



Collaboration: Improving Outcomes for Vulnerable Children.

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- The value of a universal service
- The identification of vulnerability and services such as Cradle to Kinder
- The MOVE trial – identifying women living with D/FV
- The essential nature of collaboration
- The necessity for ‘hot’ referrals



- **MCH service** – a remaining gem in the potch of an increasingly selective service system
- Making the most of universalism in selected, targeted areas (Guterman, 1999).
- The AEDI model (Villanueva et al 2015)
- The Cummins Inquiry recommendation





Vulnerability

- Cradle to Kinder – the Victorian model of enhanced services to mothers and infants
- Highly selective **but** a platform rather than a pilot!
- Highlights the essential nature of collaboration with the vulnerable children and families sector



- Establishing the link to FV and vulnerability
- The role of routine inquiry
- Research of international standing undertaken in Victoria

MOVE: An MCH nurse-designed model of care for recent mothers experiencing family violence.

Taft A, Small R, Humphreys C, Hegarty K, Hooker L, Adams C, Walter R and Agius P



MOVE aimed to increase MCH nurse FV inquiry, women's disclosure/safety planning and referral in MOVE teams compared with usual care

Method:

- Cluster randomised controlled trial involving 8 MCH teams (~80 nurses in each)
- **The nurse-centred model:** nurse mentors; strong links with FV services; attention to nurse safety; use of a maternal health checklist including FV items; and MCH FV clinical guidelines
- After 12 months implementation, outcome data from routine government reports, maternal health checklists and 10,472 mailed surveys to mothers. Process evaluation - two online surveys with nurses (70%+ responses) & interviews with stakeholders during and after intervention.
- Two year follow up– measure routine government data, repeat MCH nurse survey and interviews.

Results: MOVE teams inquired at higher rates. Self-completion checklist popular with nurses and women. Sustained FV screening and care (at 2 years). MOVE teams **fourfold higher rate of safety planning (5.9% cf 1.4%)**. No difference in referral rates which were low.

Implications for policy and practice: A nurse designed model is sustainable and can increase FV inquiry and significantly increase safety planning rates, but not referrals.

MOVE papers



MOVE Protocol

Taft , A., Small, R., Humphreys, C., Hegarty, K., Walter, R., Adams, C., Agius, P. (2012). Enhanced maternal and child health nurse care for women experiencing intimate partner/family violence: protocol for MOVE, a cluster randomised trial of screening and referral in primary health care. *BMC Public Health*, 12(811).

MOVE primary outcomes

Taft , A., Hooker, L., Humphreys, C., Hegarty, K., Walter, R., Adams, C., Agius, P., Small, R. (2015). Maternal and child health nurse screening and care for mothers experiencing domestic violence (MOVE): a cluster randomised trial. *BMC Medicine*, 13(150).

MOVE process evaluation

Hooker, L., Small, R., Humphreys, C., Hegarty, K., & Taft, A. (2015). Applying normalization process theory to understand implementation of a family violence screening and care model in maternal and child health nursing practice: a mixed method process evaluation of a randomised controlled trial. *Implementation Science*, 10(39).

MOVE website

<http://www.latrobe.edu.au/jlc/research/reducing-violence-against-women-and-children/move>



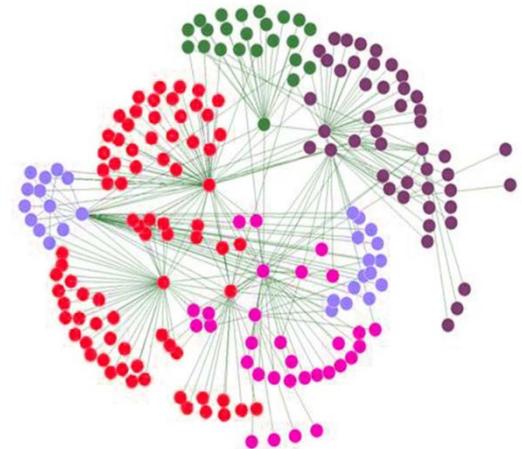
Complex system relationships

- Different government departments
- Different disciplinary base
- Under-resourced programs in MCH and Cradle to Kinder and Child FIRST
- Sometimes weak links with FV, MH and AOD sectors



