

Flinders Medical Centre

Early Links

# Evaluation Project

**Final Report** Mar 2007

## Prepared by:

Associate Professor Charmaine Power RN, BA, MA, PhD  
Ms Yvonne Parry RN, BA Psych & Public Policy, MHSM, MSc (student)  
Ms Anne Nixon RM, BA, PhD (candidate)

Contact details: [charmaine.power@flinders.edu.au](mailto:charmaine.power@flinders.edu.au)



**Government of South Australia**  
Southern Adelaide Health Service



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The dedicated staff at the Flinders Medical Centre and their time and efforts in providing the astounding depth of responses is also acknowledged. Especially when given the time constraints of working in a busy acute care setting. The depth of responses has provided the research team with a wealth of valuable information and an insight into the value the staff place on early intervention and in obtaining the most productive and supportive outcomes for women and babies who are at risk. The propitious response of staff towards the Early Links Program and the support of high-risk families is also acknowledged.

A sincere thank you is extended to the Project Advisory Group for their contribution, commitment and support.

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# Executive Summary

The Southern Adelaide Health Service (SAHS) commissioned this evaluation to determine the impact of the Early Links Program, currently in use at the Flinders Medical Centre (FMC), from the perspective of the staff and key stakeholders involved, including women who have participated in the program. Early Links, which commenced at FMC in 2004, is an early intervention program intended to address issues regarding the identification and response to women who require extra supports during the antenatal period and of infants assessed to be at risk during the postnatal period. The goal of early intervention strategies is to improve short and long-term outcomes for women, their children and families.

Feedback was sought by survey and interview from the following: FMC staff including midwives; doctors; nurses; social workers; drug and alcohol services; community liaison psychiatry; Aboriginal liaison services; senior management; other multi-disciplinary staff; relevant service providers and agencies in the community; and women after the birth of their babies.

An Antenatal Assessment Tool was introduced to the Early Links process in October 2005, and aimed to universally identify those women antenatally who would benefit from support services. Findings from this evaluation indicate that the introduction of this tool has generated a significant workload for staff, both in the administration of the tool and in the referrals generated by it. The requirement for education of staff has been identified, in order to support them to appropriately respond to the sensitive psycho-social issues elicited by the tool. A lack of capacity of some services to respond to the referrals generated has become evident.

Internal processes and mechanisms within FMC to coordinate the provision of care to women, across different clinicians and units/wards, need to be reviewed and streamlined. It is important to achieve better integration and understanding between care and services provided in-hospital and those provided in the community, for the best long-term outcomes for women and babies. The appointment of a coordinator for Early Links would assist with these concerns and would significantly contribute to the sustainability of the program.

While there was a commitment to the principles of early intervention found across all staff and services surveyed, and a high rate of identification of women who might benefit from the initiation of support services, it is important to recognise that there are limits to the ability of the Early Links Program to identify or assist women who do not choose to engage with hospital services. Those women who chose to participate in the evaluation were generally positive about their experience with Early Links, although it was beyond the ability of this evaluation to comment on long-term outcomes.

The recommendations which follow synthesise the findings of this evaluation and provide a guide for the way forward to improve the effectiveness and sustainability of FMC's Early Links Program.



# Recommendations

## Recommendation 1

It is recommended that the Antenatal Assessment Tool is reviewed to enable a more sensitive tool to be developed that identifies women who would benefit most from early intervention. This review needs to occur in conjunction with all relevant service providers who can contribute area specific expertise.

## Recommendation 2

It is recommended that the process of administering the tool is underpinned by a protocol that ensures consistency in the way that midwives in the Women's Health Clinic work with women to identify, discuss and make referrals for the issues raised in the tool. This would include a process that consistently informs women about the Early Links Program and the purpose of the tool.

## Recommendation 3

It is recommended that a plain language (multiple languages) pamphlet is developed to be given to each woman. Such a pamphlet would aim to create realistic expectations about the capacity of Early Links to respond to identified issues and clarify the availability of in-hospital and community based resources.

## Recommendation 4

It is recommended that the communication processes that occur once a woman is placed on Early Links are reviewed. Initially, consideration needs to be given to the discontinuation of the care plan as well as the monthly multidisciplinary meeting to discuss women who will be birthing in the next month.

## Recommendation 5

It is recommended that a systems review is conducted of the methods and processes currently in place to record information about Early Links. In particular the exploration of the use of an IT system that would enable all staff to have access to relevant, consistent and current information and would decrease the use of forms, registers and other notes.

## Recommendation 6

It is recommended that the weekly Early Links meetings also provide staff with feedback about the outcomes for those women and their families that are offered interventions. Such feedback would enable staff to assess the outcomes of their work as well as reflect on ways of developing the Program to improve outcomes.

## Recommendation 7

It is recommended that a training program is developed for all staff about the aims and processes of Early Links, as well as to provide greater competencies in using the tool and competencies with the psychosocial aspects of healthcare. Such training would also increase staff awareness of external community services (both government and Non Government Organisations, NGOs) and their roles in providing long term intervention in families.

In order for Early Links to be integrated across all disciplines this training needs to be accessible to all staff, particularly the medical staff.

## Recommendation 8

To ensure the future sustainability of the Early Links Program it is recommended that a coordinator is appointed. This is essential for the continuation of this program. A dedicated position would enable the oversight and management of protocols and processes, build and maintain relationships with women from the time of identification, develop staff training, work towards developing a coordinated and seamless response from across all service providers including Karpa Ngarrattendi, Drug and Alcohol Services, SA (DASSA), Psychiatric Liaison Service, Families SA and other service providers, enhance community links, undertake on-going evaluation and keep a current register of all relevant services and programs in SAHS for clinicians to access.

## Recommendation 9

It is recommended that links with community resources are strengthened by the initiation of a forum that would provide a venue for evaluation of the referral processes and their outcomes, not for individual women but in the context of a broader community based response to women and their children.

## Recommendation 10

Almost nothing is known about the short or longer term outcomes for women and their families who have been on the Early Links Program. It is recommended that consideration be given to a longer term evaluation that specifically addresses this lack of knowledge. Such an evaluation would focus primarily on the experiences of the women themselves.

# Introduction

There is international evidence to support early intervention strategies with families and children, that improve longer term outcomes for health. There is also evidence that supports the provision of appropriate services to women in the antenatal period as one of a range of factors for successful interventions that target families and infants. The context for antenatal interventions involves a brief period in a family's life and such interventions need to be a component of community based interventions that link women and their babies into the community in a continuity of care framework. The Early Links Program which has been implemented at Flinders Medical Centre (FMC) is a program intending to address issues regarding the identification and response to women who require extra supports during the antenatal period and of infants assessed to be at risk during the postnatal period.

The Flinders Early Links Program commenced in September 2004, arising from the recognition of a need for a consistent identification and response for high risk women and infants. FMC's Early Links Program was modified and adapted from the Strengthening Links Program that is in operation at Adelaide's Women's and Children's Hospital. An Antenatal Assessment Tool was developed by FMC's Social Work Service and the Women's and Children's Division, with the goal of providing a consistent screen for identifying women at risk. The universal administration of this Antenatal Assessment Tool to all women, at the earliest opportunity in their pregnancies, commenced in October 2005.

The Southern Adelaide Health Service (SAHS) has commissioned this evaluation to determine the impact of the Early Links Program from the perspective of the staff and key stakeholders involved, including women who have participated in the Program. The Southern Adelaide Health Service Interim Strategic Plan for 2005-2010 includes an aim of "improving the level of support for young children and their families to assist these children having a good start in life" (p. 11). A key objective of the Strategic Plan is to "Reduce the risk and improve the health outcomes for infants and children vulnerable to harm" (p. 12). A key performance indicator included "A coordinated and systematic demonstration model is developed to improve health outcomes for vulnerable infants and children" (p. 13). The Flinders Early Links Program fits this objective as one model to "improve health outcomes for vulnerable infants and children" (Social Work and Counselling Services, 2006).

The Southern Adelaide Health Service have proposed an evaluation to determine the impact of the Early Links Program, and in particular the impact of the Antenatal Assessment Questionnaire.



# Flinders Early Links Program

The FMC Early Links Program seeks to provide an intensive intervention in the early months of pregnancy and to link those families determined to be at high risk (those women with psycho-social issues that impact on their own health and well-being and/or the health and well-being of their baby) with other resources. The Early Links Program is integrated within the Women's and Children's Division of FMC and includes the Women's Health Clinic where antenatal care is provided, postnatal wards, the neonatal unit, labour and delivery, the birthing centre and group practice midwifery in collaboration with the Social Work Department.

The Antenatal Assessment Tool (the process used to identify women with high risk) is implemented in the Women's Health Clinic when women attend for their first antenatal visit. This tool determines risk in relation to social isolation, age, Aboriginality, cultural and linguistic issues, domestic violence, substance abuse, mental health issues, previous abuse of children, homelessness and other serious issues for the woman and a child.

Various initiatives have been implemented to create the systematic and coordinated Flinders Early Links Program. Procedures implemented include:

- A weekly Early Links Register Meeting in the Women's Health Clinic where women with risk indicators, as screened by midwives in the clinic, are discussed for early supports by a multidisciplinary team, including a staff member from the Women's Health Clinic, Social Work, Community Liaison Psychiatry and Drug and Alcohol Service of South Australia.
- A weekly psychosocial meeting is held in the Neonatal Unit where women and infants with risk indicators are discussed for assessment and supports by a multidisciplinary team, including a staff member from the Neonatal nursing and midwifery and Neonatal Outreach Service, Social Work, Child Protection Services, Karpa Ngarrattendi and Multiple Births Coordinator. The Clinical Midwife Consultant (CMC), ward 4C also attends this meeting to discuss women and infants with risk indicators, where women are current inpatients on 4C, while the women's infant is a current inpatient in the Neonatal Unit.
- Social Work provide facilitation of Discharge Planning Meetings for infants at risk.
- Social Work undertook the primary liaison role with Karpa Ngarrattendi for infants of Aboriginal parents with risk or child protection issues.
- A weekly meeting is held between the Clinical Midwife Consultant, 4C and Social Work to discuss and plan for women already identified antenatally for the Flinders Early Links Program and also to include any additional women and infants identified with risk indicators postnatally and who are currently inpatients on 4C.

## Additions in 2005

### October

- Currently the Early Links questionnaire is distributed to all women at the Pre-Obstetric Booking appointment.
- The Women's Health Clinic, midwifery staff, commenced using the Antenatal Assessment Questionnaire which provided an antenatal screening tool for identifying some women/families 'as at risk' and therefore requiring additional support for their families.

The midwives develop an action plan for women identified for the Early Links Program and this is recorded in the case notes. In addition, the Flinders Early Links Program is "flagged" on the women's booking forms.

- The Clinical Midwife Consultant, 4A attends the weekly psychosocial meeting in the Neonatal Unit, where women with psychosocial risk indicators are inpatients on that Unit while the women's infant is admitted to the Neonatal Unit.
- The Clinical Midwife Consultants, 4A and Neo Natal Unit (NNU) attend the Flinders Early Links meeting with the Clinical Midwife Consultant, 4C and the Social Worker to discuss and plan for any women already included in the Flinders Early Links Program and any additional women and infants assessed postnatally with psychosocial risk indicators.

## Additions in 2006

### August

- An assessment of the Early Links Program was approved to determine the effectiveness and appropriateness of the current assessment tool, to assess the manner in which it is administered and determine the areas of deficit for families in service responses.
- Senior Social Worker and CMC of 4C initiated case discussion as part of an inservice program on 4C and used Early Links cases to discuss with midwives to explore the aspects of psychosocial aspects of families that impact on healthcare.

# Summary of the Literature

Currently in Australia the cost of child abuse and neglect is nearly \$6 billion per year (Australian Institute of Family Studies [AIFS], 2006). The Australian state and territory governments' total expenditure on child protection is \$1.2 billion per year and the Australian Government spent \$4.2 million on child abuse prevention in 2004. Thus, although child protection is a focus of government, the strategies provided by state services need to be evaluated as to their effectiveness in providing the support required by high risk families to prevent the further exacerbation of child abuse or neglect.

As stated by Slee (2006) to address the inequities in families in health and social outcomes a paradigm shift is needed to address social injustices rather than blaming an individual or family dysfunction. This has been addressed by the Southern Adelaide Health Service through their strategic plan and by the implementation of such programs as Early Links. This is also in accordance with the South Australian Government's Generational Health Review (2003) and Families at Risk (2006).

The Early Links Program supports this focus on inequities and social isolation by providing early identification of families at risk and linking them with social supports and social connection. Thus strengthening the supports to families and engaging community services that will integrate, include and build capacity within a family that might otherwise flounder (Slee, 2006).

The intergenerational consequences for parenting capacity and the biological link between the quality of early life experience and neural pathways established in the developing brain, and the effects of child abuse and neglect on adult illness are well documented (AIFS, 2006; Barnett, 2002).

Programs that assist in supporting parents with their child rearing are cost effective and a key to disrupting the intergenerational consequences of child abuse and neglect (AIFS, 2006). The costing of early intervention programs are offset by the longer term saving on a range of costs across many areas of government spending (Barnett, 2002).

The early identification and response for high risk women and their children in the antenatal period is recognised as an important intervention in improving health outcomes for women themselves, and their vulnerable infants. Evidence now exists that supports the effectiveness of early intervention and prevention programs on children's development, resilience and capacity to function effectively as adults.

Key success factors for interventions that target families with infants have been identified by the New South Wales Families First (2000: 6-7, 19-20) program:

- Services which are accessible and adaptable to different needs.
- Early antenatal services provided to pregnant women rather than focussed only on infants (less threatening because of the focus on the woman's well-being).
- A focus on two generations – parent and infant (more likely to achieve long term benefits for children's cognitive development and their caregiver's parenting skills).
- Services addressing self-sufficiency by providing social services and appropriate parent education.
- Intervention that begins early and continues into the early years of school.
- Continuity of service.
- Smooth transition to other services.
- A pluralistic rather than single intervention approach (a number of studies have identified that success is associated with multiple supports within a program of intervention rather than reliance on a single strategy e.g., home visiting).
- Service providers acting as facilitators rather than 'experts'.
- Interventions providing modelling techniques of parenting when working with disadvantaged families.

Therefore, early antenatal services to pregnant women are recognised as a key factor. However, good quality research that provides clear indications about what strategies are effective in identification, what tools are effective in predicting risk and what interventions are effective is lacking (Gunn et al. 2006). Despite this, the common response to the challenges presented to health professionals to provide maternity care that identifies and responds to the range of psycho-social problems that women experience (depression, domestic violence, child and substance abuse, homelessness, intellectual disability, social isolation, lack of capacity to care for a baby, lack of support and mental illness) has led to the development of psychosocial risk assessment check lists and the implementation of antenatal screening (Gunn et al. 2006).

Evidence does indicate that these screening programs do result in increased identification of women with risk factors for poor postpartum outcomes, especially family violence (Carroll et al. 2005). A 2002 Systematic Review of quantitative research to assess the effectiveness of screening women for domestic violence in health care settings found that screening did produce modest increased rates of identification of women experiencing domestic violence (Ramsay et al. 2002). However, there was no evidence that these rates were sustained because most studies did not measure rates beyond the initial implementation. More concerning though is the finding that there is little evidence for the effectiveness of interventions that follow identification in healthcare settings, largely due to a lack of randomised control trials and studies that measure important outcomes for women, such as quality of life or mental health status (Ramsay et al. 2002: 324). These authors recognise that an increase in referrals to other services is not an indication of the effectiveness of a screening program. There have been no studies that measure possible harm that may result from interventions initiated in healthcare settings as a result of screening.

Research by Austin et al. (2005) assessed the characteristics of survey screening instruments and these were assessed on their sensitivity, specificity, positive predictive value, negative predictive value, positive and negative likelihood ratios, as well as the proportion of the population defined by the screening tool as 'at risk' and the proportion of women among those diagnosed after birth as having postnatal depression who had been screened in pregnancy as 'not at risk'. Thus the psychometric properties of the screening tool were assessed. Austin et al. (2005) found that the best tools used orientating characteristics to identify the optimum screening cut-off (the cut off point which maximises the sensitivity and specificity) for their antenatal questionnaires.

A recent systematic review of psychosocial and psychological interventions for the prevention of postnatal depression indicates that these interventions do not significantly reduce the number of women who develop postnatal depression and that the most promising intervention is the provision of intensive, professionally based postpartum support. Interventions with only a postpartum component were more beneficial than interventions that incorporated an antenatal component (Dennis, 2005).

Australian researchers have indicated that an objective psychosocial assessment during pregnancy does improve the recognition of women at risk for postnatal depression (Webster et al. 2000). However, in another study Webster et al. (2003) aimed to reduce postnatal depression by implementing prenatal interventions found that there were no significant differences between the intervention and control groups. Bick (2003) summarised the outcomes of several studies that evaluated interventions provided by midwives during the antenatal, intrapartum and postnatal periods to reduce postnatal psychological morbidity. There was no evidence to support the introduction of routine antenatal screening to identify women more vulnerable to postnatal depression. However, this author does suggest that significant benefits to postnatal psychological well-being have been found following the implementation of new models of midwifery-led care.

More recently an alternative to routine screening was developed and evaluated. Gunn et al. (2006) implemented a training program (ANEW) in advanced communication skills and common psycho-social issues to midwives and doctors at the Mercy Hospital in Melbourne. The aim of ANEW was to improve the identification and support of women with psycho-social issues in pregnancy. Following an intensive educational program participants did report an increased comfort and competency to identify and care for women with psycho-social issues.

In conclusion, early intervention is critical in the prevention of longer term problems for families and children. Identification of families who are at risk in the antenatal period is one strategy in a range of primary health care strategies. The use of routine screening tools does appear to increase identification, however, there is a need for further research to determine the most effective methods of identification and management of women and children in antenatal care.



# Evaluation Aims

The evaluation of the Early Links Program focused on the impact on the women identified, on the midwives and the other internal and external service providers.

## Evaluation Aims

- To evaluate the impact of the Early Links Program, from the perspective of all staff and key stakeholders involved, including women who are screened.
- Specifically to determine the impact of the process with
  - Families
  - External Service Providers
  - FMC staff including midwives, social workers, drug and alcohol services, community liaison psychiatry, senior management and other multi-disciplinary staff involved in the process.

The specific questions to be answered by this evaluation are:

- Is the process currently in place effective?
- How can it be improved?
- Are the tools (Antenatal Assessment Questionnaire, flagging of at risk women, Early Links register, action plan, case note records) effective in identifying and referring women identified as low, medium, and high risk to appropriate services?
- Are the communication processes (Early Links register meeting, psychosocial meeting, liaison with Karpa Ngarrattendi, discharge planning meetings and other meetings) effective in communicating outcomes of assessment across units?
- Are there women who are being missed by the process?
- Who are they and why are they missed?
- Is the current program sustainable?
- Is the current program making a difference for the women and children?
- What are the training needs of the midwives?



# Method

## Design

The evaluation methodology adopted an action research approach. This is a 'systematic, participatory approach to inquiry that enables people to extend their understandings of problems or issues and to formulate actions directed towards the solutions of those problems or issues (Stringer, 2004). Unlike basic research that seeks to formulate explanations that are generalisable to a wide range of contexts within a given population, action research seeks local understandings that are specially relevant to the particular context of study and is inclusive of evaluation from start to finish. It is cyclical as the participants' work together through processes of investigation towards effective solutions to improve the FMC Early links Program. This research method provides qualitative data and is designed to capture the depth of information from the women and staff regarding the practical application of the assessment tool (Grbich, 1999; Patton, 1990). Thus separate questionnaires were designed for those Midwives in the Women's Health Clinic who administer the assessment tool.

## Phase 1

A Project Advisory Group of key stakeholders was established and met monthly (Appendix A for Advisory Group membership). This group has been pivotal in guiding the evaluation and facilitating the collection of data from both staff and women. The Group has provided information about key stakeholders for interview, assisted with the distribution of questionnaires and offered advice and creative suggestions along the way. The interim findings were discussed with this group. Ethics approval was gained from the FMC (Appendix B).

## Phase 2

Analysis was conducted of records held by the Social Work Department for information about the number of women who have completed the tool, the percentage identified as low, medium and high risk, and the percentage requiring support and/or referral. This analysis was compared with the total number of women who attended antenatal visits and the total number of live births at FMC to determine who was not screened and identify reasons. Those screened as at risk and did not receive support and/or referral were also identified.

## Phase 3

A staff questionnaire was developed to identify issues that impact on the process, factors that facilitate the use of the antenatal tool and subsequent processes, factors that inhibit the process, suggestions for improvement and for ensuring sustainability of the Program. This phase included all staff involved. Separate questionnaires were designed for the Midwives who administer the antenatal assessment tool and those FMC staff who worked with women in the Early Links Program (questionnaires in Appendix C and D respectively). Subsequently, face-to-face interviews with 20 key staff involved with Early Links were conducted (see interview questions in Appendix E). The key staff were identified by the Project Advisory Group (for FMC staff positions held by interviewees, see Appendix F).

## Phase 4

External service providers were identified and telephone interviews conducted to determine the impact the Program is having on these services, including if there are improved links with the hospital (see Appendix G for list of external interviewees and Appendix H for interview questions).

## Phase 5

A questionnaire was developed and given to consenting women who had given birth and were on Early Links. Telephone interviews or face-to-face interviews were then conducted with women to determine their experience of the process, the support offered, the referral process and the impact of the Program (see Appendix I for questionnaire and Appendix J for interview questions).

## Phase 6

Phase six was the completion of the interim report and its presentation to the Project Advisory Group and the provision of feedback from the Project Advisory Group towards the final report.

# Summary of Results

In the 12 month period prior to the evaluation (1/11/05-31/10/06), there were 2,304 births at FMC. During that time 371 of these women were on the Early Links Program, that is 16% of women giving birth.

Table 1 indicates the incidence of the risk factors identified antenatally (some women identified more than one risk factor). Significantly, 60% of women on the Early Links Program were identified with some form of mental health risk. In terms of service provision, this is noteworthy.

The interventions that these women were referred to are summarised in Table 2. Whilst 25% of referrals are made to social work, the referral of 32% of women to the Community Liaison Psychiatry Service indicates the increased workload for this service from the Early Links Program.

**Table 1.** Antenatal risk factors identified in women in the Early Links Program.

Antenatal Risk	Details	Number	%
Domestic Violence		28	8
Mental Health		224	60
Drug & Alcohol		64	17
Young Mother		60	16
Social Issues		56	15
Previous CY & FS involvement		11	3
Other	Accommodation	30	8
	Financial issues	23	6
	Relationship issues	28	8
	Custody	5	1
	Abuse	33	9
	Abuse as child	11	3
	Medical issues	18	5
	Social isolation/cultural issues	13	4
	Other	6	2

**Table 2.** Services to which at risk women were referred.

Antenatal Intervention	Details	Number	%
Social Work	*(15), *(2)	93	25
Community Liaison Psychiatry	*(20), *(1)	117	32
Drug & Alcohol Services	*(7), *(1)	34	9
Aboriginal Liaison		8	2
CY & FS		0	0
CPS		0	0
Noarlunga Health Services		45	12
Monitor		14	4
Other/Community Services		55	15

\* declined offer (not included in number)  
 • to be offered (not included in number)

**Table 3.** Psychosocial risk factors identified in clients postnatally.

Postnatal Risk	Details	Number
Domestic Violence	Hx in Family of Origin	2
Mental Health		2
Drug & Alcohol		1
Young Mother		3
Social Issues	social isolation	2
Previous CY & FS involvement		1
Other	Accommodation (2) Relationship issues Past sexual and physical abuse	4

**Table 4.** Services to which clients with psychosocial risk factors were referred.

Postnatal Intervention	Number	
Social Work	4	
Community Liaison Psychiatry	1	
Drug & Alcohol Services	0	
Aboriginal Liaison	0	
CY & FS	0	
CPS	0	
Other/Community Services	Southern Domestic Violence Services Recommended CYH Sustained HV Program CAMHS	3

A small number of women are identified postnatally with psychosocial risk factors. Table 3 indicates the numbers of women identified with these issues. Again note that some women identify more than one issue.

Referrals for these women are shown in Table 4.

Two mandated notifications were made postnatally. The social work data does not capture the mandated notifications that are made by the midwifery and nursing staff. The data available to this evaluation did not enable access to records that would indicate how many mandated notifications were made in total.

## Women's Health Clinic Staff Survey

The SPSS version 12 statistical package was used to analyse the data from the quantitative questionnaire and an analysis of the thematic responses is presented in the comments and Table 5. A frequency analysis was used to determine the response rates and the qualitative data was assessed and included to provide a greater depth of response than quantitative data alone (Grbich 1999; Patton 1990). The questionnaire completion rate was 25% with 20 questionnaires provided to the Women's Health Clinic staff and a return rate of 5 questionnaire responses. A return rate of 25% is reasonable given the time constraints of the area and the small number of specialised staff.

The majority of responses and comments from the Midwives have been extremely positive regarding the Early Links Assessment Tool and Program. However, the respondents clearly stated the need for the Antenatal Assessment Tool to be adjusted to achieve its aims as well as a need for further education for staff to 'feel comfortable asking the questions'. Staff also identified a need for an increase in the time allocated to administer the questionnaire, in order to provide timely and appropriately targeted support.

Overall there is positive support for the concept and the implementation of Early Links. The Early Links Program is seen by the Midwives as an important part of their service delivery to the women in their care. However, it became apparent from the comments submitted that there is a lack of knowledge and support for staff regarding:

- the process of Early Links
- linkages with outside agencies
- the influence of psychosocial factors and their interplay on families' lives.

Staff believed these deficits would be addressed through further education and this is reflected in Table 5 and the direct quotes from Women's Health Clinic staff.

Overall the staff believed Early Links was a positive intervention program that benefited women and children but that Early Links needed to be 'fine tuned':

- to be specific to target the referral areas precisely
- to provide a second series of questions which would further define those needing support

and that Women's Health Clinic staff believed they needed to:

- increase their knowledge of availability of services
- understand the function of various services provided.

Midwives in the Women's Health Clinic are aware that there had been an increase in the length of postnatal stay in hospital required by women on the Early Links Program to organise the required supports for effective intervention. The process of identifying women in early pregnancy who may need assistance with parenting is viewed by the staff as imperative in providing support, not only for the women, but also for their colleagues in postnatal. The current delay in timely appointments for support services for the women identified in the Women's Health Clinic was of concern for many midwives, who believed this situation hampered the engagement of women with services.

The impact on the Women's Health Clinic is of particular importance as the Midwives there are responsible for the administration of the questionnaire and see it as an important part of their work (66.7% question 2, Table 5). The administration of the questionnaire adds at least 15 minutes to midwives evaluation of the women's condition in the Women's Health Clinic. However, most (66.7% questions 4 & 7, Table 5) believed that the tool was worth administering despite the extra time involved. Thus highlighting the high priority for the Women's Health Clinic staff of the Early Links Program and the importance of obtaining support services for those women at risk.

The question relating to the impact of the Antenatal Assessment Questionnaire on the Midwives' workload found that there was an impact on this, which the Midwives considered to be significant (33.3% question 17, Table 5). Whilst (33.3%) believed the introduction of Early Links had an average impact with (16.7%) believed the impact to be insignificant. These results were explained in the following comments by Women's Health Clinic staff:

*Especially if needing referral*

*There are already a lot of 'pieces of paper' to be given at booking visits. It does increase the workload*

*At POB time consuming if needs referrals/ action plan/ counselling @ time of filling out questionnaire re issues. Would benefit from extra time @ antenatal visits (currently 15 mins) for those identified as at risk so as to properly assess progress and ensure appropriate action taken.*

These comments demonstrate that the Early Links Program and processes do increase the workload of the Women's Health Clinic staff but it is still supported by the staff as a valuable program. Further, these comments indicate a commitment to the programs continuance.

The current practice of leaving women alone (without the Midwife present but with a partner present) to complete a questionnaire does not provide the opportunity to further investigate a women's level of need. The Women's Health Clinic staff also acknowledged the need for uniform protocols regarding the initial presentation of the Assessment Tool in the Antenatal Clinic. Currently some Women's Health Clinic staff sit with the women and go through the questions whilst others leave the women to fill out the questionnaire alone. The presence of partners was a concern also raised by staff. The staff felt the partners may influence how the Assessment Tool was completed and affect the 'level of honesty' in filling in the questions by the women.

The Women's Health Clinic staff also highlighted the need to pursue these questions and concerns raised by the Assessment Tool at future assessments at a later stage of pregnancy. Some women only attended the first Antenatal visit and did not reattend FMC until delivery and were thus unable to obtain the support they (the women) needed.

**Table 5.** Women's Health Clinic Staff Survey Results.

Question	Ratings (1-5) in % (n)				
	Very Ineffective	Ineffective	Average	Effective	Very Effective
1 How effective do you think the questionnaire is in identifying women who are likely to need additional support?	-	-	33.3% (2)	50% (3)	-
4 How would you rate the process of the midwife assessing the risk once the Antenatal Assessment Questionnaire has been completed by the women, then seeking her consent to refer to community support agencies (if low risk), or referring to Social Worker, Liaison Psychiatry, DASSA or other services?	-	-	16.7% (1)	66.7% (4)	-
5 How would you rate the impact of the process of adding all identified at risk women to the Early Links Register meeting?	-	-	16.7% (1)	66.7% (4)	-
6 How would you rate the impact of devising an Action Plan which is added to the case notes, at the Early Links Register meeting?	-	-	20% (1)	60% (3)	-
7 How effective do you think the process is (assessment and then placed on register) in improving the hospital's capacity to coordinate support for women with low, medium or high risk?	-	-	16.7% (1)	66.7% (4)	-
11 Could you rate the impact of the Early Links Program on FMC's capacity for early identification of women with significant risk?	-	-	16.7% (1)	66.7% (4)	-
12 Could you rate the impact of the program on strengthening FMC's capacity to link women with significant risk factors to appropriate services?	-	-	33.3% (2)	50% (3)	-
18 How would you assess the questionnaires' capacity to identify all women at risk?	-	-	16.7% (1)	66.7% (4)	-
		No	To Some Extent	Yes	
2 Would you say that the questionnaire is an accepted part of your work practice?	-	-	16.7% (1)	66.7% (4)	
	Very Inappropriate	Inappropriate	Average	Appropriate	Very Appropriate
3 The questionnaire is given to women on the first antenatal visit. Do you think that this timing is appropriate?	-	16.7% (1)	16.7% (1)	50% (3)	-
	Very Insignificant	Insignificant	Average	Significant	Very Significant
8 Has the process strengthened the working links between your unit and other sections of the hospital?	-	-	33.3% (2)	50% (3)	-
13 Could you rate the impact of the Program on strengthening FMC's working relationships with key support services outside the hospital?	-	-	80% (4)	-	-
17 What impact does the questionnaire have on your workload at Antenatal visits?	-	16.7% (1)	33.3% (2)	33.3% (2)	-

## Impact of Early Links on General Staff and Midwives

As previously stated the SPSS version 12 statistical package was used to analyse the quantitative data and the results of this frequency analysis are in Table 6. A frequency analysis was used to determine the response rates and the qualitative data was assessed (Grbich 1999; Patton 1990). Firstly, these analyses provide the reader with an indication of the distribution of the results. Thus these results are indicative of the respondents' views, at that time, and in their place of employment, namely FMC, and are not generalisable to any other time or place. Secondly a thematic analysis of the responses was completed to provide a depth of understanding beyond the SPSS analysis to provide the evaluation with a sense of the respondents concerns or comments regarding the tool beyond the likert response. The questionnaire completion rate was 50% with 124 questionnaires provided to general staff and a return rate of 62 general questionnaire responses.

**Figure 1.** Number of respondents from the different staff positions at FMC.

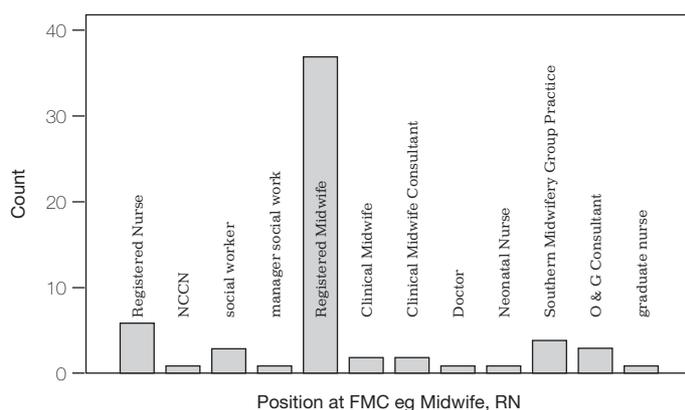


Figure 1 clearly shows the vast majority of respondents are midwives. The total number of respondents was 60:

- 61.7% midwives
- 3.3% CM's and CMC"s
- 8.3% Registered Nurses
- 6.7% Southern Midwifery Group Practice Midwives
- 5% Consultants
- 1.7% Doctors , NCCN, and Graduate Nurses
- 6.7% social worker/manager social work.

General Registered Nurses, Neonatal Nurses, Social Workers and Psychiatry Community Liaison respondents had been extremely positive regarding the Early Links Assessment Tool and Program. However, the respondents also clearly stated the need for the questionnaire to be adjusted to achieve its aims and they also identified a need to be further educated to 'feel comfortable asking the questions'. Their comments indicated that the questionnaire did not always achieve its aims due a variety of reasons, which will be discussed below. The respondents suggested that with some minor adjustments the program would fit the respondents' needs and the staffs' requirement in providing timely and appropriately targeted support. Comments included:

*The tool is too broad*

*Much too broad a questionnaire. Too many people fall into Early Links who don't need additional support*

*Additional questions about past experiences with children and drug or alcohol habits*

*Terribly broad.*

The Midwifery staff respondents expressed the view that there had been an increase in the length of postnatal stay in hospital required by women on the Early Links Program to organise the required supports for effective intervention. This increase in stay could not always be provided due to the pressures for postnatal beds and the staff believed this decreased the effectiveness of the Early Links Program interventions provided. The delay in timely appointments noted by the Women's Health Clinic staff were also of concern for the Midwifery staff, who believed this situation also decreased the effectiveness of interventions (Table 6, questions 10, 12 & 13). However, the other staff surveyed, such as, Social Workers were less concerned by some of the delays as their work has a less immediate focus than the work of the Midwives. Plus

the Social Workers were more often in a position to be aware of the other supports that the family could or do access.

The staff want more information as to why the women and infants are on the high-risk intervention register if they are to be effective in providing access to community services and effective in providing the additional support these women and babies need.

There is little or no knowledge of the purpose of the action plan or the process involved after the women are placed on the Early Links Register by the Level 1 midwives who are often responsible for the delivery of direct care to these women. The action plan is also inaccessible after hours which can be the time of greatest need or the action is inappropriate for their area of work e.g., labour ward and does not address concerns that may arise in that setting. The staff have suggested a sticker for the notes to identify those women on Early Links as all information is currently in a 'hand held' record and is difficult for staff to access

Staff responses indicated they believed there was a need for:

- further training in psychosocial issues, particularly regarding the asking of questions pertaining to sensitive issues such as domestic violence, sexual abuse, and other issues.
- an increase in the time provided to administer Early Links properly and appropriately, given the sensitive nature of the questions.

The impact of the workload had increased overall for staff with the introduction of Early Links and this is consistent with providing care for high risk families who require timely and appropriate interventions. This support and increase in the workload that accompanies intensive interventions is acknowledged in the *Southern Adelaide Health Strategic Plan*, *Generational Health Review* and *Families at Risk* findings.

Overall there is positive support for the concept and the implementation of Early Links. However, it became apparent from the comments made by the general staff that there was lack of knowledge and support for staff regarding the process of Early Links, the linkages with outside agencies or the objectivity regarding the women's behaviour or the influence of

psychosocial factors and their interplay on families lives which needs to be addressed for the staff to feel comfortable with the Early Links Program.

The general staff believed Early Links was a positive intervention program that benefited women and children but that Early Links needed to be 'fine tuned'

- to be specific to their area of work;
- and that they (the general staff) needed to
- increase their knowledge of the services;
  - to understand which services could be helpful and;
  - the function of these services and;
  - what the services provided.

Table 6 outlines the responses to the questions and provides the frequencies as a percent for each question.

**Table 6.** General Staff Survey Results.

Question		Ratings (1-5) in % (n)				
		Very Ineffective	Ineffective	Average	Effective	Very Effective
1	How effective do you think the questionnaire is in identifying women who are likely to need additional support?	- -	3.7% (2)	18.5% (10)	70.4% (38)	7.4% (4)
3	How would you rate the impact of the process of adding all identified at risk women to the Early Links Register for discussion at the weekly Early links Register meeting?	1.9% (1)	5.7% (3)	34% (18)	47.2% (25)	9.4% (5)
4	How would you rate the impact of the process of devising an action plan, which is added to the casenotes, at Early Links Register meeting?	5.5% (3)	5.5% (3)	23.6% (13)	54.5% (30)	10.9% (6)
5	How effective do you think the process is (assessment and then placed on register) in improving the hospital's capacity to coordinate support for women with low, medium or high risk?	7.4% (4)	3.7% (2)	20.4% (11)	61.1% (33)	7.4% (4)
9	Could you rate the impact of the Early Links Program on FMC's capacity for early identification of women with significant risk factors?	1.8% (1)	- -	19.3% (11)	68.4% (39)	10.5% (6)
18	How would you assess the process's capacity to identify all women at risk?	1.8% (1)	5.5% (3)	52.7% (29)	40% (22)	- -
		Very Inappropriate	Inappropriate	Average	Appropriate	Very Appropriate
2	The questionnaire is given to women on the first antenatal visit. Do you think that this timing is appropriate?	- -	5.3% (3)	15.8% (9)	59.6% (34)	19.3% (11)
		Very Insignificant	Insignificant	Average	Significant	Very Significant
6	Has the process strengthened the working links between your unit and other sections of the hospital?	3.8% (2)	18.9% (10)	18.9% (10)	50.9% (27)	7.5% (4)
10	Could you rate the impact of the program on strengthening FMC's capacity to link women with significant risk factors to appropriate services?	1.8% (1)	1.8% (1)	23.6% (13)	67.3% (37)	5.5% (3)
11	Could you rate the impact of the program on strengthening FMC's working relationships with key support outside the hospital?	2.2% (1)	4.3% (2)	34.8% (16)	52.2% (24)	6.5% (3)
12	How would you rate the capacity of external services outside the hospital to respond to referrals for support?	2.4% (1)	7.3% (3)	53.7% (22)	36.6% (15)	- -
13	How would you rate the capacity of internal services within the hospital to respond to referrals for support?	- -	3.9% (2)	27.5% (14)	60.8% (31)	7.8% (4)
17	What impact does the Early Links Program have workload?	5.7% (3)	26.4% (14)	28.3% (15)	34% (18)	5.7% (3)

## Capacity and Concerns of the General Staff & Midwives in Conducting Psychosocial Assessments

Suggestions included the introduction of an inservice education program to increase current knowledge of the psychosocial aspects of health/ill health and its effects on pregnancy. The questions for the midwifery and general staff pertaining to the impact of Early Links highlighted several issues, including the need for an increased understanding of psychosocial issues and the need for debriefing around the women's responses given the nature of psychosocial issues. Concern was also raised regarding the lack of knowledge that most staff members had about the process of Early Links and knowledge regarding psychosocial issues and the impact on families both from psychosocial issues and the interventions themselves. Most staff expressed the need to know more and to be able to discuss more with fellow staff.

Staff responses indicated they believed there was a need for;

- further training in psychosocial issues and;
- an increase in the time provided to administer Early Links properly and appropriately – given the sensitive nature of the questions;
- change to the current practice of a women being left alone to complete a questionnaire which did not provide the opportunity to further investigate the women's level of need;
- further questions at a later stage of pregnancy.

Comments included:

*nothing beyond university training*

*no formal inservice*

*no formal training, just my own life skills.*

Early Links has increased the links between Women's Services and Social Work and the Psychiatric Community Liaison. The program has increased the usage of these services which in turn has decreased the ability of these services to respond to those in need in what some staff thought was a timely manner. The increase in the numbers of referrals to Social Work and Psychiatric Community Liaison, but not a corresponding increase in the staff numbers in those areas to cope with the influx of referrals was noted by the general midwifery staff (Table 6, question 6).

Some staff demonstrated insight into the reasons why women 'fell through the gaps' such as, the women were already linked with other services e.g., prior to pregnancy, following pregnancy and may be linked through the universal nature of healthcare services. There was also inevitability about 'women falling through the gaps' due to the nature of being at 'high risk'. Women in the 'high risk' category are often unable or unwilling to access assistance or believe extra support is unwarranted or undeserved. The 'high-risk' women also tended to be poor attendees at antenatal clinic or other appointments and this was an area of concern for the participants.

The women's reluctance to use services, and the staff's conclusion regarding the women's reluctance, could be indicative of the staffs' lack of awareness regarding the dynamics of domestic violence, abuse, poverty and other issues. Staff showed concern regarding the necessity to build rapport with vulnerable high risk women before expecting 'honest answers' from these women. Staff were also concerned that the women may feel threatened by the questions asked (however, this was not the response from the women who said they felt 'more care from the staff after being asked the questions').

Most of the general staff also had little idea of the external service providers (external to the hospital) which could benefit these families and provide long term extra support. The staff often relied on the internal hospital providers such as Social Work and Psychiatric Community Liaison. An awareness of the services within the community would encourage referral to long term supports for the women as well as decreasing the workload of Social Work and Psychiatric Community Liaison and provide the added benefit of connecting, often socially isolated, high risk, women with their communities.

Staff who used external services did comment on the external providers inability to respond to these women in a timely fashion. This perception could further discourage staff from referring to external providers. However there had been some questions raised by the external providers as to the appropriateness of some referrals.

The majority of staff found the Social Work and Psychiatry Community Liaison responded well to referrals except for DASSA where the staff had no feedback regarding any responses – that is the staff had “no idea if referrals were responded to as nothing was recorded in the casenotes”.

There were responses from staff regarding the lack of follow up or feedback from services and staff expressed some frustration regarding the lack of information regarding follow-ups and services provided. Staff again highlighted the need for further education from internal and external services to increase their understanding of the process and the services provided.

## The Early Links’ Assessment Tool

Midwives were positive overall regarding the tool but divided about the need for improvements to the assessment tool with most (Table 6 question 9, (68.4%) believing that tool was effective and it did have the capacity to identify women in need but that the tool was in need of further adjustment.

Comments included:

### *Does not include cultural issues or drug and alcohol issues*

Concerns were raised about the accuracy of the tool to determine those women who needed intervention and those who did not. This became evident from the respondents when they discussed inappropriate referrals or the need for further questions other than those provided to determine the level and type of intervention required.

The specificity, or rather the lack there of, was of concern to the staff as many thought the questions were too broad.

Most staff were also concerned regarding the increase in their workload in dealing with high risk families and the lack of time to ensure these families were indeed linked to their communities for the long term support they required. The barriers to the general midwifery/nursing staff using the Early Links were:

- lack of education regarding psychosocial issues
- confidence in addressing psychosocial issues
- lack of time to respond to families/women in need
- lack of time to provide follow up support or ensure this was done
- lack of time to forge links with services or an understanding of the service provided by community programs.

## Summary of analysis of staff interviews

Overall there is widespread support for the practice of providing a responsive, effective and caring service to women who experience the range of psychosocial issues identified by the Antenatal Assessment Tool. Though the tool is only used in the Women's Health Clinic with antenatal women it is also clear that staff in other areas of the hospital (labor and delivery, postnatal ward and NICU) conduct on-going assessment of women and their babies for any factors that may place them at risk. Staff predominately involved with the Early Links Program are midwives and social workers. There appears to be minimal integration of the Early Links Program into medical practice.

