ISRCTN55495932 https://doi.org/10.1186/ISRCTN55495932

Impact of integrated health and social care hubs on family adversity

Submission date	**Recruitment status**	[X] Prospectively registered
18/06/2021	No longer recruiting	[X] Protocol
Registration date	**Overall study status**	[_] Statistical analysis plan
28/06/2021	Completed	[X] Results
Last Edited	**Condition category**	[_] Individual participant data
20/05/2024	Other	

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 monthsafter 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

Contact information

Type(s)
Scientific

Contact name
Prof Harriet Hiscock

ORCID ID
https://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

Protocol serial number
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

Primary study design
Interventional

Study design
Multi-site pre-post study

Study type(s)
Treatment

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(s)
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

Key secondary outcome(s)
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

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

Healthy volunteers allowed
No

Age group
Mixed

Sex
All

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

ROR
https://ror.org/048fyec77

Funder(s)

Funder type
Government

Funder Name
National Health and Medical Research Council

Alternative Name(s)
National Health and Medical Research Council, Australian Government, NHMRC National Health and Medical Research Council, NHMRC

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
Australia

Funder Name
Beyond Blue

Alternative Name(s)
Beyond Blue Ltd.

Funding Body Type
Private sector organisation

Funding Body Subtype
Other non-profit organizations

Location
Australia

Results and Publications

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?
Results article		13/09/2023	20/05/2024	Yes	No
Protocol article		24/05/2022	27/05/2022	Yes	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes