

# Impact of integrated health and social care hubs on family adversity

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

## 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

### **Study design**

Multi-site pre-post study

### **Primary study design**

Interventional

### **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.

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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.
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## **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
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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  $\geq 2$  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.

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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  $\geq 2$  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?
<a href="#">Results article</a>		13/09/2023	20/05/2024	Yes	No
<a href="#">Protocol article</a>		24/05/2022	27/05/2022	Yes	No
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes