INTEGRATED CHILD AND FAMILY HUB MODELS FOR DETETING AND RESPONDING TO FAMILY ADVERSITY: PROTOCOL FOR A MIXED-METHODS EVALUATION IN TWO SITES

BACKGROUND

Integrated community health care Hubs may offer a ‘one stop shop’ for service users with challenging health and social needs. These Hubs more efficiently use service resources.

Various current policies prioritise Hub models of care. Currently, there is a shortage of research that evaluates Hubs targeted at families experiencing adversity – which means we do not know if Hubs work for these families. Family adversity includes a range of adverse childhood experiences (ACEs) such as childhood maltreatment (e.g., physical, verbal or sexual abuse), household dysfunction (e.g., parental mental illness, family substance abuse), and community dysfunction (e.g., witnessing physical violence, discrimination) (Karatekin and Hill, 2019).

To add to this evidence, we propose to co-design, test and evaluate integrated Hub models of care in two Australian community health services located in areas that experience low social and economic factors, and serve families experiencing adversity. Co-design is the active involvement of a diverse range of participants in exploring, developing, and testing responses to shared challenges (Blomkamp, 2018).

An Integrated Hub will be located at Wyndham Vale in Victoria and at Marrickville in New South Wales. This research paper is the study protocol – it describes how our study will co-design, test and evaluate these two Hubs.

AIMS

1. To co-design, test and evaluate integrated Child and Family Hub models for detecting and responding to family adversity in children aged newborn to8 years and their families in Wyndham Vale, Victoria, and Marrickville, NSW, and;
2. To develop a realist-informed program theory of how, why, for whom and under what conditions the Hubs work to detect and respond to family adversity.

METHODS

The multi-site mixed-methods study will run over three phases...

Phase 1
This involves co-design of each Hub with caregivers, community members and practitioners. During phase one we will develop the initial Hub program theory through formative research. Formative research is a process whereby researchers define a community of interest, determine how to access that community, and describe the attributes of the community relevant to the health issue (Glanz et al. 2018).

Phase 2
Phase 2 uses caregiver and Hub practitioner surveys at baseline, and 6- and 12-months after Hub implementation, and in-depth interviews at 12-months. Two stakeholder groups will be recruited: caregivers (n = 100-200 per site) and Hub practitioners (n = 20-30 per site). The intervention is a co-located Hub providing health, social, legal and community services with no comparator. During phase two we will test the initial Hub theory through a mixed-methods process. The evaluation will aim to assess how and why the Hub models had an impact (if any) across the child, caregiver, practitioner and at a (health) system level at the two different locations (Wyndham Vale, and Marrickville).

Phase 3
During Phase 3, we seek to refine the Hub theory using the data gathered. Further testing will be undertaken by seeking to confirm or contradict theories through short learning cycles via Plan-Do-Study-Act (PDSA) cycles, in-depth interviews and knowledge translation activities (e.g., forums, workshops, and webinars).

KEY OUTCOMES OF INTEREST

The primary outcomes are caregiver-reported: (i) identification of, (ii) interventions received and/or (iii) referrals received for adversity from Hub practitioners.

The study also assesses child, caregiver, practitioner, and system outcomes including mental health, parenting, quality of life, care experience and service linkages. Primary and secondary outcomes will be assessed by examining change in proportions from baseline to 6-months, from 6- to 12-months, and from baseline to 12-months. Service linkages will be analysed using social network analysis. Costs of Hub implementation and a health economics analysis of unmet need will be conducted. Thematic analysis (a process whereby common themes are identified in the data), will be employed to analyse qualitative data.

NEXT STEPS...

- We will publish study findings in international peer-reviewed journals and present papers at national and international conferences.
- We will communicate project learnings to local stakeholders locally in Wyndham Vale and Marrickville, via presentations, community social media, and research summaries. We will provide research summaries to local and statewide media and in social media posts.
- A knowledge translation strategy will disseminate findings using a range of mediums including statewide and national Hub networks, communities of practice and regular engagements with relevant government departments. The strategy is intended to support the scale up of effective components to other community health services in Victoria, NSW and across Australia

CITATION

Hall T, Goldfeld S, Loftus H, et al
Integrated Child and Family Hub models for detecting and responding to family adversity: protocol for a mixed-methods evaluation in two sites
BMJ Open 2022;12:e055431. doi: 10.1136/bmjopen-2021-055431

References

Blomkamp, E.. The Promise of Co-Design for Public Polucy. Australian Journal of Public Administration 2018;77(4):729-743

Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.). (2008). Health behavior and health education: theory, research, and practice. John Wiley & Sons.

Karatekin C, Hill M. Expanding the original definition of adverse childhood experiences (ACEs). Journal of Child & Adolescent Trauma 2019;12(3):289-306.

Centre of Research Excellence in
Childhood Adversity and Mental Health

Email: Childhoodadversity@mcri.edu.au
Website: www.childhoodadversity.org.au/