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Overview

- 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
The identification of 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.


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


MOVE primary outcomes


MOVE process evaluation


MOVE website

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
Family Violence Collaborations

- 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 Vicious Circle

• 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)
Referrals and collaboration

- 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.


• 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