POSTER ABSTRACT

Child and Family Hub: Designing an integrated model of care to support children and families experiencing adversity

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Background: There is a growing body of evidence on the significant association between childhood exposure to adversity and increased risk of mental and physical ill health across the life-span. Integrating health and social care in Child and Family Hubs is a possible solution to earlier identification and support for adversity, however there is limited evidence on the most effective approach to designing integrated models of care in the child and family health service setting.

Who is it for: This study focuses on the design of a child and family hub aimed at improving the identification of and integrated support for children and families living with adversity in Marrickville, Sydney, Australia, an area of cultural diversity and socio-economic disadvantage.

Who we involved: This study aimed to inform Hub development by: (1) determining service provider and parent/caregiver-identified priority interventions to respond to children living with adversity and at risk of poor mental health outcomes; and (2) gaining an understanding of service provider and parent/caregiver experiences, priorities, barriers and facilitators to linkage with services and resources to address adversity.

What did you do: Qualitative study employing individual semi-structured interviews with parents/primary caregivers (n=10) and intersectoral service providers (n=16). The findings of these interviews, as well as priority interventions identified in a previously conducted Delphi consensus study, were then used to inform nominal group technique (NGT) workshops (n=11) with parents/primary caregivers (n=14) and intersectoral service providers (n=20). Data were thematically analysed using framework analysis, which involved deductive and inductive coding; this was a collaborative and iterative process.

Results: Six interventions were identified as highest priority for implementation at a Child and Family Hub: service mapping, service navigation, strengthening interagency participation, training in identification of adversity, ongoing workforce development, and a health justice partnership. Opportunities to better support clients in navigating community and health services, and increasing

communication and collaboration between services emerged as priorities. This aligns with the six priority theme interventions identified, highlighting their importance and therefore emphasising the need for (i) helping people access services, (ii) encouraging service providers to work together, and (iii) better training in adversity.

Learnings: This study provides an insight into the experiences, challenges and priorities of both caregivers and service providers in relation to forming a Child and Family Hub in existing community health services, including potential solutions to identified challenges. These findings highlight the importance of undertaking a collaborative design process to ensure initiatives are tailored to effectively fill service gaps and align with local community priorities. Hub models that are feasible and acceptable to local service users and providers are essential in the endeavour to promote early intervention into child and family mental health and wellbeing.

Next steps: Further research with stakeholders experiencing language barriers, young parents, those with more than one child and male caregivers would be useful to provide insight into perspectives and priorities not captured in this study. Examination of the barriers and enablers to implementation and sustainability of locally designed hub models of care is also recommended.