Family-centred interventions for Indigenous early childhood wellbeing – What are they and how do they work?

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- Family-centred interventions: what they are
- Apunipima Cape York Health Council’s Baby One Program
- The evidence for family-centred interventions for Indigenous child health
- Implications for implementing family-centred interventions

Influences Indigenous

In utero environment / genetics / epigenetics / FASD

Early life experiences and adult behaviour

Environment, safety, community/family functioning

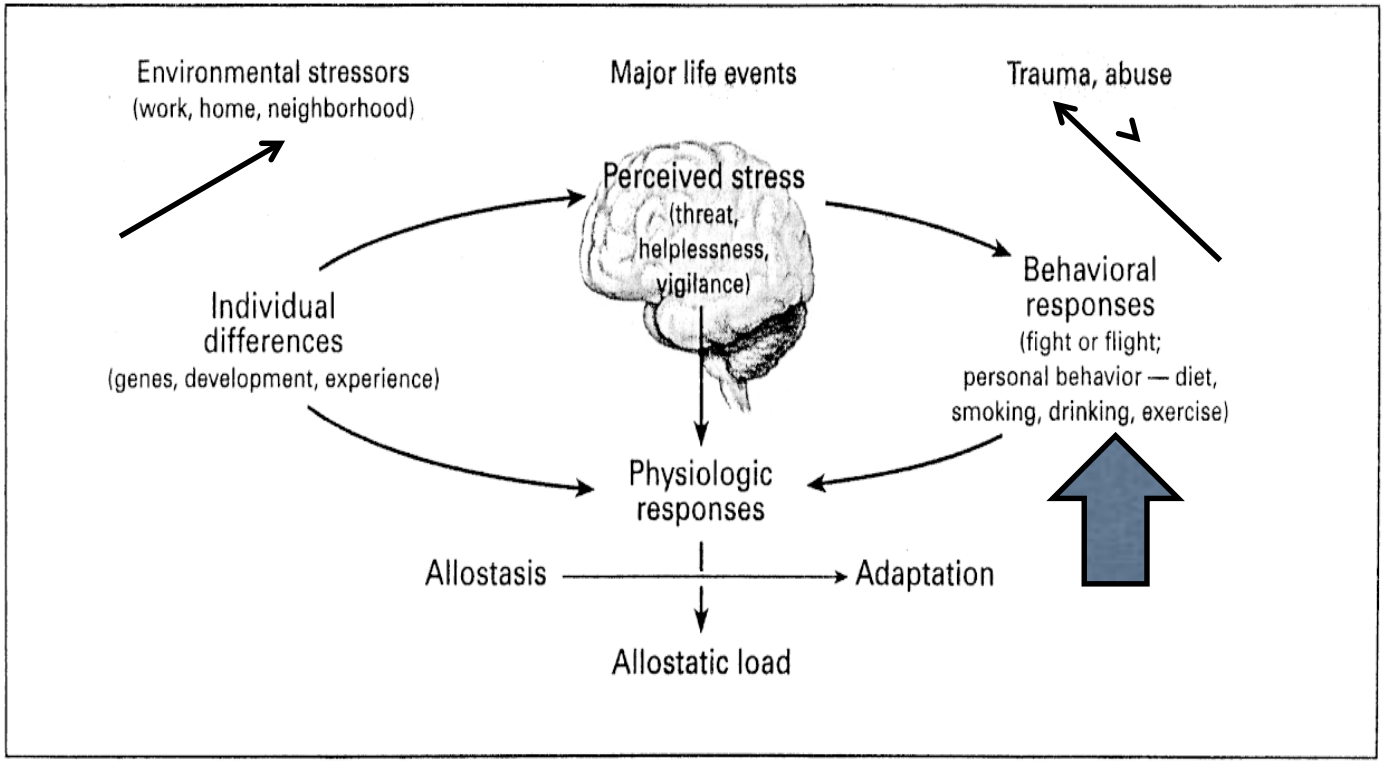
Early relationships, adaptive/maladaptive responses

Access to quality early childhood programs, education, health

Poverty, nutrition, access, neuro-cognitive development

Cultural influences, program acceptability

Physiological - Allostatic Load



Biological - Epigenetics implications

•Eg poor maternal nutrition/stress pulls switches re histone modification, RNA methylation to influence physical expression so that baby is physiologically set up for famine conditions when born and central fat storage as adult. (is heritable across next generation)

•Rethink patient narrative re adult risk behavior *without losing sense of agency*

•Policy implications of political ideology are where resources are invested

ACE - Adverse Childhood Experiences

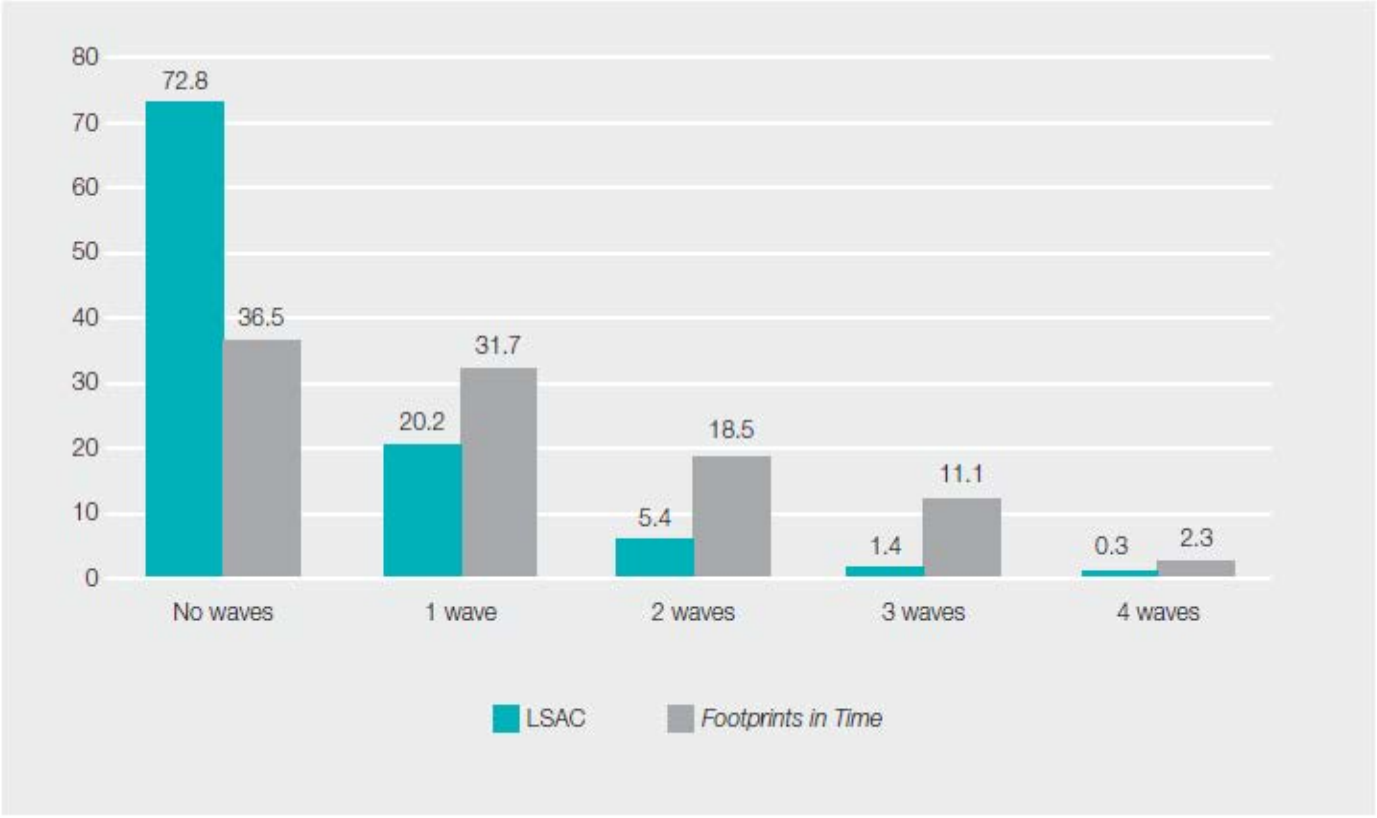
- *This study compared people who had experienced four or more categories of childhood exposure including physiological, physical, and sexual abuse, or household dysfunction with those who had experienced none.*
- It found a 4-12x increased health risk for alcoholism, drug abuse, depression, and suicide attempt;
- A 2-4x increase in smoking, poor self- rated health, and increased chance of 50 or more sexual intercourse partners and sexually transmitted disease. In addition, they had a 1.4 to 1.6-fold increase in physical inactivity and severe obesity. (Felitti1998)

WANGETTI school screen

- 60% children between 13-18 had significant adverse experiences – **none** had an intervention – though interventions can modify later outcomes

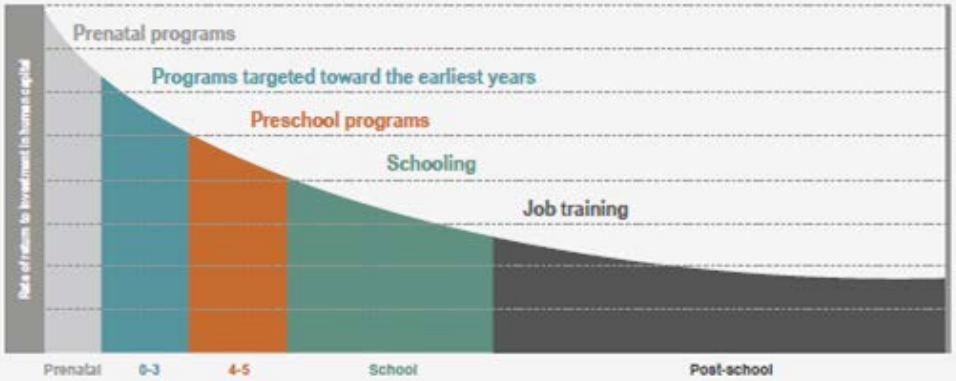
Ref – Fellitti - Centers for Disease Control Website

Figure 11: Experience of three or more events by number of waves, per cent



Returns to a unit dollar invested

Source: Heckman (2008)



The economics of human potential.

Heckman

WHY FAMILY-CENTRED INTERVENTIONS?

- Indigenous health disparities have motivated development of family-centred healthcare;
- Consistent with Indigenous values (e.g. Smylie, 2009);
- Maternal, family and service outcomes have been demonstrated in mainstream settings (e.g. Bamm & Rosenbaum 2008);
- In US, patient-centred and family-centred models are now considered to be the standard of mainstream quality child health care (Institutes of Medicine 2002; US Department of Human Services 2016).

FAMILY-CENTRED CARE (variously) DEFINED

- "A way of caring for children and their families within health services which ensures that care is planned around the whole family, not just the individual child/person, and in which all the family members are recognised as care recipients" *(*Nixon, 1989*)*.

- "Moving beyond providing care to the individual patient, to seeing them as being embedded in a family and providing services on that basis; and taking a life course approach…on establishing early life resilience and advantages through an emphasis on child development" (Griew, Tilton and Stewart, 2007).

