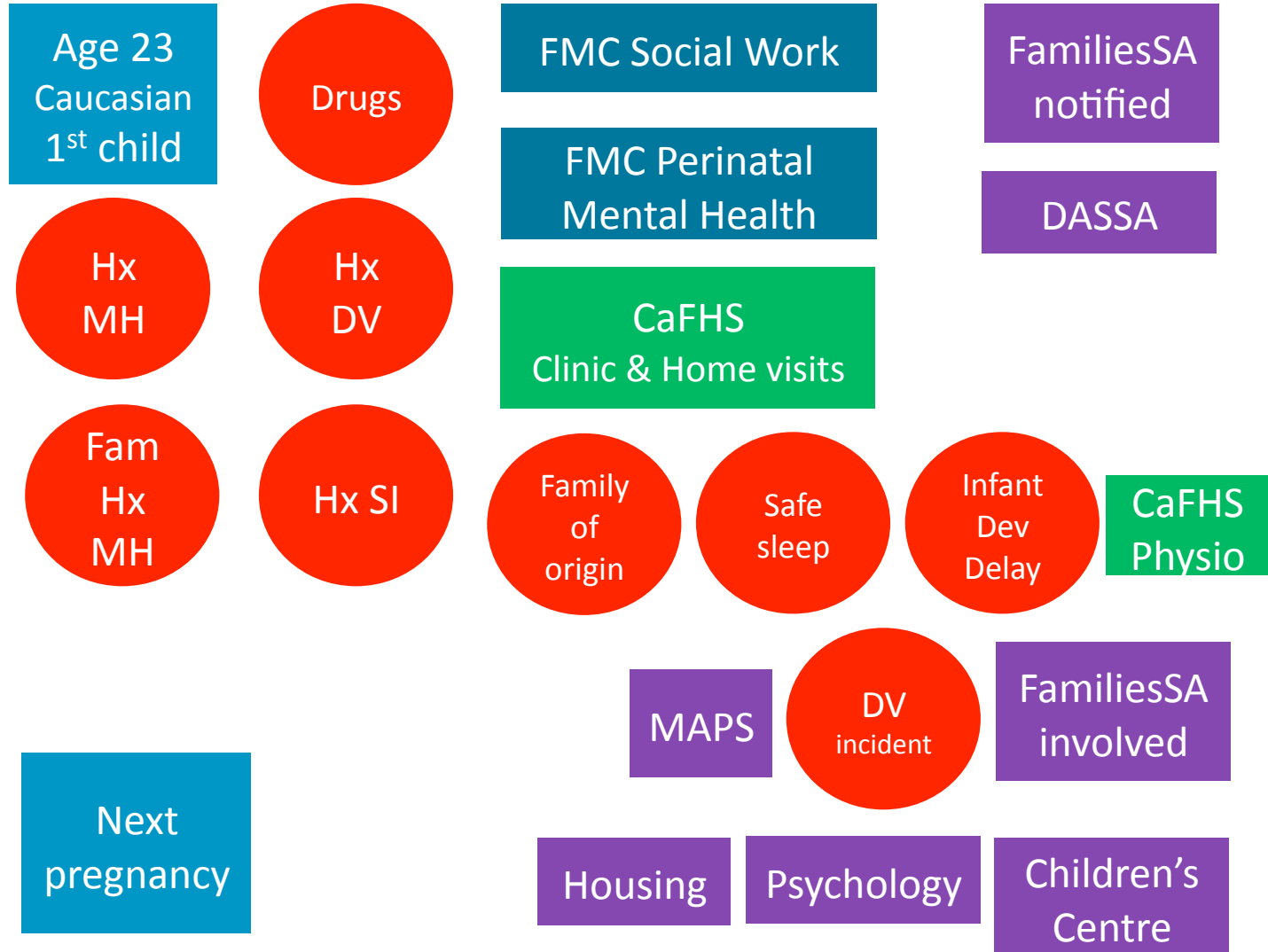
High risk, good linkage and engagement

- > Level of risk not fully appreciated at screening
- > Referral supported further exploration
- > Handover of information supported CaFHS to further explore
- > Importance of a multi-agency and multi-disciplinary response



Case Example 2:

High risk, statutory involvement, engagement not sustained





Summary - Case Example 2:

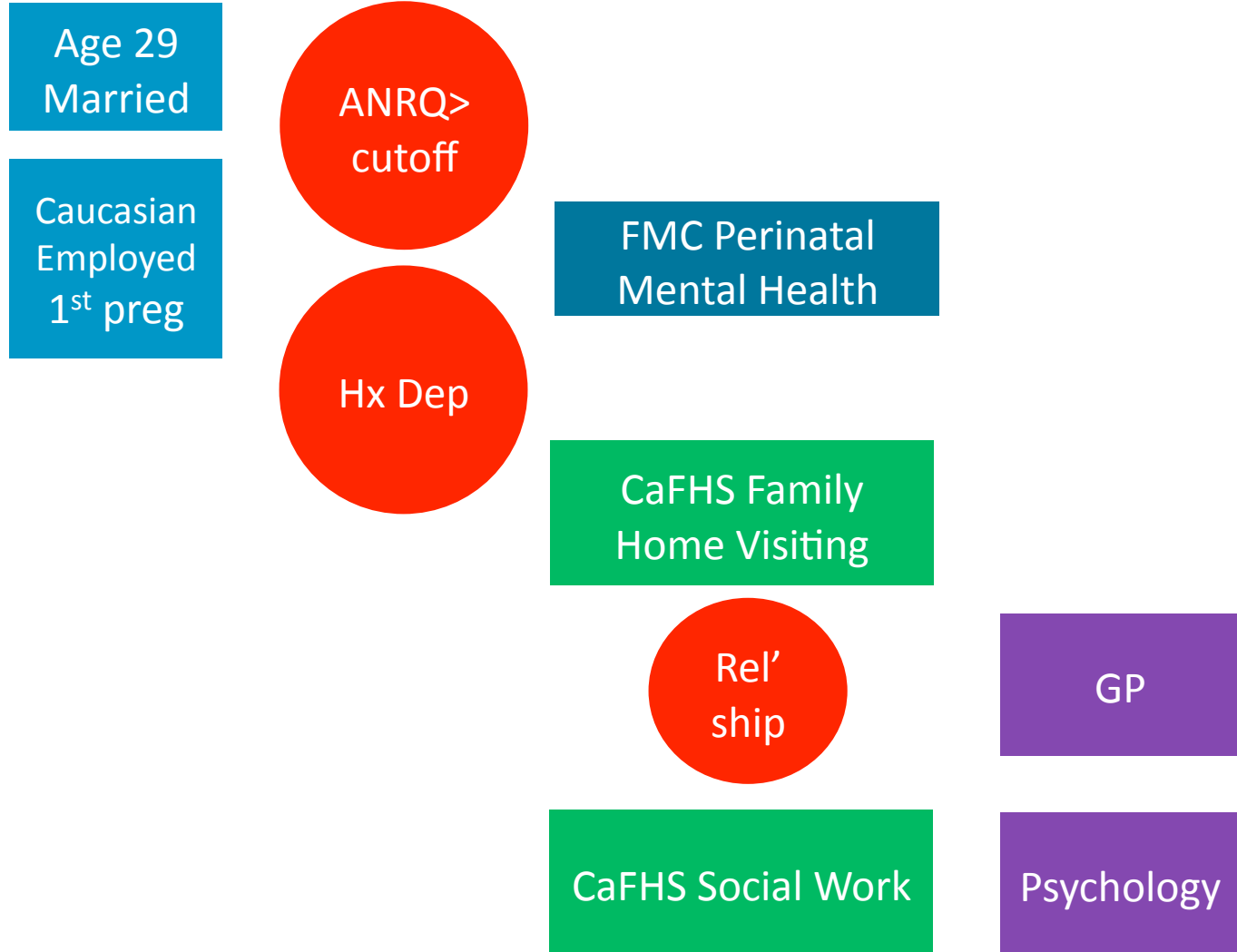
High risk, statutory involvement, engagement not sustained

- > Consistency of worker important
- > Assertive engagement required
- > Impact of intergenerational risk factors (ongoing)
- > Difficulty of sustaining engagement and supporting change for the family



Case Example 3:

Medium risk, no statutory involvement, good linkage/engagement





Summary - Case Example 3:

Medium risk, no statutory involvement, good linkage/engagement

- > Consistent worker important
- > Emerging parental relationship issues impacting on maternal mental health
- > FHV key support in this context – if this were not available outcome may look different



FUTURE DIRECTIONS

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Future directions

- > Undertake our pilot study
 - > quantify activities and outcomes
 - > explore unknowns
 - > recommend service improvements
- > Explore feasibility of a larger data linkage project
 - > larger cohort
 - > other outcomes incl. child protection
- > Share our findings (publish, present)



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Thank you!



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