The Early Links Program is perceived to achieve its goal of providing early identification of the majority of women with psychosocial risk factors. However concerns were expressed about the Antenatal Assessment Tool.

## Impact of Assessment on Women

### Surveys

Surveys (see Appendix I) were provided by FMC staff to women who were enrolled in the Early Links Program, during their postnatal stay in the hospital or during the period of their postnatal care provision. Women who completed the surveys submitted them anonymously and received baby gift bags in thanks for their effort and time. Of 20 surveys provided to postnatal women during the period the evaluation was conducted, ten were completed.

This was a 50% response rate and we can speculate that women who felt happy or neutral about the Early Links Program may have been more willing to provide feedback than those who may have been unhappy about an outcome or referral (a Child Protection notification, for instance) that was triggered by enrolment in the Program. The early postnatal period is a very busy time for any new mother and this would certainly have affected the rate of response.

All but one of the ten women who responded had attended the hospital antenatally for pregnancy care and had completed the Early Links Antenatal Assessment Tool antenatally. One woman attended FMC for the first time in labour and was enrolled in Early Links at that time.

All of the women except one felt "fine", "ok" or "happy" to be asked to fill out the questionnaire, giving a range of reasons:

*You can get help in the beginning, hopefully before it's too late.*

*It made sense for the doctors to have this information and to be able to access assistance where appropriate.*

*I need all the help and support I can get.*

One woman commented that the questions were quite confronting and the purpose of the questionnaire wasn't well explained by the midwife administering it.

The women's comments were generally supportive about the aims of the Early Links Program. Many of the women felt:

- more “cared for”
- that staff were more aware of their circumstances or any past problems
- that support was available if they needed it
- that if something went wrong it would be taken seriously
- that there was someone to contact or talk to if they needed help.

One woman appreciated help with counselling and drug use and with support in accessing her other children who were under Families SA care.

Several women commented that the process of the questionnaire raised issues they hadn't thought of and that this was helpful in the context of their pregnancy.

Critical feedback included the need to provide more information to those enrolled in the Early Links Program as to what was for and what it offered. One woman commented that the program wasn't helpful and seemed “in the interests of the hospital”.

### **Interviews**

Four women who had been enrolled in Early Links volunteered to be contacted in the postnatal period for interviews. Two of these women were lost to follow up and two participated in brief telephone interviews. Both were offered the option of face-to-face interviews but indicated they would prefer the efficiency and decreased time commitment of a telephone interview.

Both women were in their 20's and Caucasian. One woman had birthed her first child, while the other had other children. Both women indicated that they felt “fine” about being asked the questions that comprised the Antenatal Screening Tool and one commented that “They put a sticker on my casenotes”. However, neither woman was clear about what “level” she had been assessed at in the Early Links Program, nor what would happen next.

Neither woman was clear that referrals they had received had come from being enrolled in the Early Links Program, although both appreciated the timeliness and relevance of the referrals. One received a referral for a postnatal support group for new mothers through her Child and Youth Health (CYH) home visiting nurse, and the other received a referral to Families SA after her birth, as her other children were already in Families SA care. Both women felt that they had been involved in the decision-making about these referrals and that the staff had a good understanding of their needs and priorities. One of the women commented that “They took good care of me”.

### **Discussion**

While the number of women who had provided feedback was small, and may have been affected by a bias towards a positive response, it appears that there may have been an overall effect of the administration of the Antenatal Assessment Tool that was positive, in that it makes women feel “cared for”. Despite concerns expressed by staff that questions were sensitive and possibly intrusive, women seemed to respond fairly positively to the issues explored in the Tool and some felt that it was helpful for them in considering issues they otherwise may not have explored. There was also a sense that support would be provided by the hospital if needed. It is important to note that there is a risk of building unrealistic expectations for women if they expect support to be available across a range of issues, when services may not have the capacity to respond in a timely manner.

Those who responded and who had received referrals and support were positive about these. However, there was a marked lack of clarity about the purpose and process of Early Links and what women could or should expect. There was poor “brand recognition” of the name of the Program or the implications of being enrolled in it. The women did not distinguish between being cared for by FMC staff and the effects of being enrolled in Early Links.

## Internal Service Providers Interviews

Face-to-face interviews were conducted with 22 FMC staff. These staff were nominated for interview as they were considered to hold pivotal positions in relation to the processes of Early Links (see Appendix F for the list of positions held by interviewees and Appendix D for questions asked at interview).

Clearly, the aim of the Early Links Program is considered integral to the work of staff in the Women's and Children's Division. Several people commented that this Program has grown beyond initial expectations and the resources available to respond to this demand are considered to be limited to the extent that people feel concerned about the duty of care for the women who have been identified and may not get a service for some weeks. Overall staff feel that the tool is effective in the identification of women at risk of a range of psychosocial factors, although questions were raised about the sensitivity of it and the capacity of existing resources to respond to the large numbers of women who are identified as at risk. It is clear that the assessment of psychosocial issues is considered an on-going part of clinical practice and that the use of the assessment tool ought not to be seen a completion task but part of a process. The processes in place to manage the Program were generally thought to be cumbersome, resource intensive and in need of refinement. There is no doubt that staff feel the Program is under-resourced, and that they themselves require further training and education.

### The Antenatal Assessment Tool

Overall there was widespread support for the practice of providing a responsive, effective and caring service to women who experience the range of psychosocial issues identified by the antenatal assessment tool. Though the tool is only used in the Women's Health Clinic with antenatal women it is also clear that staff in other areas of the hospital (labor and delivery, postnatal ward and NICU) conduct on-going assessments of women and their babies for any factors that may place them at risk. Staff predominately involved with the Early Links Program are midwives and social workers, there appears to be minimal integration into medical practice.

The Early Links Program is perceived to achieve its goal of providing early identification of the majority of women with psychosocial risk factors. However concerns were expressed about the Antenatal Assessment Tool. On the one hand it appears to identify a large number with risk factors, however questions were raised about the efficacy of this. Because the tool does not specifically seek information about the currency of an issue, its perceived impact on the current pregnancy, what help a woman is receiving or has received in the past or what support she would like, there are concerns that women are being placed on the Early Links Register and offered referrals and appointments who may not need them. This concern is linked to the process that is used when the woman completes the assessment tool. If the midwife has time to sit with the woman and discuss her responses to the questionnaire, it is more likely that an appropriate referral is made. However, this is not consistently the case for a number of reasons:

- The Pre-obstetric Booking (POB) is usually the first contact a woman makes with the hospital and there is a large amount of information and assessment that occurs at this visit. Time is pressured and a midwife may simply not have time to discuss the assessment tool in detail with each woman. It is the only time that all women see a midwife, thereafter she may see a doctor. Two doctors were interviewed, one who had no relationship with Early Links but a special interest in psycho-social issues and one who was very concerned about the lack of resources available both to manage the Program and to respond appropriately, but whose practice included an emphasis on psychosocial issues.

- Midwives have not received training in the use of the tool or in the level of communication skill required to respond appropriately to the issues that may be identified. Some staff have learned these skills through work and life experience, however there is not a standard protocol.
- Women have not yet had an opportunity to build a relationship with any staff, nor to feel comfortable with the clinic environment and this may inhibit their trust in the process if they disclose.
- Many women are accompanied by their partner when they attend and will often not be safe to respond to some items on the tool or to discuss issues with staff
- Staff believe that there are limited resources to refer women to, or that the waiting time for an appointment is too long. Staff feel despondent if they do not believe they can offer appropriate and timely help.

Despite these concerns it was generally considered that the first visit is a reasonable time to ask women to complete the assessment tool in the belief that the earlier issues are identified and interventions are offered, the more opportunity there is to reduce risk to the woman and her baby.

Overall, there is significant scope to improve both the tool itself and the process of administering the antenatal assessment tool.

### **Systems/Processes used to manage the Program**

These are perceived to be complex, not accessible to all staff and inconsistently used so that information is not uniformly shared. Currently the designated midwife in the Women's Health Clinic spends large amounts of time keeping the Early Links Register, making referrals and following women up who do not keep appointments or do not return to the clinic. The designated social worker also spends large amounts of time keeping a data base (which was being re-designed at the time of the evaluation), and is available to women following referral, but often there is a six week wait for this.

The recording of information following screening is comprehensive to ensure that wherever the woman goes in the system, she will be flagged as being on Early Links. This is perceived to be largely successful. However not all relevant staff have access to all relevant information. For example midwives who work at other sites (e.g., Noarlunga) often do not have access to a woman's case notes. Such staff will be aware that a woman is on the Early Links Program but may not know what for or what referrals have been made. The Action Plan is clearly a form that is not used uniformly and consistently by all staff involved in the process. The ALERT System, which identifies the women who come into hospital and are on Early Links, can be problematic as there is no specific information included about why the alert has been made.

The weekly Early Links Register meetings were positively evaluated by those who attend but many clinical staff do not attend these meetings and so are unaware of the outcomes of the identification process and in general receive no feedback about the outcomes for the women in the process.

### **Resources allocated to the Program**

There is a consistent view that there is insufficient resources currently utilized to sustain the Program. This includes social work, midwifery and administrative support. Further resources were also seen as a means of developing stronger links between the hospital and the resources in the community. Solutions that were suggested to address this were strongly around the appointment of a program coordinator. Less frequently suggested solutions were to make better use of the resources currently available, in particular by developing much stronger links with community.

## The Impact of Early Links on External Services

### Training to work in the Program

There has been limited training of staff to work with the range of issues identified by the antenatal assessment tool. Staff were trained about the Early Links Program prior to its implementation, however this did not include specific training on identifying psychosocial issues and providing appropriate interventions. A small number of staff have learnt skills “on the job” whilst a very few have undertaken seminars and/or short courses on topics such as family violence, drug and alcohol and pregnancy workshop, child abuse, mental health and counselling and others.

Finally, many staff expressed concerns about the identification of potential risk factors with women, and then not having appropriate resources available to respond in a timely way. Staff were also concerned about what actually happens to the women that are identified in the short, medium and longer term – have the interventions actually been effective?

Relevant service providers “external” to FMC were identified by the Early Links Project Advisory Group (see Appendix G) and telephone interviews were conducted with a range of individuals working across these services, using a series of guided questions (see Appendix H). Across these services, there was a general consensus that early identification and intervention for women and infants at risk is a good idea. There was also a strongly expressed view that there is a need for better communication and linkage between FMC and external service providers. A strategic approach across agencies was suggested by more than one service:

*There should be a steering committee bringing the agencies together, coordinating, looking at families at risk. Hook in all the services - a holistic approach across agencies.*

### Capacity

The capacity of external service providers to respond to referrals from FMC was mentioned as a concern for many services. Some services had noticed an increase in referrals and described their need to prioritise service responses to those most urgently needing support. Other services described a fluctuating ability to respond to referrals due to vacancies in their staffing.

*Staffing and resources – these are huge issues.*

*We previously had a certain lack of capacity but two positions have been filled.*

*So far our service has been able to respond to the referrals that have been sent, but there must be services in place for women to refer to, otherwise the identification process is setting women up to fail.*

## Referral patterns

There were difficulties perceived in under-referral, in particular to Child Youth Health and to some services offered by Noarlunga Health Service's primary health team:

*We get some referrals, not many.*

*There has been no change for our service and I'm the manager.*

*There has been no change, no impact ... we need more referrals.*

Where under-referrals occur, there appear to be stronger links required between FMC and these services, with the recognition that community based services can provide long-term follow up and relationships that acute hospitals are not equipped to provide. Staff lack of familiarity with the range of services available outside the hospital was identified as a concern.

There were also difficulties experienced with over-referral:

*Early Links has increased the numbers dramatically.*

Over-referral was stated as a problem by Families SA and by the Psychiatric Community Liaison Service. For both services, they identified concerns about the appropriateness of referrals through Early Links and a lack of capacity of their agency to respond to all referrals, accompanied by a crucial need to prioritise their services for those most in need, who may miss out if over-referral is occurring.

The Psychiatric Community Liaison Service nurse has a six week waiting list for appointments and feels swamped:

*The numbers using the service have skyrocketed since Early Links.*

As mentioned earlier, approximately 60% (224 women) of those enrolled on Early Links received a referral to the Psychiatric Community Liaison nurse for assessment. However, only 117 of these women (52%) were actually referred on to the Community Liaison Psychiatry service, having been assessed as currently in need of mental health support. There are workforce and service delivery issues created by this level of referral:

*We have clients falling through the gaps. Too many being referred and inappropriate referrals means those that need the service miss out.*

The Psychiatric Community Liaison Service is dealing with clients who become angry upon realising they have been referred to a psychiatric unit through the Early Links process. These women do not know why they have been referred and do not need or want this service. The service identified the need to refine the Assessment Tool to appropriately identify current mental health problems requiring support, as well as to educate staff concerning mental health issues and referrals. Communication mechanisms between the Psychiatric Liaison Service and other staff are of concern, as there is discontinuity in the use of the case notes and a separate "orange" form, with a lack of continuity of information sharing between care providers.

There was concern expressed that the referral process is not working effectively and needs to be reviewed, with the input of this Service. In addition, concern was expressed that the Service is not seen as well integrated into FMC's core business:

*We are described as an 'external' service yet we are part of the hospital.*

The DASSA Liaison Nurse identified an increase in women identified with drug and alcohol issues since the commencement of Early Links. However, the clinic time allocated to meet and assess referred women is very limited (1.5 hours per week) and means that the nurse is not able to see all of the women referred without more time being allocated to this role. She expressed concern to clarify that "I am not able to case manage D and A patients", as her role is to provide information about the risks of substance use in pregnancy and refer women to drug and alcohol services if they are wanted. Participation by identified

women in any drug and alcohol support services is voluntary and it was important for her that all staff recognise that:

*There are many patients with D and A issues that I may not see.*

Improved and consistent communication/meetings with postnatal and neonatal staff and the DASSA Liaison service could improve outcomes for women and babies. Further education of staff about community support resources related to drug and alcohol use is important, as is the provision of current and comprehensive information about what community supports are available in this area to all clinicians.

Families SA identified a need for a shared understanding between FMC staff and Families SA about child protection issues:

*The hospital staff needs better understanding of child protection issues.*

Concerns were expressed about child protection notifications being made based on value judgements, bias and cultural misunderstanding:

*... value judgements are made by middle class staff who are not used to the families that Families SA work with.*

*We have problems with judgements made by FMC staff and notifications made to CPS.*

*People are judged by the way they look and by their social status. We respond to notifications and find that there are no parenting issues at all.*

Joint education was suggested as a remedy, with a minimum of education for FMC staff about child protection issues:

*Training is really important, we should have joint training with hospital staff and Families SA. Everyone has a responsibility for supporting families and babies.*

Despite these concerns, Families SA supports early identification principles and would like to see effectiveness improved:

*There's a lot of scope for it – it needs to be refined. Don't waste child protection time and resources.*

It was recognised that FMC staff have the babies' best interests at heart and that everyone is operating in the difficult climate of child protection and mandated reporting, with the ongoing tension of screening and referral, where participation by women and families remains voluntary:

*There's the issue of people who want services compared to those who don't and where there's still a child protection concern.*

*Probably the ones we hear about, we are already aware of. The ones we NEED to know about, NO ONE knows about them.*

### **Recognition of Early Links**

It was of interest that a significant proportion of those interviewed were not familiar with Early Links as a program operating at FMC:

*No, don't recognise the name.*

*I didn't have any idea of Early Links before you first called me for an interview.*

This appears to be another indication of the need for better linkages across the interface of the services offered by FMC and those offered in the community, to improve referrals and supports for women and their infants and families.



# Discussion

This evaluation has elicited a broad range of issues, concerns and suggestions from FMC staff, service providers in the community and from the women who have participated in the Early Links Program. We will discuss these and make recommendations for the modification, support and coordination of Early Links, aimed at improving the Program's effectiveness and sustainability.

A major finding from the evaluation is widespread concern about the effectiveness and sensitivity of the Antenatal Assessment Tool. The current version of the Tool seems to cast too broad a net, in that it has identified a large proportion of women for referral, particularly for issues concerning mental health. This has caused distress to some women, due to inappropriate referrals, as well as the lack of capacity of the referred service to respond in a timely manner. It has created significant workload issues, in particular for the psychiatric community liaison service, but also for social work services.

A screening tool is required which is able to identify and prioritise those most in need of the available services. Questions in the tool need to be able to distinguish past issues from issues which are current and acute, particularly in the areas of child sexual abuse, domestic violence and mental health.

While the use of any screening tool is aimed at identifying those who are most in need of support, it is important for staff to understand and accept the limitations of any voluntary process. Where women do not want to engage with services, they may choose not to answer honestly, or not to attend the hospital at all. A screening tool which casts too broad a net is not an effective response to this concern.

**Recommendation 1** : It is recommended that the Antenatal Assessment Tool is reviewed to enable a more sensitive tool to be developed that identifies those women who would benefit most from early intervention. This review needs to occur in conjunction with all relevant service providers who can contribute area specific expertise.

A lack of consistency in the administration of the Antenatal Assessment Tool and follow-up of the issues identified became apparent through the responses of staff and women who were clients. As the Tool is only administered by midwives at the "pre-

obstetric booking" visit, those women who do not enter hospital care through this route are not screened consistently. The process of sharing information with women about Early Links, what it offers and what the implications are of being "enrolled" in Early Links were inconsistent.

There is variability in the process of administering the Tool, as some women are left alone to fill it out and others are asked the questions by a midwife. The effectiveness of interviewing the woman with a partner present is questionable, particularly in eliciting information about sensitive issues. This practice is also variable across midwives.

**Recommendation 2** : It is recommended that the process of administering the tool is underpinned by a protocol that ensures consistency in the way that midwives in the Women's Health Clinic work with women to identify, discuss and make referrals for the issues raised in the tool. This would include a process that consistently informs women about the Early Links Program and the purpose of the tool.

Staff expressed concern and distress about the ethical responsibility of raising women's expectations to receive support about sensitive issues, when there are limits on the actual availability of resources, both inside and outside of the hospital. Women expressed a lack of familiarity with the implications of being enrolled on Early Links, together with the expectation that, should an issue arise, support would be available if they needed it.

It is important to promote realistic limits on expectations of hospital resources, as well as to contribute to the resilience of women to seek the support of ongoing services available in the community.

**Recommendation 3** : It is recommended that a plain language (multiple languages) pamphlet is developed to be given to each woman. Such a pamphlet would aim to create realistic expectations about the capacity of Early Links to respond to identified issues and clarify the availability of in-hospital and community based resources.

A number of processes have evolved over time aimed at ensuring communication between care providers and services throughout the hospital for those women enrolled in Early Links. Some of these are less successful than others in achieving the aim of coordinated care. In particular, the care plan which is filed in the case notes appears to be ineffective – not all care providers have access to the case notes and the care plans appear to have limited relevance for some units in the hospital. As there are workload implications in creating the care plan, this should be reviewed.

Equally, the multidisciplinary meeting, held monthly to coordinate care for Early Links women, is not accessible to key care providers. Another mechanism to achieve this aim should be implemented.

**Recommendation 4** : It is recommended that the communication processes that occur once a woman is placed on Early Links are reviewed. Initially, consideration needs to be given to the discontinuation of the care plan as well as the monthly multidisciplinary meeting to discuss women who will be birthing in the next month.

As described above, there are a number of barriers to relevant staff accessing information about women enrolled on Early Links, as the woman moves from antenatal through intrapartum to postnatal services. Current recording mechanisms are handwritten, rely on the case notes and the Early Links register and are not always available to staff in different areas.

**Recommendation 5** : It is recommended that a systems review is conducted of the methods and processes currently in place to record information about Early Links. In particular the exploration of the use of an IT system that would enable all staff to have access to relevant, consistent and current information and would decrease the use of forms, registers and other notes.

The nature of maternity care in a hospital is that staff members involved in providing antenatal care often have no continuity with women as they progress through the birth and postnatal episode. This fragmentation of care means that staff often have no experience of outcomes for women and babies or of the effectiveness of any interventions that they

may have initiated for women. In order to encourage reflective practice and job satisfaction, as well as to familiarise staff with community resources and positive outcomes of early intervention, a mechanism should be developed that would provide this feedback for staff involved across Early Links.

**Recommendation 6** : It is recommended that the weekly Early Links meetings also provide staff with feedback about the outcomes for those women and their families that are offered interventions. Such feedback would enable staff to assess the outcomes of their work as well as reflect on ways of developing the Program to improve outcomes.

The evaluation has elicited concerns by staff members at their lack of training or expertise in responding appropriately to sensitive and difficult issues across the areas of domestic violence, mental health, sexual abuse, drug and alcohol use and child protection. In particular, there is distress at the ethical responsibility involved in raising such issues with women yet feeling unprepared to respond appropriately.

Support agencies have expressed concerns that FMC staff requires targeted education in order to promote appropriate referrals, particularly in the areas of mental health and child protection. The lack of engagement of medical staff with Early Links, despite the fact that a large portion of women's care is provided by doctors, is of concern.

**Recommendation 7** : It is recommended that a training program is developed for all staff about the aims and processes of Early Links, as well as to provide greater competencies in using the tool and competencies with the psychosocial aspects of healthcare. Such training would also increase staff awareness of external community services (both government and NGOs) and their roles in providing long term intervention in families.

In order for Early Links to be integrated across all disciplines this training needs to be accessible to all staff, particularly the medical staff.

Early Links was introduced at FMC without dedicated extra funding and has been absorbed into the workload of existing services. Minimal extra dedicated staff time has been available and there have been significant increased workload pressures created across a range of services. The nature of fragmentation of hospital maternity care into clinics, wards and units presents specific challenges, as there is the need for integration across these areas as women travel through the system. There is also an identified need to coordinate stronger links with agencies and service providers in the community.

There is an urgent need for the development, implementation and coordination of education for staff members, to enable them to best engage with and support Early Links. There has also been identified the need to coordinate, develop, and update a resource, which would be made available to all staff and women, of relevant support services, agencies and programs (both hospital and community based). This resource would require ongoing updating and maintenance, as programs and services frequently change.