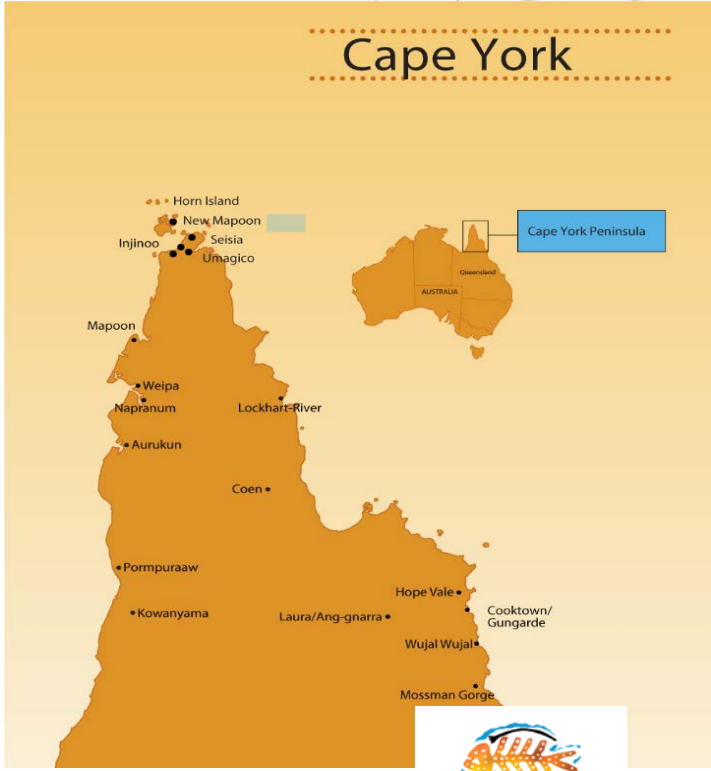
- Care is based on six principles. Three focus on; (i) recognition that families are considered constant in the child's life and the child's primary source of strength and support, (ii) they are unique and diverse and (iii) they bring expertise to individual care-giving and across the community. The remaining principles are values-based (Trivette et a, 1993).

TYPES OF FAMILY-CENTRED INTERVENTIONS

- environmental interventions to maximise parental involvement and enhance child health or wellbeing;
- communication interventions to include parents/caregivers in collaborative care pathways, and/or reorganise health care to provide continuity of carers;
- educational interventions for parents/caregivers or staff;
- counselling interventions such as brief interventions, home visiting and other approaches; and/or
- family support interventions such as flexible charging schemes for poor families, referrals to other community services, parent-to-parent support (Shields 2012).

Apunipima's Baby One Program: formative implementation (18 months)

- Apunipima Cape York Health Council delivers primary health services to 11 very remote communities;
- Most pregnant Cape York Indigenous women must travel to Cairns at 36 weeks gestation to await childbirth;
- New baby is often referred to as 'Baby One';
- Baby Baskets Program was delivered from 2009 and evaluated in early 2014;
- Baby One Program was informed by that evaluation and introduced 1 July 2014;
- Vision: improve long-term health by 'giving children the best start to a healthy life'.



Baby One Program

- Developed as a family visiting program from confirmation of pregnancy until ‘Baby One’ reaches two years,10 months;
- Visits by health workers in a place preferred by the family – usually outside a clinical setting;
- Seven baby baskets include clothing, information sheets, recipe books, a Pepi-pod™ safe sleeping box, and personal hygiene items;
- 37 yarning topics focus on relevant health promotion topics and activities;
- 162 pregnant women and their families enrolled to December 2015 - (100% initial acceptance).