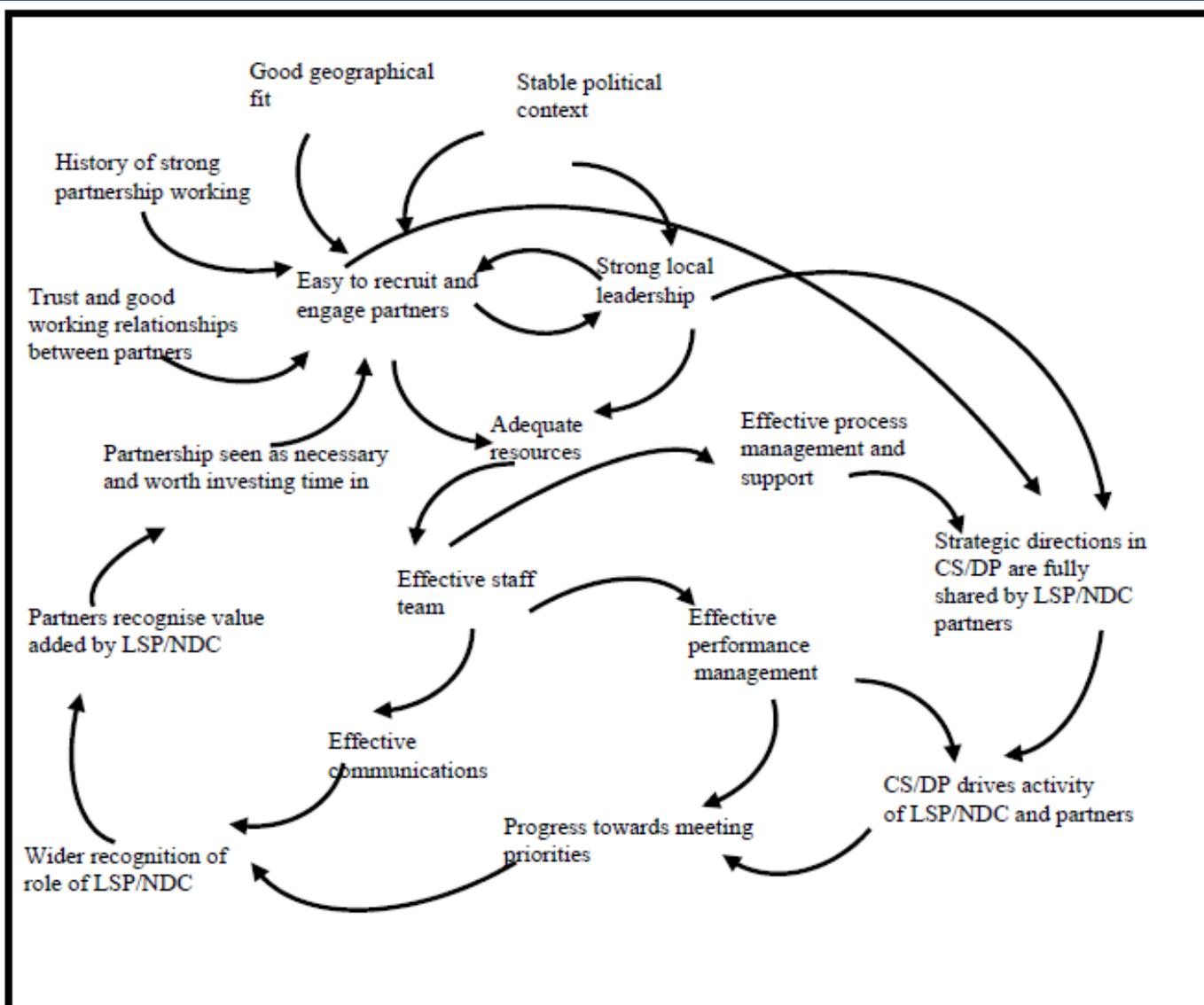
WILSON ET AL

- Research from the SAFER research program (Ross et al, 2015)
- Complex relationships in regional governance committees
- No ‘silver bullet’ to make effective collaborative relationships





The Virtuous Circle



Geddes, M. (2006). Evaluating English experience of governments and communities in partnership: the empire strikes back? In *Governments and Communities in Partnership* (p. 17). Melbourne, Australia: Centre for Public Policy, University of Melbourne.



WILSON ET AL 2015

- The role of referral within a collaborative relationship
- Referrals for women with AOD problems (Tsanfeski et al, 2015)
- 98 referrals for 20 women – only those to CP actioned.
- ‘Whatever happened on the way to counselling?’ (Humphreys, 1995)



WILLIAMS ET AL

- Information (informal referrals)
- Warm referrals
- ‘Hot’ referrals – the relationship is critical



- Are families with complex needs ‘hard to reach’ or are services ‘hard to access’?
- Organisational collaboration provides the backdrop for effective collaborative front line practice
- Universal access (even if targeted to specific regions) is the preferred service model.



- Guterman, N. (1999) Enrollment strategies in early home visitation to prevent physical child abuse and neglect and the “universal versus targeted” debate: a meta-analysis of population-based and screening-based programs *Child Abuse and Neglect*, 23, 863-890
- Ross, S., Healey, S., and Humphreys, C. (2015) Integrated Governance of Family Violence: role and regional variations in expectations and experiences, *Journal of Human Services Administration* doi:10.1111/1467-8500.12162
- Tsanfeski, M., Humphreys, C. and Jackson, A. (2015) A delicate balance: Intervention with mothers with dual diagnosis and their infants. *Journal of Advances in Dual Diagnosis* 8, 78-89
- Villanueva et al (2015) Using spatial analysis of the Australian Early Development Index to advance our understanding of 'neighbourhood effects' research on child health and development. *Journal of Paediatrics and Child Health*, 51