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

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OUTLINE

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3. Pilot study
4. Case examples
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INTRODUCTION
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.

Child Protection Service FMC and CaFHS Southern Adelaide
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:

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

Child Protection Service FMC and CaFHS Southern Adelaide  SA Health
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 **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, Child Protection Service FMC and CaFHS Southern Adelaide

**SA Health**
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

Child Protection Service FMC and CaFHS Southern Adelaide
SA Health
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)
What we know – basic profile

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

- No risk, 77.2%
- Low, 10.0%
- Medium, 7.5%
- High, 5.4%
- “At risk”, 12.8%

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

**SA BIRTH POPULATION**

- **High Risk** 5.4%, n=192
- **Medium risk** 7.5%, n=267
- **Low Risk** 10.0%, n=358
- **No risk** 77.2%, n=2,750

**PARENTING CIRCUMSTANCES**

- High Risk
  - Multiple complex risks, high complexity and chaos
  - Additional barriers related to:
    - Major psychiatric illness
    - Domestic violence
    - Substance abuse
    - Higher complexity and chaos

- Medium Risk
  - Additional barriers related to:
    - Socio-demographic disadvantage
    - Lower parental developmental literacy

- Low Risk
  - Additional barriers related to:
    - Psychological distress, and lack of social support

- No Risk
  - Normal day-to-day parenting challenges
    - Largely self-manage parenting

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

Services commonly engaged at different levels of risk

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

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

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PILOT STUDY
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

- Age 31
- Married
- Refugee from Middle East
- Loss/Grief
- DV
- Difficult Labour
- FMC Perinatal Mental Health
- FMC Social Work
- CaFHS Senior Care Plan
- CaFHS joint Nursing & Social Work care
- Family Safety Framework
- FamiliesSA
- Migrant Women’s Service
- HousingSA

Child Protection Service FMC and CaFHS Southern Adelaide

SA Health
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

- Age 23 Caucasian 1st child
- Hx MH
- Hx DV
- Hx SI
- Fam Hx MH
- Drugs
- FMC Social Work
- FMC Perinatal Mental Health
- CaFHS Clinic & Home visits
- FamiliesSA notified
- DASSA
- MAPS
- DV incident
- FamiliesSA involved
- Housing
- Psychology
- Children’s Centre
- Infant Dev Delay
- Safe sleep
- Family of origin
- CaFHS Physio
- Next pregnancy
- Child Protection Service FMC and CaFHS Southern Adelaide
- SA Health
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

Age 29
Married
Caucasian
Employed
1st preg
ANRQ> cutoff
Hx Dep
FMC Perinatal Mental Health
CaFHS Family Home Visiting
Rel’ ship
CaFHS Social Work

GP
Psychology

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SA Health
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

> 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)
References


Thank you!

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