Finally, there is a role for the coordination of ongoing evaluation of the outcomes of Early Links for women and babies. The role of central coordination for Early Links in all of these areas has been identified as crucial component of a sustainable program.

**Recommendation 8** : To ensure the future sustainability of the Early Links Program it is recommended that a coordinator is appointed. This is essential for the continuation of this program. A dedicated position would enable the oversight and management of protocols and processes, build and maintain relationships with women from the time of identification, develop staff training, work towards developing a coordinated and seamless response from across all service providers including Karpa Ngarrattendi, DASSA, Psychiatric Liaison Service, Families SA, and other service providers, enhance community links, undertake on-going evaluation and keep a current register of all relevant services and programs in SAHS for clinicians to access.

It can be difficult for hospital-based staff to be aware of the scope and remit of various community resources involved in supporting women and families. Equally, there is a lack of awareness of FMC's Early Links Program by some relevant community services. Both hospital and community services have the same concerns for women, their children and families, yet are often working in parallel - in "silos" -rather than in an integrated and effective manner. It is crucial for the success of long-term engagement of women and families with support services that an effective bridge is built across the "hospital-community" divide, in order to effectively integrate the resources of the Southern Adelaide Health Service for the good of the region's population.

**Recommendation 9** : It is recommended that links with community resources are strengthened by the initiation of a forum that would provide a venue for evaluation of the referral processes and their outcomes, not for individual women but in the context of a broader community based response to women and their children.

It was beyond the scope of this evaluation, both in terms of time and of resources, to examine long term outcomes for women, their babies and families. We have managed to achieve a small "snapshot" of short term outcomes, with women who were willing to participate in the evaluation process. These have been mostly positive; however, they do not give us information about the experiences of women who have not engaged with the Early Links process. There is an ongoing challenge in the area of providing early interventions and effective social support for women who have complex lives and who experience transience and social upheaval.

**Recommendation 10** : Almost nothing is known about the short or longer term outcomes for women and their families who have been on the Early Links Program. It is recommended that consideration be given to a longer term evaluation that specifically addresses this lack of knowledge. Such an evaluation would focus primarily on the experiences of the women themselves.



# Conclusion

Working with women in the antenatal period and providing appropriate services to those requiring support can be one of a range of approaches for successful early interventions that target families and infants. Screening women during their pregnancies is one mechanism for an identification strategy for providing early interventions. The evidence to support the effectiveness of screening is not strong at this stage. This could be partly due to variations in the range of tools used and the lack of well designed research to provide good evaluation of screening programs. There is evidence to support screening as a process for increased identification of issues, but to date little is known about the longer term outcomes.

This evaluation of FMC's Early Links Program has been aimed at evaluating the whole program, including the administration of the screening tool which was introduced in 2005. Our findings have indicated that the universal antenatal screening of women is a component that poses a specific burden for hospital staff and services and raises ethical issues about the capacity for adequate responses and referral processes as well as the availability of resources. The Antenatal Assessment Tool, as utilised during the period evaluated, resulted in 60% of women enrolled on the Early Links Program receiving a referral for mental health concerns, an unexpectedly high number. Staff expressed that they were unprepared and not educated to deal with many of the sensitive issues raised by the screening tool and that significant workload issues have been created by the introduction of the screening tool, particularly for midwives in the Women's Health Clinic, for social workers and for the psychiatric liaison service.

It appears that there has not been effective engagement by medical staff with the Early Links Program, which is a significant concern given the role of care provided to women by medical staff. Community services and agencies and hospital staff and services do not appear to have a robust knowledge of each others' roles and resources. There has not been any culturally specific work done yet in the context of Early Links. Finally, it appears that the systems that support Early Links have evolved over time and are relatively inconsistent in several areas and fractured and ineffective in others.

However, this evaluation has found that FMC's staff members are committed to Early Links and find it valuable. They see early intervention as an important part of their work and expressed a concern that the Program be coordinated, supported and modified so that it functions effectively. Education and training for staff is crucial, as is a coordination role to put effective systems in place so that the Early Links Program is workable for all services. There is a need to build stronger links and liaison between FMC and community based services. There is also a need to share clear information with women and their families about the Program in order to build realistic expectations for women about what Early Links is able to provide.

The Early Links Program does successfully identify and support high-risk women who wish to engage with the Program. This evaluation elicited frequently expressed concerns from FMC staff and services about those women 'who fall through the gaps' and the capacity of any early intervention program to deliver support for women and families who do not wish to engage with available services. This is an important area for further consideration, exploring international experience and evidence as well as engaging the broader resources of the Southern Adelaide Health Service.



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# Appendices

## Appendix A

### **Advisory Group Membership:**

John Coombas, CMC, Labour and Delivery

Sue Cross, Mental Health Liaison Nurse

Sue Coppi, CMC, Ambulatory Women's Health Clinic

Belinda Cowan, Senior Social Worker, Child Protection Service

Kirsty Eaton, CMC, 4A

Wendy Falconer, Social Worker, FMC

Jane Hopkins, Clinical Nurse, Ambulatory Women's Health Clinic

Jo Kneebone, Drug and Alcohol Service, SA

Laney MacKean, Manager, Karpa Ngarrattendi

Tracy McPhee, CMC 4C

Michelle Muller, CMC, Neonatal Outreach

Jo O'Connor, Divisional Director, Nursing and Midwifery

Julie Pratt, CMC, Southern Midwifery Group Practice

Clare Shuttleworth, Director, Population Health , Southern Adelaide Health Service

Marg Smith, Divisional Director, Flinders Women's and Children's Division

Audrey Taylor, Aboriginal Liaison Worker, Karpa Ngarrattendi

Liz Wilson, Manager, Social Work and Counselling Service

Theresa Wolff, Social Worker, FMC

## Appendix B

FLINDERS MEDICAL CENTRE  
Flinders Clinical Research Ethics Committee  
FWA00001785  
IRB00001792



Government of South Australia  
Southern Adelaide Health Service

7 September 2006

### MEMORANDUM

TO: Dr. C. Power, School of Nursing & Midwifery, Flinders University  
FROM: Ms. C. Hakof, Executive Officer, Flinders Clinical Research Ethics Committee  
TOPIC: **Approval of Research Application**

I am pleased to advise that the Flinders Clinical Research Ethics Committee (FCREC) has approved your research application in accordance with the following extract from the Minutes of its meeting held on 28 August 2006.

067/40.5 Research Application 24/067 – Dr. C. Power  
Evaluation of Flinders Early Links Program.  
Reviewer: Dr. T. Lyons

This application was approved.

If conditional (*'subject to'* or *'in principle'*) approval is granted, research involving human subjects **may proceed only after written acceptance of the conditions of approval** (including a copy of the modifications) has been received by the Committee.

A progress report must be provided annually. Approval is given for a period of three (3) years only and, if the study is more prolonged than this, an updated submission will be required.

**A copy of the signed consent form is to be filed in the participant's medical record.**

The Committee must be notified and approve any changes (e.g. additional procedures, modification of drug dosage, changes to inclusion or withdrawal criteria, changes in mode and content of advertising) in the investigational plan particularly if these changes involve human subjects.

The safe and ethical conduct of a trial is entirely the responsibility of the investigators. While the FCREC takes care to review and give advice on the conduct of trials, approval by the Committee is not an absolute confirmation of safety, nor does approval alter in any way the obligations and responsibilities of investigators.

It is the duty of the chief investigator to give prompt notification to the FCREC of matters which might affect continued ethical acceptability of the project, including:

1. Adverse effects of the project on participants, including the total number of participants recruited, and of steps taken to deal with these adverse effects.
2. Other unforeseen events.
3. A change in the base for a decision made by the Committee, e.g. new scientific information that may invalidate the ethical integrity of the study.

Bedford Park 5042  
South Australia

Level 2  
Room 2A221  
Telephone  
08 8204 4507  
Facsimile  
08 8204 4586

The Flinders Clinical Research Ethics Committee is constituted and operates in accordance with the National Health and Medical Research Council's National Statement on Ethical Conduct in Research Involving Humans (June 1999).

# Appendix C

## Flinders Early Links Program Evaluation

### The Women's Health Clinic Questionnaire

What position do you have at FMC?

---

What level is your position?

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1 How effective do you think the questionnaire is in identifying women who are likely to need additional support?  
(Please tick a box)

Very effective

Effective

Average

Ineffective

Very ineffective

Comments:

---

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2 Would you say that the questionnaire is an accepted part of your work practice?

Yes

To some extent

No

Comments:

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3 The questionnaire is given to women on the first antenatal visit. Do you think that this timing is appropriate?

Very appropriate

Appropriate

Average

Inappropriate

Very inappropriate

Comments:

---

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## The process.

- 4 How would you rate the process of the midwife assessing the risk once the Antenatal Assessment Questionnaire has been completed by the woman, then seeking her consent to refer to community support agencies (if low risk), or referring to social worker, liaison psychiatry, DASSA or other service?

Very effective       Effective       Average       Ineffective       Very ineffective

Comments:

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- 5 How would you rate impact of the process of adding all identified at risk women to the Early Links Register for discussion at the weekly Early Links Register meeting?

Very effective       Effective       Average       Ineffective       Very ineffective

Comments:

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---

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- 6 How would you rate the impact of the process of devising an action plan, which is added to the casenotes, at the Early Links register meeting?

Very effective       Effective       Average       Ineffective       Very ineffective

Comments:

---

---

---

7 How effective do you think the process is (assessment and then placed on register) in improving the hospital's capacity to coordinate support for women with low, medium or high risk?

Very effective

Effective

Average

Ineffective

Very ineffective

Comments:

.....  
.....  
.....

8 Has the process strengthened the working links between your unit and other sections of the hospital?

Very significantly

Significantly

Average

Insignificantly

Very insignificantly

Comments:

.....  
.....  
.....

9 Please indicate the sections within the hospital where your working links have been strengthened (tick as many as apply)

- Social work
- Child Protection Service
- Community Liaison Psychiatry
- Noarlunga Health Service
- Drug and Alcohol Services
- Neonatal
- Post Natal
- Medical staff
- Aboriginal liaison
- Delivery suite
- Birthing Centre
- Others (please specify):

.....  
.....  
.....

10 What other comments do you have about the questionnaire or the process associated with it?

Comments:

---

---

---

### Impact of the program.

11 Could you rate the impact of the Early Links Program on FMC's capacity for early identification of women with significant risk factors?

- Very effective       Effective       Average       Ineffective       Very ineffective

Comments:

---

---

---

12 Could you rate the impact of the program on strengthening FMC's capacity to link women with significant risk factors to appropriate services?

- Very significantly       Significantly       Average       Insignificantly       Very insignificantly

Comments:

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---

---

13 Could you rate the impact of the Program on strengthening FMC's working relationships with key support services outside the hospital?

- Very significantly       Significantly       Average       Insignificantly       Very insignificantly

Comments:

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---

---

Training to use the tool.

14 What training have you had to identify women at psycho-social risk?

.....  
.....  
.....

15 Please indicate the sections within the hospital where your working links have been strengthened (tick as many as apply)

- Domestic Violence
- Mental Health Issues
- Drug & Alcohol Issues
- Mandated Notifying
- Other Forms of Interpersonal Violence
- Impact of Past Abuse – physical, sexual etc
- Relationship between Disability & Other Psychosocial Issues
- Cultural Competence & Cultural Safety
- More than 2 years ago
- Less than 2 years ago
- Others (please specify):

.....  
.....  
.....

Comments:

.....  
.....  
.....

16 What training have you had to identify women at psycho-social risk?

.....  
.....  
.....

Impact on your work.

17 What impact does the questionnaire have on your work load at antenatal visits?

- Very significant       Significant       Average       Insignificant       Very insignificant

Comments:

.....  
.....  
.....

18 How would you assess the questionnaire's capacity to identify all women at risk?

- Very effective       Effective       Average       Ineffective       Very ineffective

Comments:

.....  
.....  
.....

19 What barriers are there to midwives responding to the questionnaire? Please list:

.....  
.....  
.....

20 What barriers are there to women completing the questionnaire? Please list:

.....  
.....  
.....

Thankyou for completing this questionnaire

# Appendix D

## Flinders Early Links Program Evaluation

### Staff Survey

If you are unfamiliar with the tool see attached

What position do you have at FMC?

.....

What level is your position?

.....

### The Antenatal Assessment Questionnaire.

- 1 How effective do you think the questionnaire is in identifying women who are likely to need additional support?

Very effective       Effective       Average       Ineffective       Very ineffective

Comments:

.....  
.....

- 2 The questionnaire is given to women on the first antenatal visit. Do you think that this timing is appropriate?

Very appropriate       Appropriate       Average       Inappropriate       Very inappropriate

Comments:

.....  
.....

- 3 How would you rate impact of the process of adding all identified at risk women to the Early Links Register for discussion at the weekly Early Links Register meeting?

Very effective       Effective       Average       Ineffective       Very ineffective

Comments:

.....  
.....

## The Process.

4 How would you rate the process of devising an action plan, which is added to the casenotes, at the Early Links register meeting?

Very effective

Effective

Average

Ineffective

Very ineffective

Comments:

---

---

---

5 How effective do you think the process is (assessment and then placed on register) in improving the hospital's capacity to coordinate support for women with low, medium or high risk?

Very effective

Effective

Average

Ineffective

Very ineffective

Comments:

---

---

---

6 Has the process strengthened the working links between your unit and other sections of the hospital?

Very significantly

Significantly

Average

Insignificantly

Very insignificantly

Comments:

---

---

---

7 Please indicate the sections within the hospital where your working links have been strengthened (tick as many as apply)

- Social work
- Child Protection Service
- Noarlunga Health Service
- Community psychiatry liaison
- Drug and Alcohol Services
- Neonatal
- Post natal
- Medical Staff
- Aboriginal liaison
- Delivery suite
- Birthing centre
- Others (please specify):

.....

.....

.....

8 What other comments do you have about the questionnaire or the process associated with it?

.....

.....

.....

9 Could you rate the impact of the Early Links Program on FMC's capacity for early identification of women with significant risk factors?

- Very effective       Effective       Average       Ineffective       Very ineffective

Comments:

.....

.....

.....

10 Could you rate the impact of the program on strengthening FMC's capacity to link women with significant risk factors to appropriate services?

- Very significantly       Significantly       Average       Insignificantly       Very insignificantly

Comments:

---

---

---

## Impact of the Program.

11

Could you rate the impact of the Program on strengthening FMC's working relationships with key support services outside the hospital?

Very significantly       Significantly       Average       Insignificantly       Very insignificantly

Comments:

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---

---

12

How would you rate the capacity of external services outside the hospital to respond to referrals for support?

Very significantly       Significantly       Average       Insignificantly       Very insignificantly

Comments:

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---

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13

How would you rate the capacity of internal services within the hospital to respond to referrals for support?

Very significantly       Significantly       Average       Insignificantly       Very insignificantly

Comments:

---

---

---

Training to identify women with at risk factors.

14 What training have you had to identify women at psycho-social risk?

.....  
.....  
.....

15 How satisfied are with your knowledge of the following risk factors (tick as many as apply)

- Domestic Violence
- Mental Health Issues
- Drug & Alcohol Issues
- Mandated Notifying
- Other Forms of Interpersonal Violence
- Impact of Past Abuse – physical, sexual etc
- Relationship between Disability & Other Psychosocial Issues
- Cultural Competence & Cultural Safety
- More than 2 years ago
- Less than 2 years ago
- Others (please specify):

.....  
.....  
.....

Comments:

.....  
.....  
.....

16 Please comment on what training you need to feel more confident about addressing the issues.

.....  
.....  
.....

Impact on your work.

17 What impact does the Early Links Program have on your work load?

- Very significant       Significant       Average       Insignificant       Very insignificant

Comments:

.....  
.....  
.....

18 How would you assess the process's capacity to identify all women at risk?

- Very effective       Effective       Average       Ineffective       Very ineffective

Comments:

.....  
.....  
.....

19 What barriers are there to responding to women and children who are identified as in need of psycho-social support?

.....  
.....  
.....  
.....

Thankyou for completing this questionnaire

# Appendix E

## Flinders Early Links Evaluation

Staff Interview

Name of Interviewee:

.....

Position at FMC:

.....

What is your understanding of the Early Links Program?

Can you please describe your involvement in the Early Links Program?

### The Tool

How effective do you think the screening tool is? Do you think it asks the right questions? Are they too broad? Too narrow? Have you any suggestions for improvement?

### Process

What is your view of the process of asking women at the first Antenatal visit to complete the Early Links Tool?

- Is the timing right?
- How likely is it that women will disclose at this time?
- Do you think women need to be asked again at subsequent visits?
- When a woman, who is identified as at risk, does not accept the invitation to Early Links what happens? Is this recorded? Is she asked again at a later date?

Do you think the process of recording information about Early Links is effective? Do other staff have access to this information?

Can you comment on the processes to manage women who are on the register?

How well does the Alert System work?

Is information about Early Links effectively integrated into the mainstream?

### Your Practice

What facilitators/barriers do you experience in relation to working with the Early Links Program?

What training/education have you had to prepare you to respond to women and/or children experiencing the issues raised in the tool?

What other issues impact on your capacity to respond to women and children in the Early Links Program?

What is a reasonable expectation of you in relation to high risk women and children?

### **Comments About The Program**

How successful do you think that the Program in the early identification and referral of women and their children?

Do you think that women and/or their children 'slip through the system'? If so, who are they and why does this occur?

How do you think this could be addressed?

Do you think there are sufficient resources allocated to ensure effectiveness of the Program?

Have you any suggestions to improve the Program?

## Appendix F

### **Staff positions: FMC Interviewees**

Karpa Ngarratendi (3 staff)

Obstetricians (2)

Social Workers (3)

Psychiatric community Liaison (1)

FMC Domiciliary Midwife (2)

Community Midwife (1)

Midwives, Ambulatory Women's health Service (3)

Clinical Midwife Consultants (3)

FMC Child Protection Service (1)

Neo-natal Outreach midwife (1)

Divisional Managers (2)

## Appendix G

### **External organisations interviews:**

Karpra Ngarrattendi Aboriginal Liaison

Inner Southern Community Health Services

Families SA

- Marion
- Aberfoyle Park
- Noarlunga

Child Protection Services

Child & Youth Health Service

- Universal Home Visiting Program
- Second Story
- Woodcroft Community Centre

DASSA

Psychiatric Community Liaison

Southern Junction Youth Accommodation Service

Southern Domestic Violence Service

- Marion
- Morphett Vale

## Appendix H

### **Interview questions for external service providers**

Name of your organisation

What is your role within the organisation?

What is your understanding of FMC Early Links Program?

Can you please describe your involvement with the Flinders Early Links Program?

How would you describe your links/communication processes into the hospital regarding clients you see?

How would you describe the referral processes from the Program to your agency?

What do you think are the main issues that impact on your organisation's capacity to respond to women and children referred from Flinders Early Links Program?

What are the barriers that you experience in providing a timely response to referrals from the Early Links Program?

What is a reasonable expectation from your organisation in relation to high risk infants?

Do you think that the Program is successful in the early identification and referral of women and their children?

What else do you think the Program could offer?

# Appendix I

## Flinders Early Links Program Evaluation

### Survey Questions for Women

As part of your care at FMC, you were asked to complete the Antenatal Assessment questionnaire. As a result of completing this form you accepted the invitation to participate in the FMC Early Links Program. These questions are about your experience of this program.

1 What age group are you? (please circle)

15-20

21-29

30-39

40-49

2 Is English your first language?

Yes

or

No

If No, what language do you speak?

.....

3 For this pregnancy when did you first attend at the hospital?  
e.g. at antenatal clinic or delivery

.....  
.....  
.....  
.....  
.....

4 How did you feel about being asked to complete the Antenatal Assessment questionnaire during your antenatal visit?

.....  
.....  
.....  
.....  
.....

5 In what ways was this helpful for you?

.....

.....

.....

.....

.....

6 Is this the first pregnancy for which you have been on the Early Links Program?

Yes

No

7 What rating were you given on the Early Links Program?

Low

Medium

High monitored

8 In what ways have you found being on the early links program helpful?

.....

.....

.....

.....

.....

9 In what ways have you found the early links program unhelpful?

.....

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.....

.....

10 What happened after you were placed on the early links program?

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.....

.....

.....

**11** Were you offered extra support on the early links program?  
If yes can you comment on the type of support you were offered?

.....

.....

.....

.....

.....

.....

**12** Was the support offered in a timely way, that is, at a time when you needed the support?  
Please comment

.....

.....

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.....

.....

.....

**13** What improvements do you think need to be made to the Early Links Program?

.....

.....

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.....

.....

.....

When you have completed this questionnaire please place it in the box provided and the ward clerk will give you a gift.

Thank you for your participation - it will help us to provide a better service.

# Appendix J

## Flinders Early Links Program Evaluation

### Interviews with participating women

During your recent pregnancy and birth of your baby you have been a participant in the Flinders Early Links Program. We are interested in your experience of this program.

- 1 Can you recall filling in the Early Links Tool?  
If yes: What was your opinion of being asked to answer these questions?
- 2 What happened after you filled in that Tool? Can you comment on your experience of this?
- 3 How old are you?
- 4 Are you Aboriginal or Torres Strait Islander?
- 5 Is your baby Aboriginal or Torres Strait Islander?
- 6 What level were you assessed at on the Early Links program?
- 7 Is this the first time you have participated in the Early Links program?  
If no, how do you feel about services that have been provided to you in the past?
- 8 What support services have you accessed?
- 9 Were you already a client of other services before Early Links?  
If so, which ones?
- 10 How have you found the support you have received since you have been home?
- 11 Were these support services provide in a timely way?
- 12 Were the referrals you received from the Early Links program appropriate?
- 13 Were you involved in the decision making about the referrals you received?
- 14 Do you think the Early Links program had a good understanding of your needs and priorities?
- 15 What else would you like to have happened?