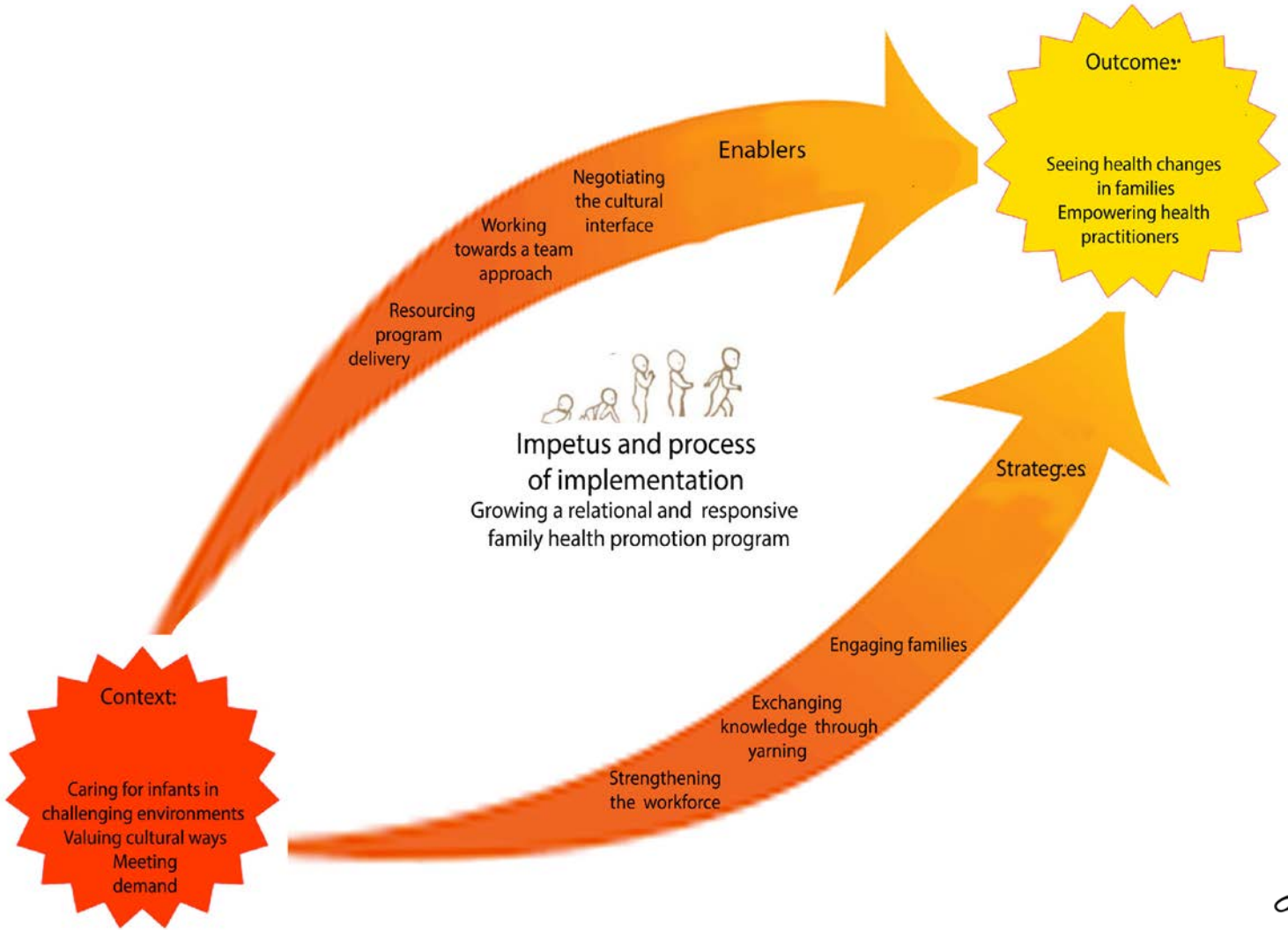
Baby One Program evaluation end 2015

Evaluation aim: how was the family-centred Baby One Program implemented:

(i) What were the enablers and strategies used in implementing the Baby One Program?

(ii) What were the formative implementation outcomes?

Growing a relational and responsive family health promotion program



Foci for continued quality improvement of Baby One Program implementation

1. Community consultation and program promotion in participating communities;
2. Responsiveness of health services to family concerns;
3. Professional development of Baby One Program staff;
4. Formal processes for ongoing Baby One Program evaluation.

