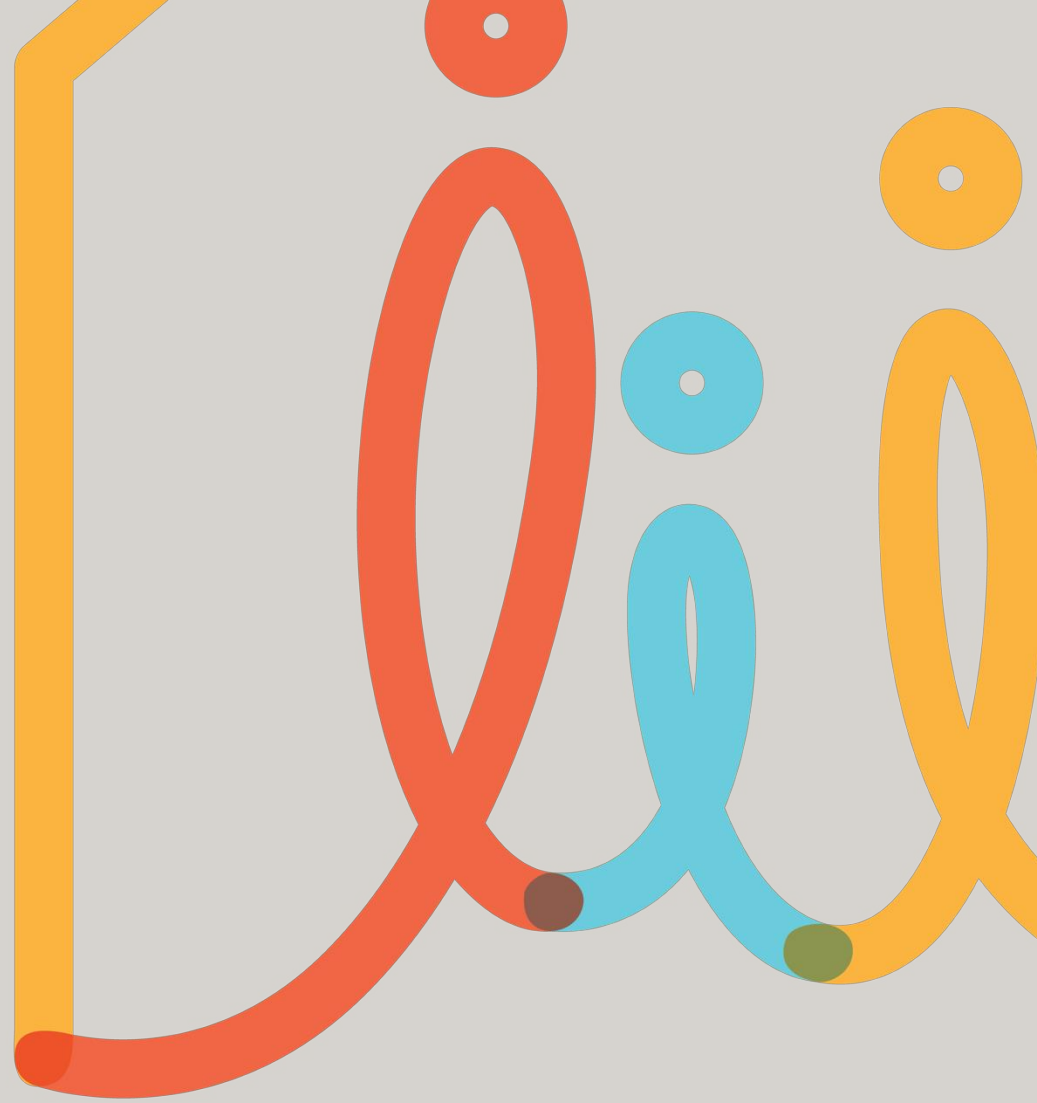




Centre of Research Excellence in
Childhood
Adversity and
Mental Health

Supporting Practice Change through a Child and Family Hub

Dr Sarah Loveday



Jack 7 years



Identifying adversity

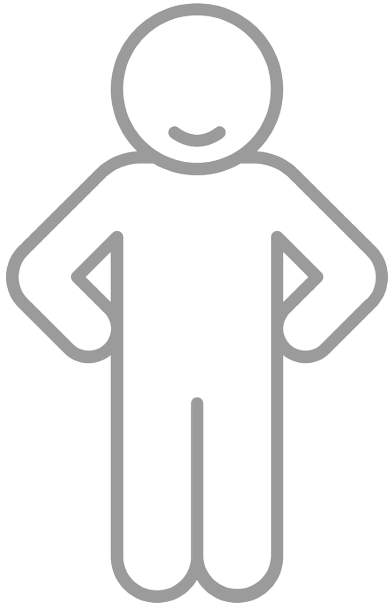


Identification is key

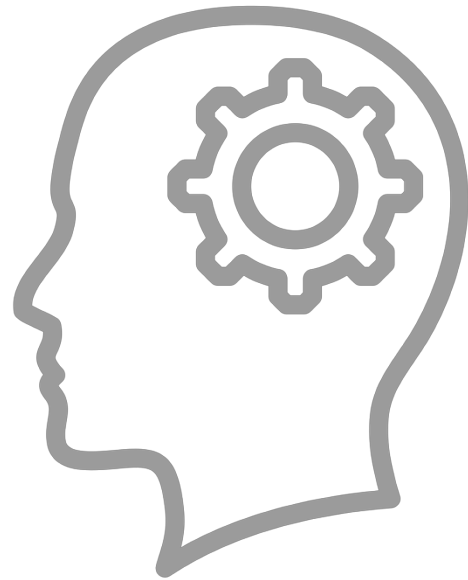
However

It can be difficult

Barriers to identify adversity



Confidence



Knowledge
and skills



Engaging with
families



Connecting families
to services

Aims

To implement an integrated Child and Family Hub to provide an intersectoral health, social, legal and community response to family adversity for children 0-8 years

To improve the detection and response to adversity through a practice change of Child and Family Hub practitioners across health and social care.

Setting

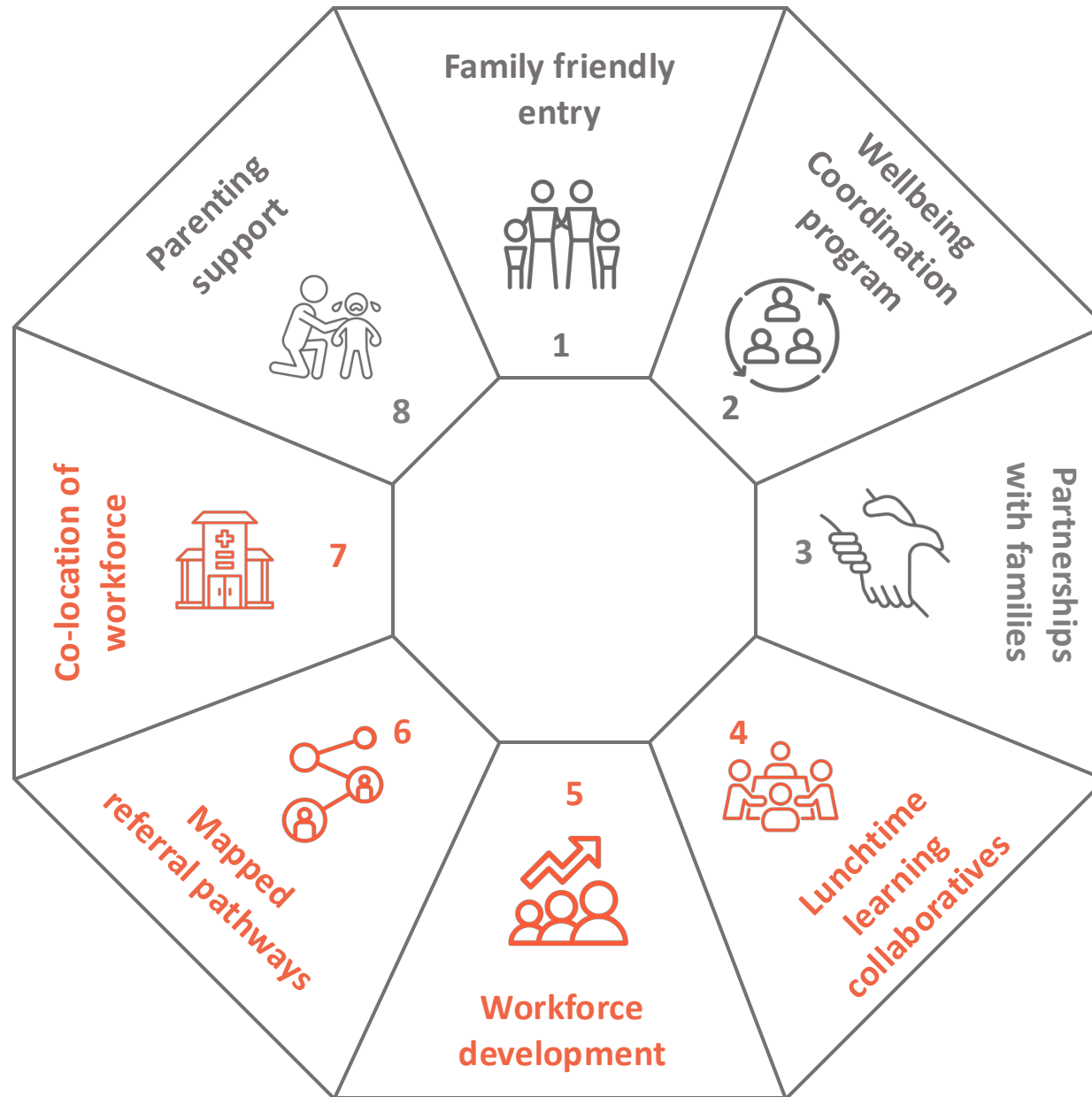


Hub components

8 Components

'Family facing'
components codesigned

Practitioner or 'back-
end' components -
iterative process during
implementation



Hub components

Workforce Development

Training - asking difficult questions and parent engagement resource



New roles – speech pathologist, financial counsellor and legal support



Lunchtime Learning Collaborative

Participatory Action
Develop collaborative practice
Embed training

Mapped referral pathways

Community Directory
Range of adversities
Improve confidence to respond

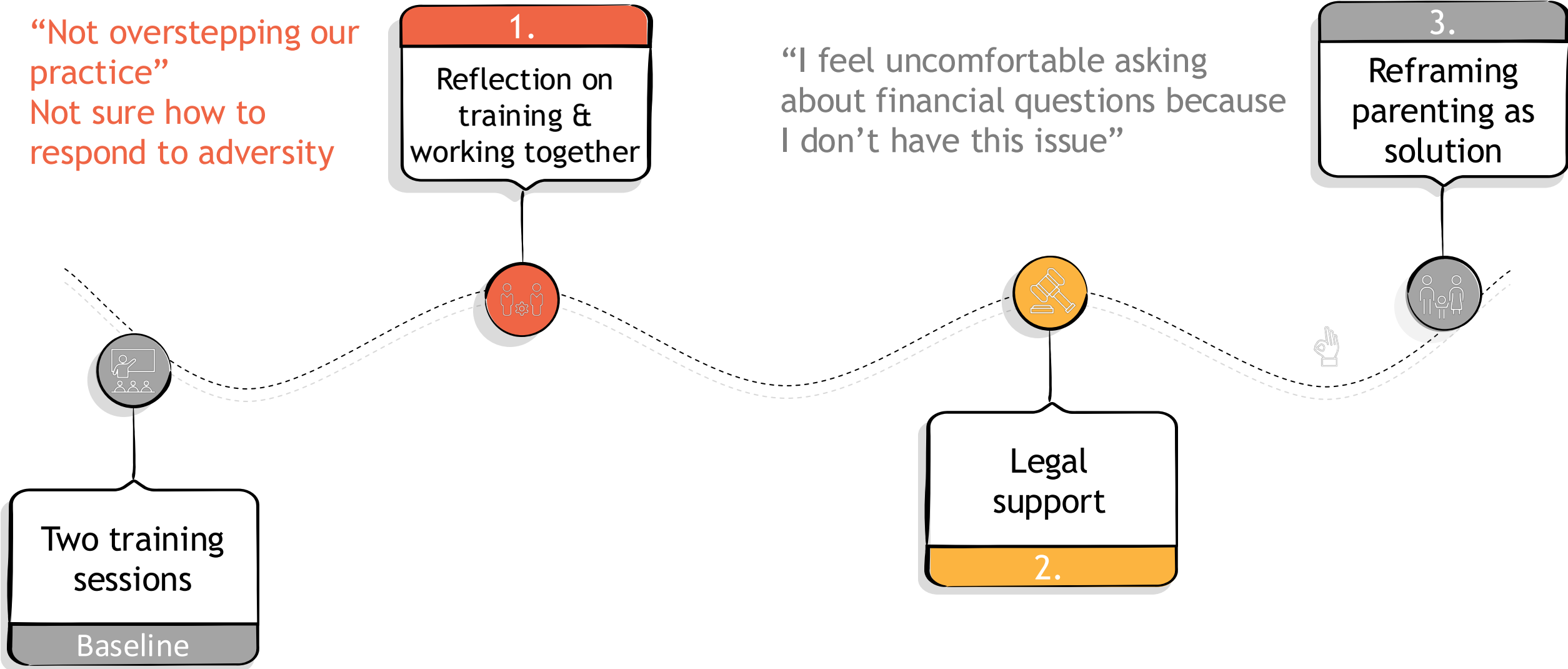


Co-location

Development of networks and “warm referrals”

Beginnings

“Not overstepping our practice”
Not sure how to respond to adversity



Permission giving

- Practitioners were reluctant to directly ask about adversity
- “I didn’t directly ask but I responded to parent bringing it up”
- “I don’t usually ask”
- “Harder with families you know well”
- Codesigned postcard to improve permission giving



We are supporting families in new ways

In today’s appointment, we might ask if you need help for common life challenges.



child
behaviour



respectful
relationships



legal
support



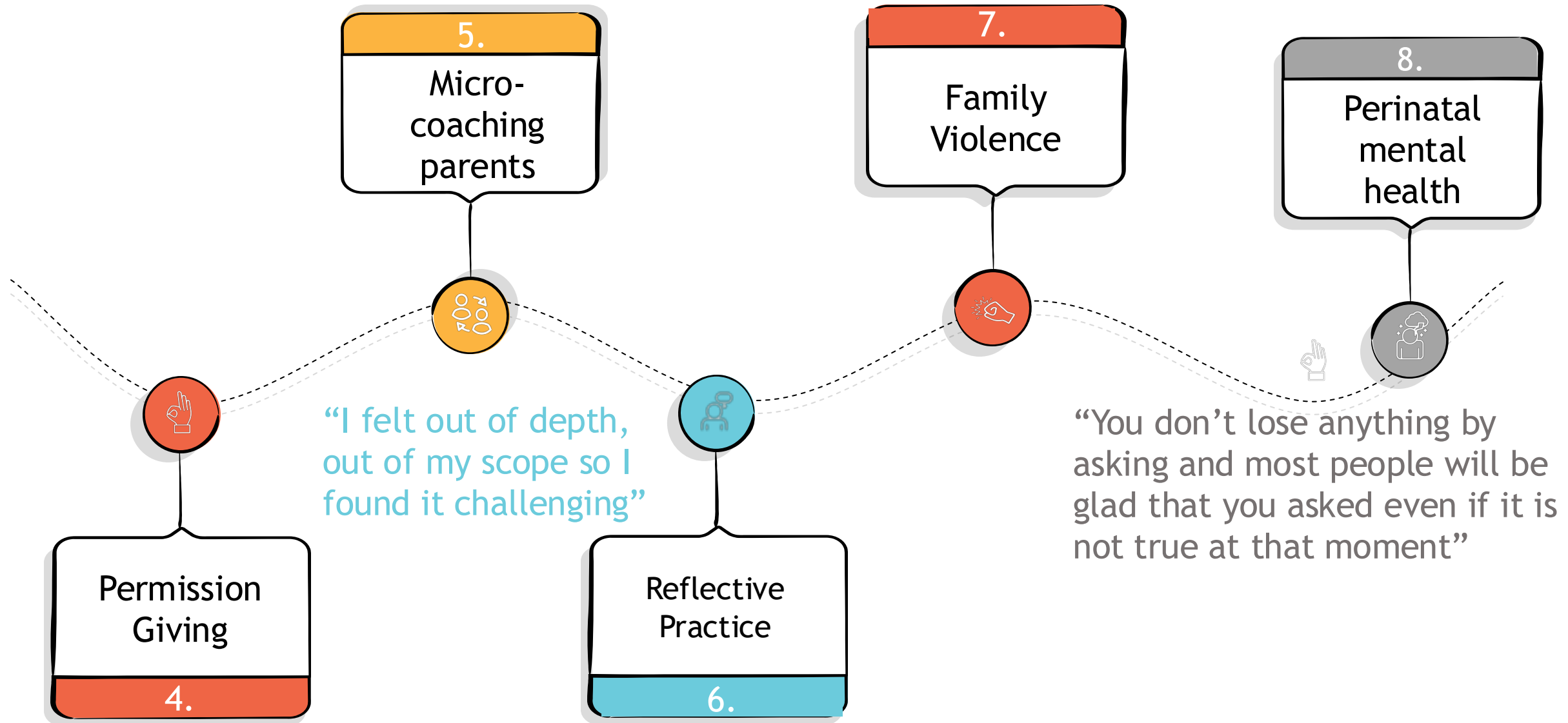
finances



community
support

Our team at the new Child and Family Hub can suggest ways to help with these challenges.

