Conference Abstract

Learning from vulnerable families to improve healthcare and child protection responses

19th International Conference on Integrated Care, San Sebastian, 01-03 April 2019

Zia Tayebjee¹, Daniela Lewkowicz²

¹: Sydney Local Health District, Australia; ²: Family and Community Services, Australia

Introduction (comprising background and problem statement): Pregnancy Family Conferencing (PFC) is a program offered to pregnant women at two maternity hospitals in Sydney, Australia when statutory child protection are involved due to concerns for the welfare of the unborn baby. The program promotes early engagement and interagency planning by bringing together the family, hospital social workers, child protection caseworkers and other professionals into a series of meetings facilitated by an independent person. In this model, pregnant women and their families are empowered to participate in decisions about the welfare of their baby and where possible reach an agreement in collaboration with professionals about the safest place for the baby once born. The women and families who participate in the program require integrated care across the multiagency service system to meet complex health and social needs which typically include problematic drug and alcohol use, mental health difficulties and domestic violence. Program evaluations previously had not included the voice of the clients and their families and we wanted their input for future program development.

Theory/Methods: We conducted a small quantitative study comprising of face to face interviews with ten families who participated in the PFC program from 2015-2017. We asked families about their experience of the meetings and whether they felt heard, respected and empowered during the conferencing process. The data was thematically analysed and coded which assisted in selecting four broad themes of interest.

Results, Discussions, and Conclusions (comprising key findings): Families told us that the way meetings are structured and facilitated can help or hinder them to have a voice in the process and the positive impact of hearing professionals recognise their strengths and work with them towards positive solutions. Their responses also highlighted that the way child protection workers exercise their statutory power has an enormous impact on families’ attitudes towards engagement and their perception of the conferencing process. Families talked to us about their fear of statutory intervention, and how the support of health workers and other family members gave them confidence to engage in the process, talk honestly about the support they needed and to engage with the multiagency service system.

Lessons learned: We learned that families often experience their interactions with statutory child protection as unjust and as professionals we can make the process fairer, more supportive and positive by listening to families and working in partnership with them. We will report on our
progress in developing a “parents as mentors” system which builds on the feedback families gave us and works towards addressing the power imbalance between families and professionals.

**Limitations and Suggestions for future research:** One of the limitations of our study was that only those families who were able to keep their baby in their care agreed to participate. We will talk about our ideas for hearing from those families who were not able to care for their babies and how we can engage and support them through our program.

**Keywords:** patient empowerment; vulnerable families; learning from people