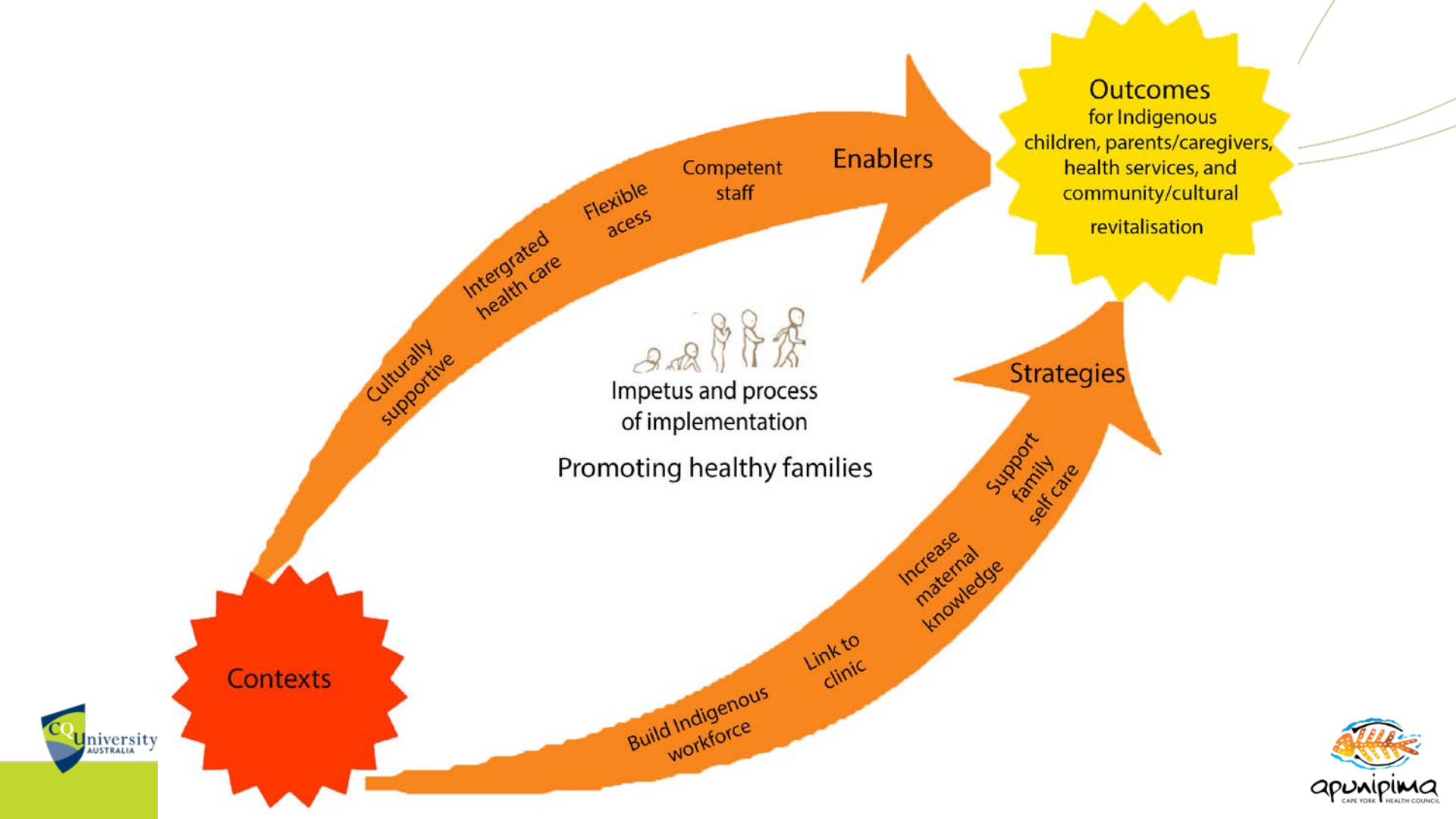
What is the international evidence for Indigenous family-centred interventions?