The middle ground



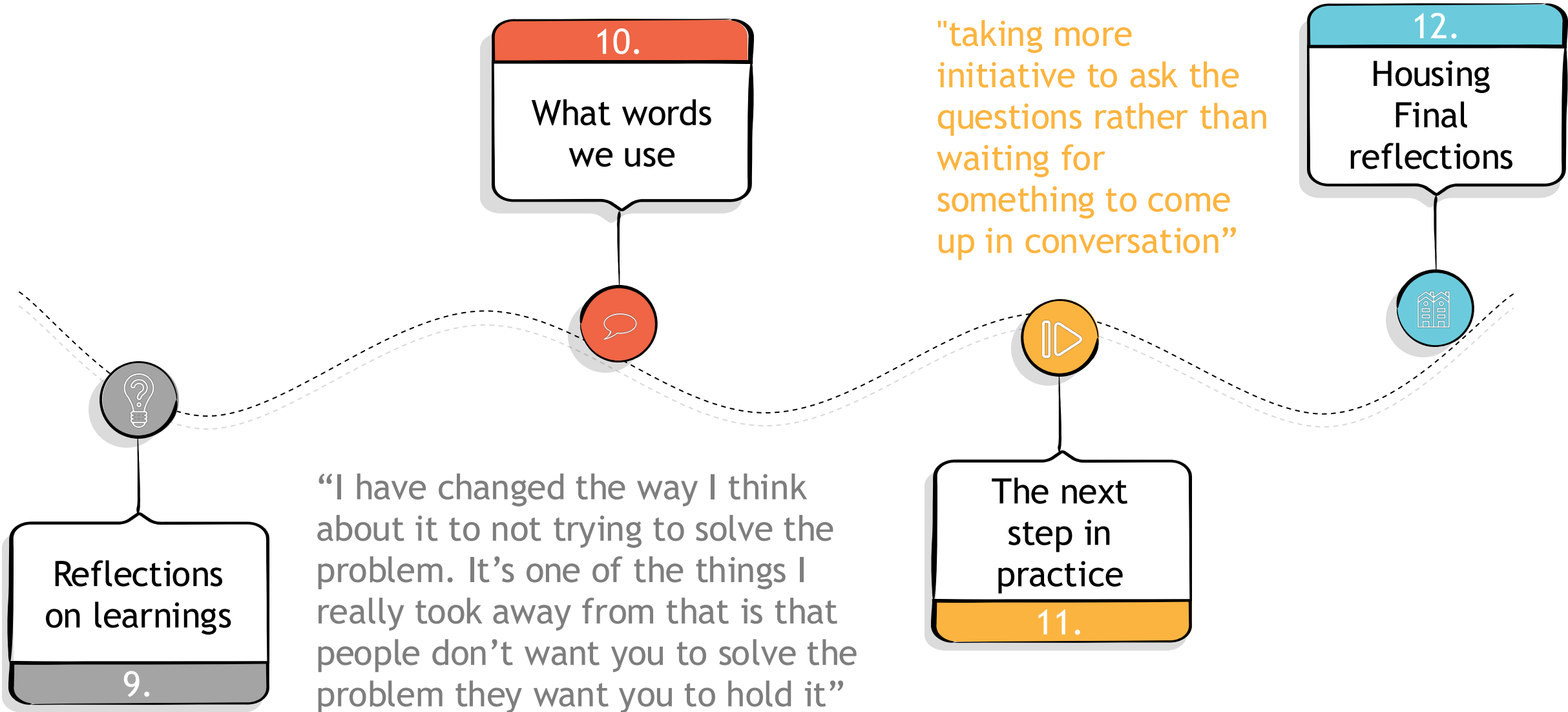
Lived experience



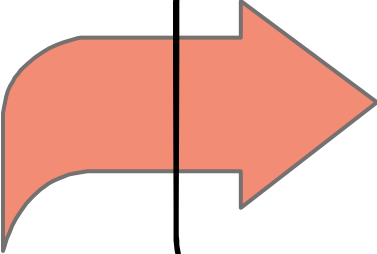
Lived experience researcher
Encouraged curiosity
Impact from asking about adversity
Increased practitioner engagement

“it was a complete stranger asking the right question at the right time....just ask the question”

Final reflections

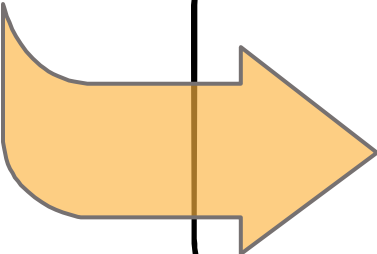
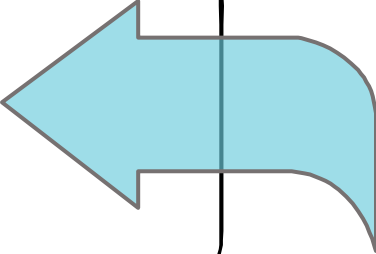


Key learnings from implementation



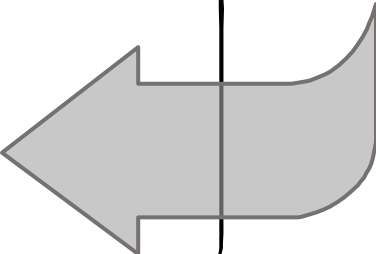
Behaviour change
takes time and trust

Power of lived
experience



Service integration
requires more than
just co-location

Reflective practice is a
key driver of practice
change



Supporting practice change



Interviews with **21** practitioners
from the CFH

Thematic analysis

Key elements to support or prevent
practice change

Themes



Connection matters



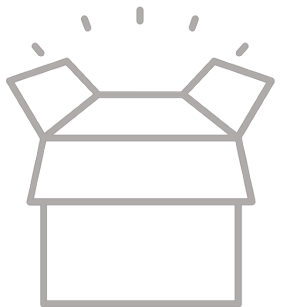
Confidence in ability



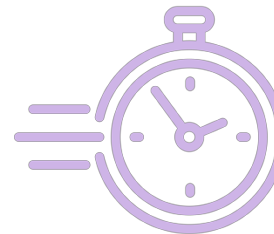
Knowledge provides assurance



Choosing change

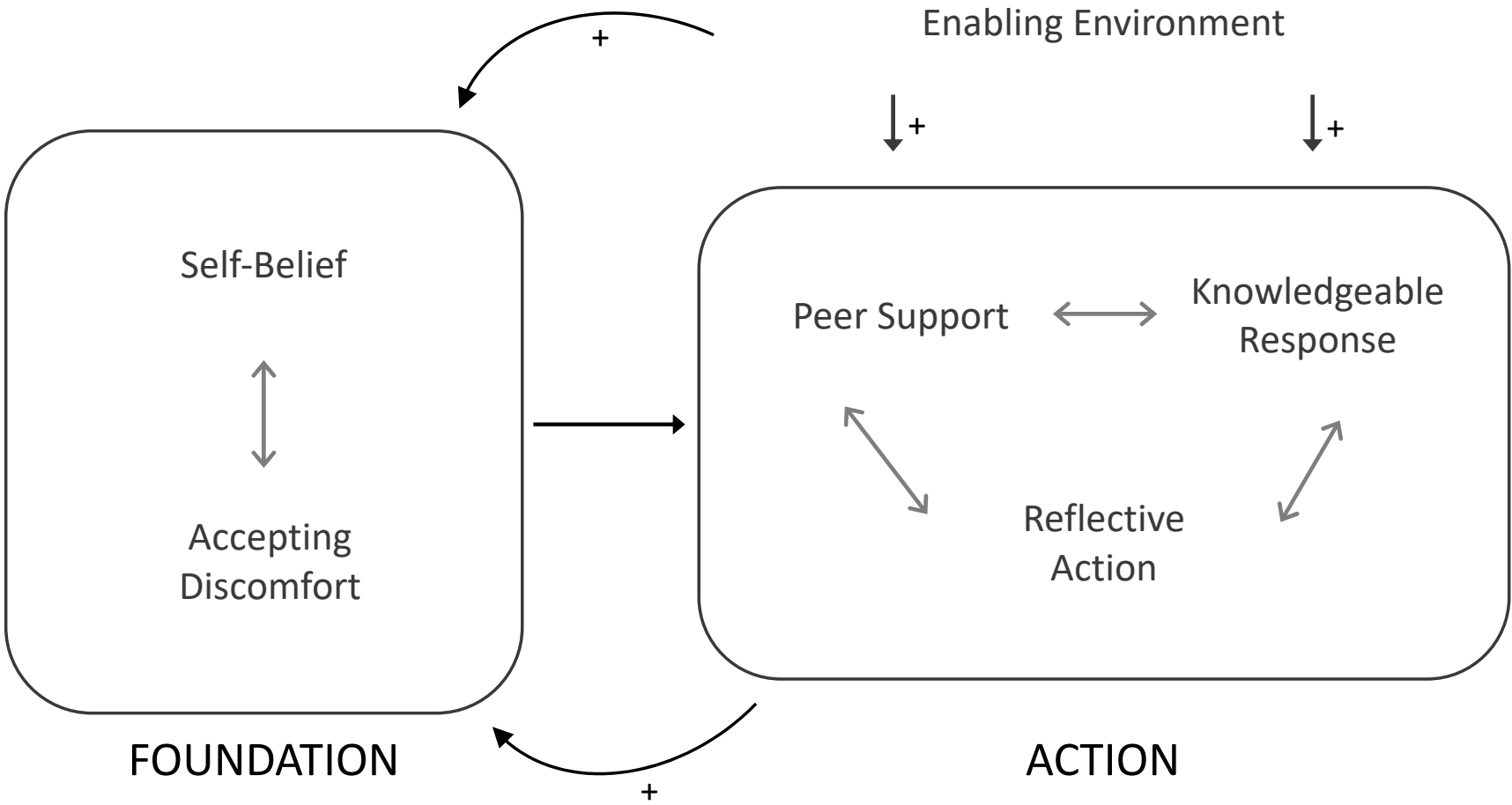


Opening Pandora's box



Never enough time

Model of practice



Conclusions



Hubs improve practitioner confidence to ask and respond to adversity



Driving practice change requires social support and coaching for practitioners



Reflective practice enhances practitioner capability to change



Practitioner acceptance of internal discomfort and development of self-belief is an important first step