

# Supported Mothers, Stronger Futures

## Designing a service model of community-based antenatal care coordination for Northern Rivers Community Gateway

Summary report



**BEACON STRATEGIES**



MANY TRACKS, ONE ROAD  
SUSTAINING COMMUNITY.

Northern Rivers Community Gateway

# THE PROJECT

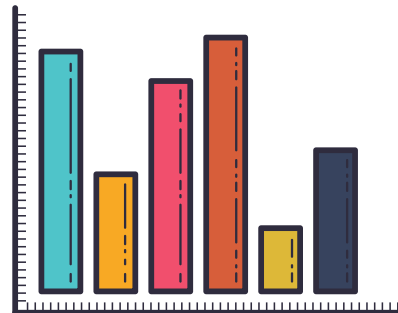
## BACKGROUND

In late-2016, Northern Rivers Community Gateway (NRCG) engaged Beacon Strategies to assist with co-designing a service model for community-based antenatal care coordination in the Northern Rivers region of NSW. The purpose of this project is to leverage the extensive evidence base available detailing approaches that work and position this within the local context to ensure the proposed service model responds to the needs of the community. A number of resources were developed as part of this service model design project. This report summarises the key principles contained in these resources.

### EVIDENCE REVIEW



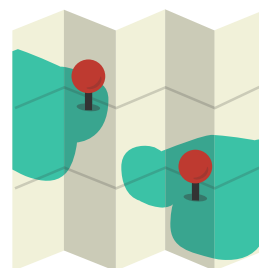
### POPULATION HEALTH PROFILE



### COMMUNITY CONSULTATION



### SERVICE MAPPING



# THE PROJECT

## ABOUT NRCG

The Northern Rivers Community Gateway is a not for profit, registered charity formed in 1976 providing welfare and community capacity building programs for disadvantaged individuals and communities.

NRCG's head office is located in Lismore, NSW and also services the communities of Casino, Grafton, Ballina, Wollongbar and Kyogle. NRCG is governed by a Board of Directors and receives funding for projects and programs from a variety of agencies, sponsors and social enterprise activities.

## ABOUT BEACON STRATEGIES

Beacon Strategies is a mission-based consultancy focused on working with organisations that share a common vision for a society and economy built on opportunities for all people. Beacon Strategies provides a range of specialist services ranging from program design, evaluation, commissioning support, needs assessment and business development.



Northern Rivers Community Gateway



**BEACON STRATEGIES**

# WHAT DID WE LEARN?

## Birth outcomes are leading indicators of lifelong health, wellbeing and prosperity

The origins of health, wellbeing and prosperity begin in the womb. Adverse birth outcomes such as low birth weight and pre-term birth are recognised predictors of social, health and economic outcomes. Studies indicate low birth weight increases the likelihood of:

- cognitive impairment
- education and learning issues
- depression and anxiety
- disease
- long-term unemployment
- intergenerational disadvantage.

*"Each of us is born into circumstances over which we have no control. Our parents, their genes, education, health status, economic resources, and environment are passed onto us through our families and neighborhoods. These endowments shape the trajectories of our lives."*

J.J. Heckman, 2011

## Adverse birth outcomes lead to higher system costs across the life course

Adverse birth outcomes are known to result in higher infant and maternal hospitalisation costs but these costs are only a fraction of the ongoing system costs that will compound over a person's life. These costs arise from special education, healthcare, unemployment, welfare dependency, housing support and other services. The antenatal period represents the earliest point of intervention to save a lifetime of costs.



**A baby born with a low birth weight accrues almost \$30,000 more in healthcare costs in its first year of life than a baby born with a normal birth weight.**

Thanh et al, 2015

## We largely know what causes and who is susceptible to adverse birth outcomes

The physical and psychological health of the mother is critical to fetal development. However, fulfilling basic social needs such as nutrition, housing, financial security, personal safety and community inclusion is a real challenge for pregnant women living in disadvantaged or marginalised settings.

Studies have shown adverse birth outcomes are disproportionately high in people from the following backgrounds:

- living in low-socioeconomic areas
- uneducated families
- homeless or insecure housing
- ethnic minorities and new migrants
- Aboriginal and Torres Strait Islander people

## Adverse birth outcomes can be prevented in many cases

Multidisciplinary antenatal care services have a demonstrated protective effect by reducing risk factors associated with adverse birth outcomes, particularly in vulnerable populations.

Traditionally, the mix of services available to women during pregnancy has focused on preparing for the birth rather than prioritising the health and environment of the mother.

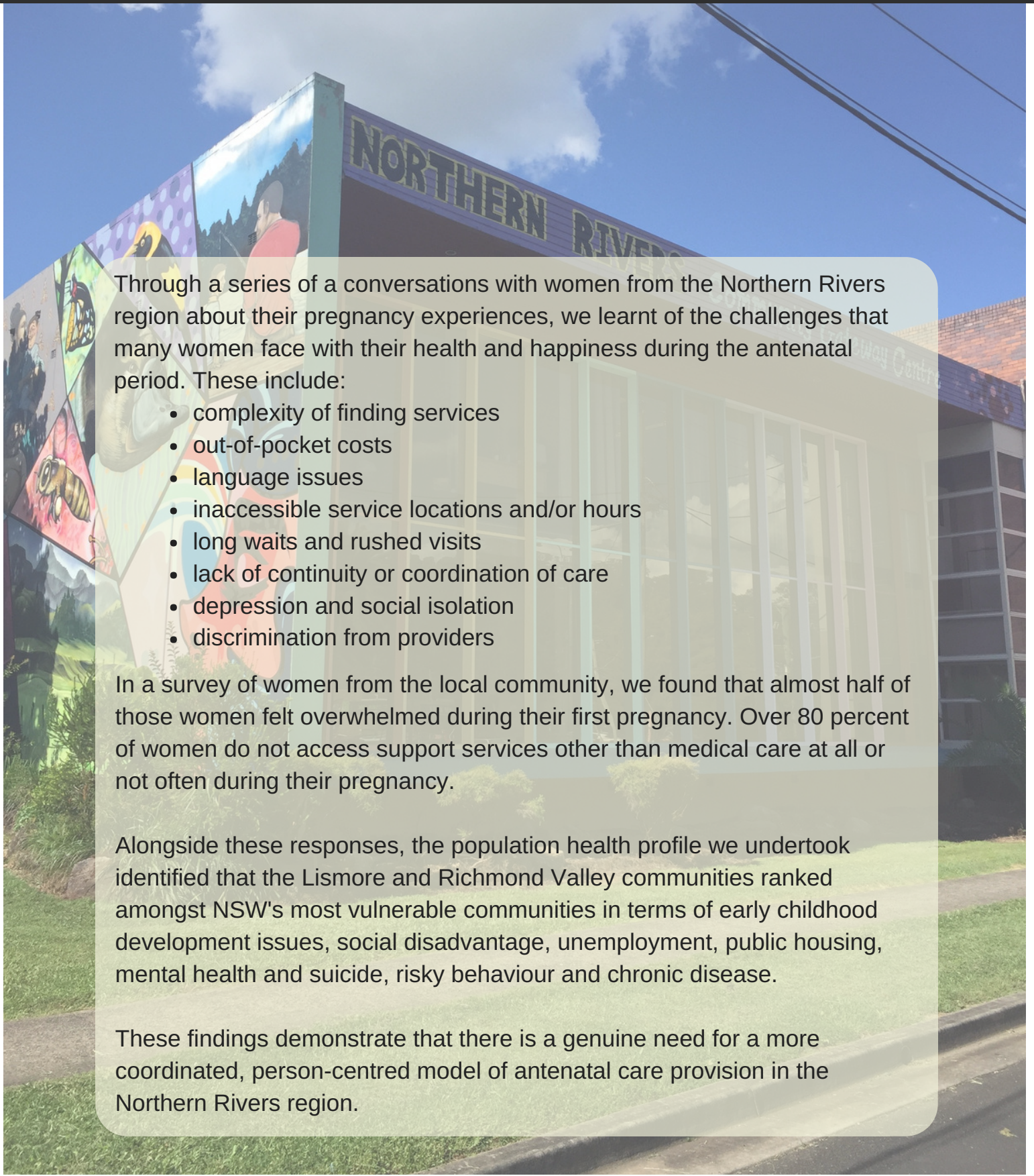
A broader view of antenatal care is needed to genuinely improve birth outcomes by tackling the social determinants of health.



**In a study of over 3,500 women participating in an antenatal care program, over half were able to resolve at least one significant risk factor (e.g. smoking, psychological illness, inadequate nutrition) before giving birth.**

Ricketts et al, 2005

# UNDERSTANDING LOCAL NEEDS



Through a series of conversations with women from the Northern Rivers region about their pregnancy experiences, we learnt of the challenges that many women face with their health and happiness during the antenatal period. These include:

- complexity of finding services
- out-of-pocket costs
- language issues
- inaccessible service locations and/or hours
- long waits and rushed visits
- lack of continuity or coordination of care
- depression and social isolation
- discrimination from providers

In a survey of women from the local community, we found that almost half of those women felt overwhelmed during their first pregnancy. Over 80 percent of women do not access support services other than medical care at all or not often during their pregnancy.

Alongside these responses, the population health profile we undertook identified that the Lismore and Richmond Valley communities ranked amongst NSW's most vulnerable communities in terms of early childhood development issues, social disadvantage, unemployment, public housing, mental health and suicide, risky behaviour and chronic disease.

These findings demonstrate that there is a genuine need for a more coordinated, person-centred model of antenatal care provision in the Northern Rivers region.

# WHAT NEEDS TO HAPPEN?

## Screen all women to ensure services meet their needs

Pregnancy only presents a short window of time to bring about change. It can be a chaotic time in a woman's life. Service providers must be mindful to not overwhelm or overburden women during this period.

The mix of services should be tailored for each client and respond to those issues that are most serious in nature. This means a woman with less complex needs may be provided with a less intensive form of support than someone presenting with more urgent needs.

A comprehensive risk assessment process early in the pregnancy using a validated screening tool is critical to ensuring consistency and developing a risk-based individualised action plan.

## Reach out to those who need the most support

A number of real barriers exist in getting services to women that need them most. Women in vulnerable situations, such as those facing difficult socioeconomic circumstances or from culturally and linguistically diverse (CALD) backgrounds are most likely to be missed by mainstream service delivery.

Outreach work is required to initiate contact with those women that need support. This requires being present in locations where vulnerable women will be, including schools, kindergartens, church groups, homeless shelters, local GPs and clinics, and government agencies.

Community organisations such as neighbourhood centres are ideally placed to adopt this outreach role due to their embedded role within local communities and the nature of the work they do presenting entry points for service delivery (e.g. emergency financial relief, food pantries).

# Provide access to holistic antenatal care services that address both social and medical needs

Investment in antenatal services only makes sense if the proposed service mix is supported by good evidence.

Most importantly, the service mix should go beyond mere clinical care and take a whole-of-person perspective, incorporating services that can improve the social determinants of health.

The ideal service mix on the following page summarises the types of services that are supported by evidence to improve birth outcomes.



**Receiving a dose of antenatal care services of at least 6 hours reduces low birth weight by 21%, preterm birth by 26% and admission to neonatal intensive care by 20%.**

Van Dijk et al, 2011



Photo by cn2480 via Wikimedia Commons

# THE IDEAL SERVICE MIX



**CLINICAL CARE**



**NUTRITION**



**DOMESTIC  
VIOLENCE REFUGE**



**LEGAL  
ASSISTANCE**



**EDUCATION &  
EMPLOYMENT**



**FINANCIAL  
SECURITY**



**MENTAL HEALTH &  
COUNSELLING**



**PARENTING &  
ATTACHMENT**



**FAMILY  
PLANNING**



**DRUG, ALCOHOL &  
SMOKING CESSATION**



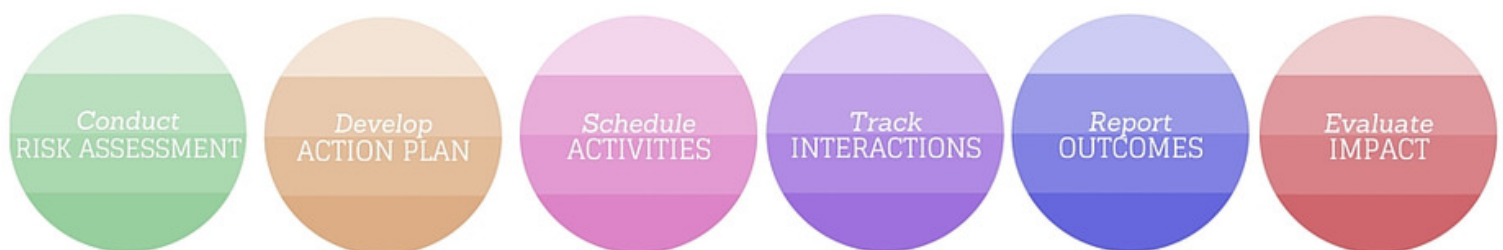
**HOUSING**



**RELATIONSHIPS &  
PEER SUPPORT**

## Commit to data collection, outcome evaluation and impact reporting to provide the foundations for scaling up

An initial screening process enables an individualised risk assessment to occur at baseline. This is an important mechanism for monitoring progress and evaluating outcomes over the course of service delivery. Data collection is central to driving continual improvement and demonstrating the social impact generated by the service model over time. This requires a systematic approach to the collection and evaluation of program outcomes based on the 6-step process below:



## Harness the power of a community-based collective impact approach

Community-based antenatal care refers to the delivery of services outside the traditional clinical healthcare setting. A coordinating agency is critical in offering a trusted and enduring point of contact that helps a woman feel like her needs are at the centre of her care. This requires outreach work, building rapport with clients, assessing their needs, drawing up an appropriate service mix, referring clients and managing a caseload.

A collective impact approach built on partnership and collaboration between the clinical health system (e.g. hospitals, general practice), community sector (e.g. neighbourhood centres) and government (e.g. health, education, child safety) is vital to ensuring that the approach adequately captures the social impact generated across the life course.

# NEXT STEPS

This report summarises the key principles for the design of a model of community-based antenatal care for the Northern Rivers region. These principles arose from a number of planning steps undertaken by Beacon Strategies on behalf of NRCG during 2016-17, including an evidence review, population health profile, community consultation and service mapping.

The project identified that the antenatal period is a critical point of intervention from evidence linking birth outcomes with a range of social indicators across the life course. The potential benefits make a strong case for an 'at-all-costs' approach to ensuring women are healthy, happy and supported during pregnancy, particularly those from vulnerable or disadvantaged backgrounds.

From this project, we now have a good understanding of what is needed and how it can be delivered. The next step is translating these ideas into practice. To make this happen, we recommend the following priority actions:

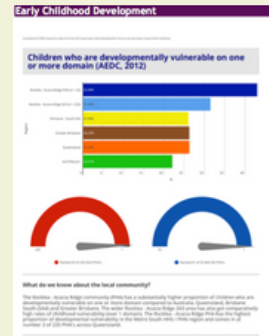
- raise awareness of government, philanthropic and community sectors of the need for investment in the antenatal period
- engage local stakeholders and establish a cross-sector collective impact approach
- secure suitable investment to implement and evaluate a community-based antenatal care service model

This summary report is supported by a number of more detailed deliverables. For more information about any of these resources, please contact NRCG on 02 6621 7397 or email to [reception@nrcg.org.au](mailto:reception@nrcg.org.au)

## EVIDENCE REVIEW



## POPULATION HEALTH PROFILE



## COMMUNITY CONSULTATION



## SERVICE MAPPING

State-wide services	Healthcare Support Services	Children's Health Services	General Health Services	Specialist Health Services	Maternity Services
<b>Longer distance (13+ km's)</b> 24hr Asthma Support Childcare Centres (Larger Centres) 24hr Pharmacy 24hr Optician	Health Community Service Centres Health Community Service Centres (Larger Centres) Health Community Service Centres (Larger Centres)	Community Health Centres Health Community Service Centres Health Community Service Centres (Larger Centres)	General Practice (Larger Centres) General Practice (Larger Centres) General Practice (Larger Centres)	Specialist Health Centres Specialist Health Centres Specialist Health Centres	Maternity Services (Larger Centres) Maternity Services (Larger Centres) Maternity Services (Larger Centres)
<b>Medium distance (8-12 km's)</b> Health Community Service Centres Health Community Service Centres Health Community Service Centres	Health Community Service Centres Health Community Service Centres Health Community Service Centres	Health Community Service Centres Health Community Service Centres Health Community Service Centres	General Practice (Larger Centres) General Practice (Larger Centres) General Practice (Larger Centres)	Specialist Health Centres Specialist Health Centres Specialist Health Centres	Maternity Services (Larger Centres) Maternity Services (Larger Centres) Maternity Services (Larger Centres)
<b>Short distance (3-7 km's)</b> Health Community Service Centres Health Community Service Centres Health Community Service Centres	Health Community Service Centres Health Community Service Centres Health Community Service Centres	Health Community Service Centres Health Community Service Centres Health Community Service Centres	General Practice (Larger Centres) General Practice (Larger Centres) General Practice (Larger Centres)	Specialist Health Centres Specialist Health Centres Specialist Health Centres	Maternity Services (Larger Centres) Maternity Services (Larger Centres) Maternity Services (Larger Centres)
<b>Local community (0-2 km's)</b> Health Community Service Centres Health Community Service Centres Health Community Service Centres	Health Community Service Centres Health Community Service Centres Health Community Service Centres	Health Community Service Centres Health Community Service Centres Health Community Service Centres	General Practice (Larger Centres) General Practice (Larger Centres) General Practice (Larger Centres)	Specialist Health Centres Specialist Health Centres Specialist Health Centres	Maternity Services (Larger Centres) Maternity Services (Larger Centres) Maternity Services (Larger Centres)

Beacon Strategies gratefully acknowledges the members of the community who openly shared their experiences with the project team through a survey, focus group or interview.

We also thank those local providers who provided information about their services and expressed an interest in continuing to be involved in a collaborative approach.

Finally, we acknowledge the invaluable contribution of Jenni Beetson-Mortimer and the team from NRCG for their commitment to improving the lives of people within their community.



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