

<b>Entry Title</b>
Vulnerable Families Care Coordinator
<b>Abstract</b>
<p>The Vulnerable Families Care Coordinator Project is an initiative of the Families NSW Strategy and demonstrates a unique partnership between Nepean Women and Children's Health (W&amp;CH), Community, Child and Family Health (CC&amp;FH) and Non-Government Organisations (NGO's). The principles of the project are linked to early intervention strategies and focus on:</p> <ul style="list-style-type: none"> <li>• Development of a collaborative and integrated care model.</li> <li>• Development and maintenance of care pathways for vulnerable women.</li> <li>• Case management and care coordination.</li> <li>• Education on psychosocial assessment and care mapping for clinicians.</li> <li>• Clinical supervision and counselling support for clinicians.</li> <li>• Resource development.</li> </ul> <p>In the current climate of high need, soaring mental health issues and increasing parental problems, this position is Innovative, unique and vital.</p>
<b>Aim</b>
Development and coordination of a collaborative and integrated care model that provides appropriate services and support for pregnant women following identification of psychosocial risk factors during pregnancy.
<b>Nature of the Problem</b>
<p>During pregnancy women often require an extensive range of support services to improve their emotional health and wellbeing. Appropriate support has been shown to improve birth outcomes and women's ability to parent effectively.</p> <p>"Early intervention for psychosocial issues and parenting anomalies, during the perinatal period, can limit the development of mental health problems and improve outcomes for children and their families across a broad range of psychological indicators which include parenting enjoyment, security of attachment and brain development" <sup>1</sup>.</p> <p>The introduction of psychosocial assessment at Nepean Hospital identified critical issues requiring urgent attention: no perinatal mental health service, poor collaboration with Department of Community Services (DOCS) and no service plan for women not attending for routine antenatal care.</p>
<b>Extent of the problem</b>
<p>Approximately 300 women book for antenatal care at Nepean Hospital each month. Each woman has a psychosocial assessment as part of the antenatal history to identify psychosocial risk factors that may potentially impact on the pregnancy, birth and parenting experience. Approximately 50 of these 300 women are identified with a range of significant psychosocial risk factors such as drug and alcohol use, child at risk issues, anxiety or depression, grief and loss, aboriginality and adolescents.</p> <p>The referral pathway for these women was through social work. This was not always the most appropriate pathway and added additional strain on a service that often had waiting times for initial contact of up to 6–8 weeks. Delays in contact and ongoing referral created an environment of uncoordinated care and no clear care pathway structure.</p>

**Strategic importance**

Three strategic directions are supported by the vulnerable families care coordinator's position:

1. NSW State Plan - The New Direction for NSW  
Fairness and Opportunity - Priority 6: Increased proportion of children with skills for life and learning at school entry.
2. NSW State Health Plan  
Strategic Direction 3: Strengthen primary health and continuing care in the community. This is based on early intervention, and integration of service provision.
3. NSW Health Safe Start program  
Aims to improve the mental health of mothers, infants and their families by screening mothers at risk of poor psychosocial outcomes and physical health issues in the perinatal period.

**Planning and implementing solutions**

Planning	Implementation/Findings
<p>Review of current service provision/ Identification of service gaps</p> <p>Consultation with key stakeholders</p>	<ul style="list-style-type: none"> <li>▪ Lack of appropriate and coordinated care for women with significant psychosocial risk factors identified during the perinatal period.</li> <li>▪ No case management for vulnerable families.</li> <li>▪ No service plan for women not attending for antenatal care.</li> <li>▪ High levels of maternal anxiety, antenatal depression and/or a history of postnatal depression (PND).</li> <li>▪ No perinatal mental health services.</li> <li>▪ 5 families per month identified with DoCS involvement and poor communication pathways.</li> <li>▪ Limited communication with NGO's &amp; Justice Health</li> <li>▪ No formal psychosocial education programs for clinicians providing care to vulnerable families</li> <li>▪ Social work</li> <li>▪ DoCS</li> <li>▪ NGO's</li> <li>▪ Managers</li> <li>▪ Midwives</li> <li>▪ CC&amp;FH</li> <li>▪ Mental health</li> <li>▪ Drug and Alcohol Services</li> <li>▪ Nepean Division of General Practice</li> </ul>

Development of new, appropriate and sustainable pathways for pregnant women in need of extra support, through engagement with service providers	<ul style="list-style-type: none"> <li>▪ Development of Pink link</li> <li>▪ DoCs Meetings</li> <li>▪ Justice Health &amp; Corrective Service meetings</li> <li>▪ Fortnightly multi-disciplinary Vulnerable Families meeting</li> <li>▪ Development of an antenatal outreach clinic</li> </ul>
Development of the Pink Link program	<ul style="list-style-type: none"> <li>▪ This program provides mental health services for women identified with anxiety, depression and grief and loss issues during pregnancy and has reduced the referrals to social work</li> </ul>
Caseload development	<ul style="list-style-type: none"> <li>▪ Case management for the highly vulnerable families, who have in the past not accessed care are now being offered a successful alternative engaging them with health services increasing the potential to build stronger families</li> </ul>
Education and Clinical supervision	<ul style="list-style-type: none"> <li>▪ Provision of education, focusing on psychosocial assessment, pathway development and care of vulnerable families for clinicians across Sydney West Area Health Service (SWAHS)</li> </ul>
Justice Health Meetings	<ul style="list-style-type: none"> <li>▪ Women now booked for care with all relevant antenatal tests attended and social work contact established prior to birth.</li> </ul>
Review of the Paediatric discharge tool	<ul style="list-style-type: none"> <li>▪ Tool adjustment and staff education</li> </ul>

### Outcomes and Evaluation

- The development of collaborative partnerships with key services across the local area has led to appropriate and timelier support for women.
- 215 families have now been referred for case management .
- Highly vulnerable families, who have in the past not accessed care, are now being offered a successful alternative, engaging them with health services increasing the potential to build stronger families.
- Evaluation of statewide indicators of duration of pregnancy at first antenatal visit, birth weight, born full term and breastfeeding rates at 4,6 and 12 months indicators has begun.
- The establishment of fortnightly multi-disciplinary vulnerable family meetings have assisted social work and the vulnerable families coordinator to prioritise referrals and work collaboratively.
- Quarterly meetings with W&CH, Drug and Alcohol, Justice Health and the Department of Corrective Services have resulted in improved service coordination for women in custody who give birth at Nepean.
- A partnership with the Nepean Division of General Practice has led to the development of the pink link program.

- Paediatric discharge planning revised and modified to better identify vulnerable families.
- Introduction of timely referral to Community, Child & Family Health and NGO's aiming to improve the transition from hospital to home post natal care.
- Evaluation of the position demonstrated support and advocated for continuation of the program.

### **Sustaining change**

The vulnerable families model at Nepean is built on early intervention strategies, early recognition of risk with timely offer of appropriate and specialised interventions from a range of service providers. It is essential that partnerships with these service providers are strong; services need to be communicating and collaborating with each other to create this strength and provide successful intervention. The vulnerable families care coordinator position has provided the conduit for that process to begin.

Sustaining the program has been achieved by:

- Fortnightly vulnerable families meetings provide ongoing coordination of care.
- Development of care pathways.
- Partnership with the Nepean Division of GP's ensures continued care is provided for women with mental health issues/illness.
- Establishment of regular meetings with DoCS, Justice Health and Corrective Services.
- Management support has also been vital in the establishment and maintenance of the position and would need to be available at other sites to ensure success.

### **Future Scope**

Families NSW is the NSW government's prevention and early intervention strategy to help parents give their children a good start in life and requires all women and children's health facilities to conduct psychosocial assessment for pregnant women.

The experience that Nepean Hospital, as part of SWAHS, has gained as a consequence of the assessment process and the ensuing development of a unique program that coordinates services to assist vulnerable families is transferable to the majority of maternity units across NSW.

Some of the outcomes for early intervention programs have not been set by NSW Health partly in recognition that the longer term effects are difficult to measure and include reduced crime, longer time spent at school and reduced incidence of PND. These require longitudinal studies with separate funding sources and are not available resources for this program, but are worth future consideration and would assist in providing evidence to develop similar Statewide programs.

#### **References**

1. Barnett, B. Hopper, U, Glossop, P Sneddon, Matthey, S, 2004 Practical Guide for the implementation of Integrated Perinatal and Infant Care (IPC). ICAMHS, South Western Sydney Area Health Service, Sydney, Australia.
2. NSW Action Plan early Childhood and Childcare April 2007, Council of Australian Governments National Reform Agenda.
3. NSW Government, Families First Outcomes Framework New South Wales, June 2004.
4. A new direction for NSW State Plan, November 2006.
5. Junod, S. 2006 Evaluation of the Families First Vulnerable Families Care Coordinator