

Impact of integrated health and social care hubs on family adversity

Submission date 18/06/2021	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 28/06/2021	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 20/05/2024	Condition category Other	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

This study aims to help services to find out about and support families with adversities so children can thrive. The study also aims to improve how different services work together to achieve this goal.

Family adversities include challenging child behaviours or any sort of family stress such as feeling overwhelmed, not having enough support, parenting difficulties or child abuse or neglect as well as troubles with anyone in the family involving money, housing, work, relationships, physical or mental health, or drug and alcohol use.

At the moment, health, social, community and education services often lack training in how to detect family adversities and the information or resources they need to properly support families with such challenges.

This study aims to co-design, test and evaluate integrated health and social care Child and Family Hub models to better detect and respond to family adversities experienced by families of children aged newborn to 8 years old living in Wyndham, Victoria, and Marrickville, NSW.

Who can participate?

1. Caregivers of all ages who are the primary carer to at least one child aged from birth to 8 years old, who access any of the participating health, social, child and family welfare, community, legal, financial or educational services in the Child and Family Hub @Wyndham Vale or @Marrickville.
2. Practitioners (adults aged 18 years and older) who are currently employed in one of the participating Hubs at Wyndham Vale or at Marrickville.

What does the study involve?

Caregivers will be asked to complete three surveys at the start of the study and 6 and 12 months after Hub implementation begins. Each survey lasts about 30 minutes. The first survey can be completed in-person, via telephone or online. The second and third surveys can be completed on the phone or online.

Participants will be asked to provide details about whether Hub practitioners have asked about or responded to any family adversity they may be experiencing as well as about their and their child's health and wellbeing, and their use of services in Wyndham Vale or Marrickville.

There will also be an optional interview at 12 months to talk about their experience of the Hub

care.

Practitioners will be asked to complete three surveys at the start of the study and 6 and 12 months after Hub implementation begins. The surveys will ask details about practitioner detection of and response to family adversities listed above and experiences with providing services to families with children (aged 0-8 years) facing family adversities.

Practitioners will also attend a one-day training session in asking about and responding to family adversities at the start of the project and then participate in monthly case-based discussions with other practitioners at the Hub.

What are the possible benefits and risks of participating?

This study is being undertaken for research purposes. The information gathered will be used to strengthen services for families of young children to ultimately see children thrive in (Wyndham Vale/Marrickville). As such, families may experience improved detection of and support for family adversities. At the end of the study, it is intended that the lessons learned will serve as a guide for build programs that can help children and families thrive in other communities in Australia. Potential risks associated with this project may include participants becoming upset when answering certain survey questions. Participants are welcome to skip survey questions or stop the survey at any time should they feel uncomfortable. If a participant becomes upset at any point, the researcher will offer further support such as assistance in making contact with a friend/family member/support person for mental health support.

Where is the study run from?

This project is being led by the Centre of Research Excellence (CRE) in Childhood Adversity and Mental Health. The CRE team are based at Murdoch Children's Research Institute ('MCRI') and at 'Sydney Local Health District' (SLHD) (Australia)

When is the study starting and how long is it expected to run for?

September 2020 to April 2023

Who is funding the study?

1. National Health and Medical Research Council (NHMRC) (Australia)
2. Beyond Blue (Australia)

Who is the main contact?

Prof. Harriet Hiscock

harriet.hiscock@rch.org.au

Study website

<https://www.childhoodadversity.org.au/>

Contact information

Type(s)

Scientific

Contact name

Prof Harriet Hiscock

ORCID ID

<http://orcid.org/0000-0003-3017-2770>

Contact details

Murdoch Children's Research Institute
Royal Children's Hospital
50 Flemington Rd
Parkville VIC
Melbourne
Australia
3052
+61 (0)3 9345 6910
harriet.hiscock@rch.org.au

Additional identifiers**EudraCT/CTIS number**

Nil known

IRAS number**ClinicalTrials.gov number**

Nil known

Secondary identifying numbers

62866

Study information**Scientific Title**

Impact of integrated health and social care Hubs for detecting and responding to adversity in families with children aged 0-8 years: a pre-post study

Study objectives

The primary hypothesis is that a co-located and integrated health and social care Hub will improve the detection of and response to family adversity for families attending the Hub with children aged 0-8 years.

Ethics approval required

Old ethics approval format

Ethics approval(s)

1. Approved 22/09/2020, Royal Children's Hospital Human Research Ethics Committee (HREC) (The Royal Children's Hospital; Level 4, South Building, 50 Flemington Road, Parkville VIC 3052, Australia; +61 (0)3 9345 5044; rch.ethics@rch.org.au), ref: HREC/62866/RCHM-2020
2. Approved 25/11/2020, Sydney Local Health District - Royal Prince Alfred HREC (Sydney Local Health District; Level 11, KGV Building Missenden Road, Camperdown NSW 2050, Australia; tel: not available; SLHD-RPAEthics@health.nsw.gov.au), ref: ABN: 17 520 269 052

Study design

Multi-site pre-post study

Primary study design

Interventional

Secondary study design

Non randomised study

Study setting(s)

Community

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use contact details to request a participant information sheet

Health condition(s) or problem(s) studied

Detection of and response to family adversity for families attending the Hubs

Interventions

Current intervention as of 05/07/2021:

This study will test and evaluate an integrated and co-located Child and Family Hub model for detecting and responding to family adversity in children aged from birth to 8 years old and their families in two sites: Wyndham, Victoria, and Marrickville, New South Wales.

The pre-post trial does not have a control/comparison group.

Families attending the Hub will be invited to participate in the project by completing baseline, 6 and 12 month follow up surveys. Families will attend practitioners in the Hub who, at baseline, will be trained to better detect and respond to family adversity, as outlined below. Hub practitioners will also complete surveys at baseline, 6 and 12 months post Hub implementation commencement. The Hub model will run for 12 months. The Hub model comprises six elements:

1. Family and community partnerships: intentional creation and strengthening of connections between the Hub and caregivers, community groups and individuals.
 2. Entry to the Hub: a 'no wrong door' approach in which caregivers are safely engaged by Hub practitioners in a conversation about adversity and provided with support and/or referrals regardless of how they enter the Hub.
 3. Workforce development: workforce capacity building and training of Hub practitioners to better identify and respond to adversity i.e., how to engage families in a safe and respectful conversation to identify adversities and connect families to relevant support.
 4. Case-based discussions: monthly case discussions with intersectoral Hub practitioners to embed training learnings into practice and facilitate between-practitioner referrals.
 5. Referral pathways into and out of the Hub: systematic mapping of available health, community and social sector supports and services in the local area, linked to training of Hub practitioners to use this information with families.
 6. Care navigation: In Wyndham Vale Hub site only, a Wellbeing Coordinator will support caregivers in identifying holistic needs of the child and family and making referrals to relevant supports in community, social and health sectors.
-

Previous intervention:

This study will test and evaluate an integrated and co-located Child and Family Hub model for detecting and responding to family adversity in children aged from birth to 8 years old and their families in two sites: Wyndham, Victoria, and Marrickville, New South Wales.

The pre-post trial does not have a control/comparison group.

Families attending the Hub will be invited to participate in the project by completing baseline, 6 and 12 month follow up surveys. Families will attend practitioners in the Hub who, at baseline, will be trained to better detect and respond to family adversity, as outlined below. Hub practitioners will also complete surveys at baseline, 6 and 12 months. The Hub model will run for 12 months. The Hub model comprises six elements:

1. Family and community partnerships: intentional creation and strengthening of connections between the Hub and caregivers, community groups and individuals.
2. Entry to the Hub: a 'no wrong door' approach in which caregivers are safely engaged by Hub practitioners in a conversation about adversity and provided with support and/or referrals regardless of how they enter the Hub.
3. Workforce development: workforce capacity building and training of Hub practitioners to better identify and respond to adversity i.e., how to engage families in a safe and respectful conversation to identify adversities and connect families to relevant support.
4. Case-based discussions: monthly case discussions with intersectoral Hub practitioners to embed training learnings into practice and facilitate between-practitioner referrals.
5. Referral pathways into and out of the Hub: systematic mapping of available health, community and social sector supports and services in the local area, linked to training of Hub practitioners to use this information with families.
6. Care navigation: In Wyndham Vale Hub site only, a Wellbeing Coordinator will support caregivers in identifying holistic needs of the child and family and making referrals to relevant supports in community, social and health sectors.

