CONFERENCE ABSTRACT

Developing a model of care for Substance Use in Pregnancy and Parenting Services in Sydney, Australia

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

Heidi Coupland¹, Moensted Maja¹, Sarah Khanlari¹, Sharon Reid¹², Bethany White¹², John Eastwood¹², Paul Haber¹², Carolyn Day¹²

¹: Sydney Local Health District, Australia; ²: The University of Sydney, Australia

Introduction: Substance Use in Pregnancy and Parenting Services (SUPPS) in Sydney Local Health District (SLHD) aim to provide pregnant women and mothers with substance use disorders with support and care throughout their transition into parenthood until the child reaches two years of age. SUPPS take an integrated care approach, involving a care pathway of multi-disciplinary service delivery from antenatal to post-natal care, from hospital to community.

The provision of drug and alcohol treatment and other interventions for women with substance use problems has the potential to break the intergenerational cycle of disadvantage and improve health outcomes for mother and child. Limited engagement of vulnerable women with the health and community services system and a lack of trauma-informed service models remain significant barriers to women accessing the support they need.

This project aimed to develop an evidence-based SUPPS model-of-care that enhances continuity-of-care, delivers effective integrated care and informs policies, planning and clinical practices across hospital and community domains to meet the needs of vulnerable women in SLHD.

Theory/Methods: A systematic literature review and semi-structured interviews with service providers linked with SUPPS were undertaken. The next phase of the research will include interviews with SUPPS consumers to ensure their involvement in the model of care design.

Results: Preliminary findings from interviews with 36 service providers highlighted that the way SUPPS engage with women was a key component of the model of care. Participants reported that engagement with clients was facilitated by client-centred approaches and staff with particular personal qualities, training and experience. Barriers to engagement included a range of institutional priorities, policies and practices that impact on continuity-of-care and collaboration between providers across an integrated care network. Role clarity, team governance, negotiated case management, adequate staff resources and opportunities to reflect on team practices, were important factors influencing collaboration across disciplines and agencies.

Discussion: Integration of diverse health services is critical to the SUPPS model of care in SLHD. Translation of these findings into practice, to overcome barriers to continuity-of-care, will depend on stakeholders’ endorsement of the model and implementation of policies and practices related to collaboration.
Conclusions: Effective integrated care for pregnant women with substance use disorders requires organisational structures, goals, policies and staff resources to support building trust and engagement with clients, as well as collaboration between teams and agencies.

Lessons learned: A range of strategies are needed to support integration and should be incorporated into an evaluation framework for monitoring the effectiveness of SUPPs services.

Limitations: Data was drawn from service providers who were willing to participate in interviews and may not be representative of the views of all service providers involved in SUPPs in SLHD. Perspectives of consumers are yet to be included, so findings related to women’s needs are based on service providers’ views.

Suggestions for future research: The voices of women with substance use disorders need to be included. Throughout the process of implementation of the model of care, barriers and enablers of uptake should be assessed, including fidelity to model adherence.

Keywords: substance use; pregnancy and parenting; best practice models; collaboration; continuity of care