Systematic scoping review of interventions where:

1. Participants were Indigenous Australian, Canadian, New Zealander or United States children aged from conception to five years who received family-centred care.
2. Evaluated or described a family centred intervention or theorised a family centred healthcare model.
3. Intervention scored greater than 26/52 points (50%) against a validated scale for family-centredness (Trivette, 1993, Shields, 2012). Three concepts: 1) family as a constant; 2) culturally responsive; 3) supporting family individuality & need for different types of family support.
4. Intervention was led by a primary healthcare service.

What is the evidence for Indigenous family-centred interventions?

- Our systematic scoping review found 18 studies;
- Three were randomised controlled studies; most were qualitative and exploratory;
- More than half of publications were published from 2012-2015;
- The evidence for family-centred interventions is in the early stages of development.


Outcomes
for Indigenous children, parents/caregivers, health services, and community/cultural revitalisation
Enablers
Competent staff
Flexible acess
Intergrated health care
Culturally supportive
Impetus and process of implementation
Promoting healthy families
Strategies
Support family self care
Increase maternal knowledge
Link to clinic
Build Indigenous workforce
Contexts

Summary of findings

- Evidence of diverse health outcomes for Indigenous children and parents/ caregivers, as well as satisfaction with and utilisation and costs of healthcare, and community/cultural revitalisation;
- Interventions were based on culturally supportive relationships between healthcare workers and families and took a long time to demonstrate effects;
- Strategies were broad-ranging, focussing on direct support for family behaviours and self-care and increasing maternal knowledge, as well as strengthening links with the clinic and building the Indigenous workforce;
- Further research pertaining to the role of fathers in family-centred care, and the effects and costs of interventions is needed.

COMPARATIVE FINDINGS	BABY ONE PROGRAM	INDIGENOUS FAMILY-CENTRED INTERVENTIONS
Aim/ core concern	Growing a relational and responsive family health promotion program	Promoting family health
Enablers	Resourcing program delivery Working towards a team approach Negotiating the cultural interface	Competent and compassionate program deliverers Continuity & integration of healthcare Flexibility of access Culturally supportive care
Strategies	Engaging families Exchanging knowledge through yarning Strengthening the workforce	Supporting family behaviours and self-care Increasing maternal knowledge Strengthening links at the clinic Building Indigenous workforce
Outcomes	Seeing healthy changes in families Health practitioner empowerment	Children (nutritional status, emotional/behavioural outcomes; prevention of injury and illness); Parents/caregivers (depression & su e; parenting knowledge, confidence& s Health service (satisfaction; utilisatic cost); Community/cultural revitalisation

Implications of the literature and Baby One Program

- There is limited evidence of the effects of family-centred care for Indigenous child health improvement, but recent publications indicate positive health and healthcare outcomes;
- Family-centred interventions are based on relationships between competent and compassionate health staff with Indigenous families; this means that investment in workforce capacity development is critical;
- The development of family-centred interventions can take 10 years; we cannot expect immediate improvement in healthcare outcomes;
- Evaluations of the formative development of family-centred interventions, such as the Baby One Program, can indicate whether programs are on track and contribute to quality improvement processes.

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- McCalman J, Campbell SK, Chamberlain C, Strobel NA, Bainbridge RG,Wenitong M, Ruben A, Edmond KM, Marriott R, Tsey K, Keith K, Shields L. Family-centred interventions for Indigenous early childhood well being by primary healthcare services. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CDXXXXXX. DOI: 10.1002/14651858.CDXXXXXX.
- Janya McCalman, Marion Heyeres, Sandra Campbell, Roxanne Bainbridge, Catherine Chamberlain, Alan Ruben (submitted) Family-centred interventions by primary healthcare services for Indigenous early childhood wellbeing: A systematic scoping review. BMC Prenancy and Childbirth.
- Sandra Campbell, Janya McCalman, Michelle Redman-MacLaren, Roxanne Bainbridge, Karla Canuto, Kristina Vine, Jenny Sewter, Malcolm McDonald (in prep) Implementing the Baby One Program: family-centred child health promotion in remote Australian Aboriginal communities

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