Intervention Type

Behavioural

Primary outcome measure

Current primary outcome measures as of 05/07/2021:

1. Caregivers who report being asked about adversities by a Hub practitioner at baseline, 6 and 12 months post Hub implementation commencement
2. Caregivers who report receiving an intervention for adversity by a Hub practitioner at baseline, 6 and 12 months post Hub implementation commencement
3. Caregivers who report receiving a referral for adversity from a Hub practitioner at baseline, 6 and 12 months post Hub implementation commencement

Previous primary outcome measures:

1. Caregivers who report being asked about adversities by a Hub practitioner at baseline, 6- and 12-months post baseline
2. Caregivers who report receiving an intervention for adversity by a Hub practitioner at baseline, 6- and 12-months post baseline
3. Caregivers who report receiving a referral for adversity from a Hub practitioner at baseline, 6- and 12-months post baseline

Secondary outcome measures

Current secondary outcome measures as of 05/07/2021:

1. Caregivers who report taking up a referral for adversity from a Hub practitioner at baseline, 6 and 12 months post Hub implementation commencement
2. Practitioners who report asking family clients about adversity at baseline, 6 and 12 months post Hub implementation commencement
3. Practitioners who report providing family clients with an intervention for adversity at baseline, 6 and 12 months post Hub implementation commencement
4. Practitioners who report referring family clients to an intersectoral service for adversity at baseline, 6 and 12 months post Hub implementation commencement
5. Infant temperament measured using a single caregiver-reported item on child temperament with a moderate correlation with the Easy-Difficult Scale (EDS) at baseline, 6 and 12 months post Hub implementation commencement
6. Child mental health measured using caregiver-reported child internalising and externalising symptoms at baseline, 6 and 12 months post Hub implementation commencement measured by the Ages & Stages Questionnaire Social-Emotional Second Edition for children aged 0 to <2 years and the Strengths & Difficulties Questionnaire for children aged ≥2 to 8 years
7. Child global child health status measured using the caregiver-reported single item from Child Health Questionnaire at baseline, 6 and 12 months post Hub implementation commencement
8. Caregiver mental health measured using the Kessler Psychological Distress Scale 6 (K6) at baseline, 6 and 12 months post Hub implementation commencement
9. Caregiver global health status measured using the caregiver-reported single item from the Short Form Health Survey (SF-12) at baseline, 6 and 12 months post Hub implementation commencement
10. Caregiver parental warmth, hostility and efficacy measured using the subscales from the Longitudinal Study of Australian Children (LSAC) at baseline, 6 and 12 months post Hub implementation commencement
11. Caregiver quality of life measured using the EuroQol Health and Wellbeing Instrument Short Form (EQ-HWB-S) at baseline, 6 and 12 months post Hub implementation commencement
12. Caregiver personal wellbeing outcomes measured using the Personal Wellbeing Index at baseline, 6 and 12 months post Hub implementation commencement
13. Service provider ratings of their confidence and competence in working with families experiencing adversity at baseline, 6 and 12 months post Hub implementation commencement
14. Costs of the model (in Australian dollars) derived from program budgets and protocols at 12 months post Hub implementation commencement.

Previous secondary outcome measures:

1. Practitioners who report asking family clients about adversity at baseline, 6- and 12-months post baseline
2. Practitioners who report providing family clients with an intervention for adversity at baseline, 6- and 12-months post baseline
3. Practitioners who report referring family clients to an intersectoral service for adversity at baseline, 6- and 12-months post baseline
4. Infant temperament measured using a single caregiver-reported item on child temperament with a moderate correlation with the Easy-Difficult Scale (EDS) at baseline, 6- and 12-months post baseline
5. Child mental health measured using caregiver-reported child internalising and externalising symptoms at baseline, 6- and 12-months post baseline; measured by the Ages & Stages Questionnaire Social-Emotional Second Edition for children aged 0 to <2 years and the Strengths & Difficulties Questionnaire for children aged ≥2 to 8 years
6. Child global child health status measured using the caregiver-reported single item from Child

Health Questionnaire at baseline, 6- and 12-months post baseline

7. Caregiver mental health measured using the Kessler Psychological Distress Scale 6 (K6) at baseline, 6- and 12-months post baseline

8. Caregiver global health status measured using the caregiver-reported single item from the Short Form Health Survey (SF-12) at baseline, 6- and 12-months post baseline

9. Caregiver parental warmth, hostility and efficacy measured using the subscales from the Longitudinal Study of Australian Children (LSAC) at baseline, 6- and 12-months post baseline

10. Caregiver quality of life measured using the EuroQol Health and Wellbeing Instrument Short Form (EQ-HWB-S) at baseline, 6- and 12-months post baseline

11. Caregiver personal wellbeing outcomes measured using the Personal Wellbeing Index at baseline, 6- and 12-months post baseline

12. Service provider ratings of their confidence and competence in working with families experiencing adversity at baseline, 6- and 12-months post baseline

13. Costs of the model (in Australian dollars) derived from program budgets and protocols at 12-months post baseline

Overall study start date

22/09/2020

Completion date

30/04/2023

Eligibility

Key inclusion criteria

Caregiver inclusion criteria:

1. Primary caregiver to at least one child aged 0-8 years (including foster and kinship carers)
2. Possess sufficient English-language proficiency to answer survey and interview questions over the phone, in-person or online independently or with the assistance of an interpreter if the caregiver has access to interpretation services,
3. Access any of the participating health, social, child and family welfare, community, legal, financial or educational services in the Child and Family Hub @ Wyndham Vale / @Marrickville
4. Caregivers of all ages will be invited to participate (i.e. caregivers under 18 years old)
5. Provide informed consent

Practitioner inclusion criteria:

1. Adults aged 18 years or older
2. Current employment in a health, social, child and family welfare, community, education and/or legal service in the Hub that provides services to families with children aged 0-8 years in Wyndham/Marrickville
3. Provide informed consent

Participant type(s)

Mixed

Age group

Mixed

Sex

Both

Target number of participants

200-400

Total final enrolment

349

Key exclusion criteria

Participants who have insufficient English language competency to participate or are unable to comprehend the nature of the study, as assessed by the research team upon enrolment

Date of first enrolment

01/11/2021

Date of final enrolment

29/06/2022

Locations**Countries of recruitment**

Australia

Study participating centre

Victoria: IPC Health Super Clinic in Wyndham Vale, Western Melbourne

510 Ballan Rd

Wyndham Vale VIC

Melbourne

Australia

3024

Study participating centre

NSW Hub - Marrickville Community Health Centre

155-157 Livingstone Rd

Marrickville NSW

Sydney

Australia

2204

Sponsor information**Organisation**

Murdoch Children's Research Institute

Sponsor details

Royal Children's Hospital
50 Flemington Rd
Parkville
Australia
3052
+61 (0)3 8341 6200
mcri@mcri.edu.au

Sponsor type

Research organisation

Website

<https://www.mcri.edu.au/>

ROR

<https://ror.org/048fyec77>

Funder(s)

Funder type

Government

Funder Name

National Health and Medical Research Council

Alternative Name(s)

NHMRC

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

Australia

Funder Name

Beyond Blue

Alternative Name(s)

Funding Body Type

Private sector organisation

Funding Body Subtype

Other non-profit organizations

Location

Australia

Results and Publications

Publication and dissemination plan

Current publication and dissemination plan as of 12/12/2023:

The study protocol is currently under development and will be uploaded once accepted in a peer-reviewed journal to avoid duplicate handling with any reviewer response changes. Please use the contact details to request the statistical analysis plan.

After the completion of data collection and analysis of this study, all de-identified results will be reported back to the health service and council at each site in the form of a report. A high-level summary of research findings will be emailed or posted to all participants. The research team will host a public presentation of the research findings at each community health site or other appropriate community building (e.g. community centre, neighbourhood hub) for all participants and interested community members to attend.

Study results will also be submitted for publication in peer-reviewed journals and presented at relevant state and national conferences and presented to relevant community health service and policy stakeholders.

The study team will also develop policy briefs that include the successful components of the care model. It will also ensure that these briefs are widely disseminated, readily accessible and fit with current community and primary healthcare practices. See: <https://www.childhoodadversity.org.au/resources/evidence-briefs/>

Previous publication and dissemination plan:

The study protocol is currently under development and will be uploaded once accepted in a peer-reviewed journal to avoid duplicate handling with any reviewer response changes. Please use the contact details to request the statistical analysis plan.

After the completion of data collection and analysis of this study, all de-identified results will be reported back to the health service and council at each site in the form of a report. A high-level summary of research findings will be emailed or posted to all participants. The research team will host a public presentation of the research findings at each community health site or other appropriate community building (e.g. community centre, neighbourhood hub) for all participants and interested community members to attend.

Study results will also be submitted for publication in peer-reviewed journals and presented at relevant state and national conferences and presented to relevant community health service and policy stakeholders.

The study team will also develop policy briefs that include the successful components of the care model. It will also ensure that these briefs are widely disseminated, readily accessible and fit with current community and primary healthcare practices.

Intention to publish date

01/12/2024

Individual participant data (IPD) sharing plan

Participant-level data will not be available upon request. Group-level data will only be available for future research for participants who endorse an optional consent for this to occur. The study does not request participant consent to share individual-level data. Participants may endorse: “Do you give your consent for your information to be kept for future research?” Group-level data will be released to approved researchers who request the data from Prof. Harriet Hiscock (harriet.hiscock@rch.org.au) for studies or secondary analyses that have been approved by an Ethics Committee. The data will be available for up to 5 years following the publication of the study and will include outcome measures and baseline characteristics.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article		24/05/2022	27/05/2022	Yes	No
Results article		13/09/2023	20/05/2024	Yes	No