

What makes it work in Logan?



● **Welcoming spaces** that are already known and well-regarded by specific, vulnerable groups

● **Introduction of care teams** who are known and trusted to support mothers, families and their babies up to 2 years

● **Informed choice** for women across pregnancy, labour, birth and postpartum

● **Broader involvement** of family and community

● **Provision for home visits**

● **Flexible scheduling**, accommodating the needs of mother and other siblings

● **Midwifery care** embedded within community organisations and providing wrap-around support

● **Maternity Group Practice (MGP)** providing **continuity of midwifery** care until at least 6 weeks postpartum

“ The thing I liked best was my midwife communicated to me in language I could understand. ”

Logan resident and hub user



“ I come from a big family and a strong community back in New Zealand. Now there is a community here. I feel culturally safe and able to bring family into my appointments. It takes a village to raise a child and to learn from each other. ”

Logan resident and hub user



“ I’ve given birth through both the Hubs and the mainstream and so in my own experience, I can say that giving birth mainstream I felt isolated and experienced a lot more anxiety. I definitely feel the hub model helps to reduce anxiety during pregnancy birth and beyond. ”

Logan community member



Our community

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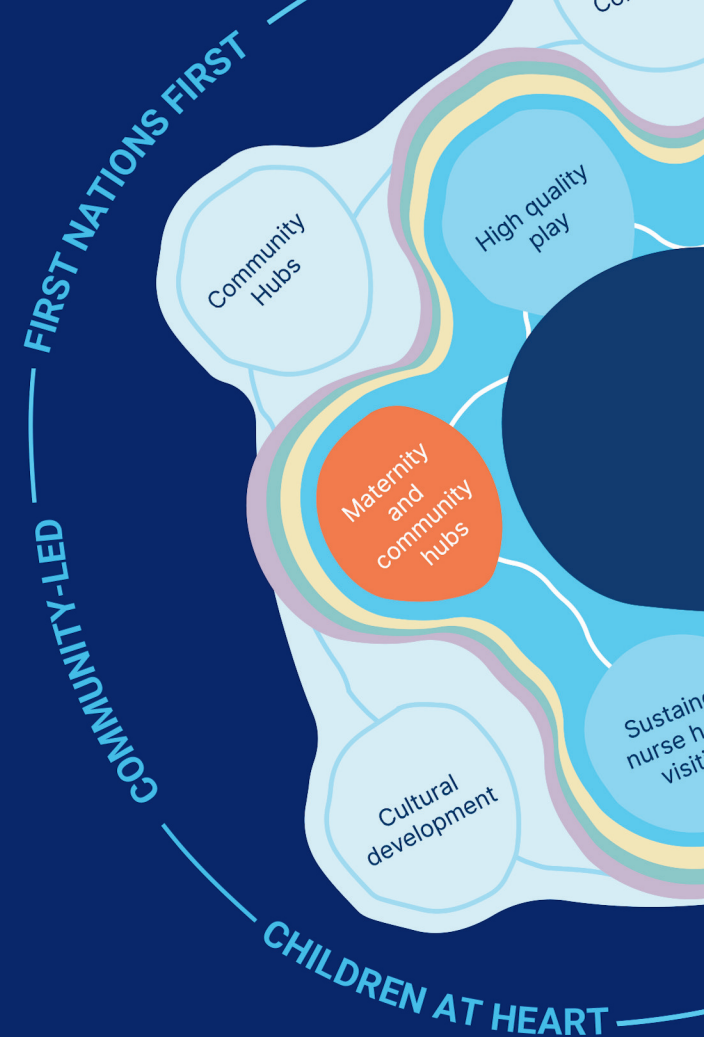


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Maternal and Child Health Hubs in Logan

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Evidence series



[1] Logan Community Maternity and Child Health Hubs Cost Analysis. A full Social Return on Investment (SROI) is underway.

[2] Logan Together. *Logan Maternity Hubs Timelines*. Logan, QLD (2021).

[3] Maternal and Child Health Hubs (MACH Hubs) model.

What we're doing

Community Maternal & Child Health Hubs (MACH Hubs) in Logan provide community-led, place-based, and culturally inclusive maternity care for women so that they experience safe and trustworthy care during pregnancy, birth and beyond.

The MACH Hubs focus on children's First 2000 Days, providing antenatal care, then playgroups, cultural connections and parenting support to assist with early childhood development and preparation for kindergarten.

Research is clear that patterns for future life outcomes are established in the first 1000 days of life, beginning in pregnancy. Sadly, the cost of getting this wrong has had profound implications for both Logan's families and the health system over decades.

..... 2018 the response

Logan Together, with partners, designed and implemented the community maternity hubs in **2018**. Community-led, place-based and culturally inclusive, the hubs are providing maternity and child health outcomes for women and children in Logan. The MACH hubs provide preconception care, information and education. There are clear pathways and links between the MACH Hubs and community and school hubs.

Our evidence and outcomes

OUTCOMES BETWEEN 2018-23 ACROSS LOGAN INCLUDE:¹

0.3%

The rate of First Nations still births is down to 0.3%, compared to other parts of Qld, which sit between 1% and 5%

42%

decrease

decrease in the number of birth-parents receiving nil or inadequate antenatal care



There was increased uptake of antenatal care by the target population (Maori, Pasifika women, young women, refugee and asylum-seeking women and First Nations women)²

13%

saving

Maternal and Child Health Hubs generate a minimum saving of 13% on the cost of a hospital-based midwifery model

CLINICAL OUTCOMES

Due to the demonstrated success of the MACH Hubs, Metro South and Logan Together are working to expand the Community Maternity Hub model to provide care through this program to **50%** of all birthing women in Logan.

Clinical outcomes achieved by midwife-led Maternity Hubs (MGP) compared to obstetrician-led Standard Care (SC):³

Women in MGP were statistically significantly more likely to:	MGP	SC
Attend 5 or more antenatal appointments	97.7%	93.6%
Have spontaneous onset labour	54.9%	44.3%
Have a vaginal non-instrumental birth	65.1%	59.0%
Use non-pharmacological pain relief	54%	39.4%
Exclusively breastfeed	74%	69%

Women in MGP were significantly less likely to:	MGP	SC
Require a caesarean section	26%	30.2%
Have a baby before 37 weeks gestation	6.2%	8.9%
Require Special Care Nursery admission	11.3%	14.9%
Have an induction of labour	31.7%	38.5%

..... 2015 the challenge

By 2015, the number of distressing events which were seen to compromise babies and women's safety in Logan became too many to ignore and drove a keen urgency for change.

By 2017, 11% of women in Logan were not meeting the minimum WHO standard for antenatal care. A large number of mothers and their families were not accessing midwifery services at Logan Hospital because they were perceived to be culturally unsafe and were inaccessible. Newly arrived migrants, who were not eligible for Medicare, were also not accessing care.

2017



1000+

women have engaged with the Hubs

\$0.5MIL

savings due to a reduction in birth interventions; specifically, reduced days in hospital, increased number of natural births and reduced staffing costs



In 2022, the Maternal and Child Health Hubs provided care for approx. 28% of the birthing population of the area



- Delivery by a **professionally skilled workforce**
- Assistance **offered to families experiencing greatest adversity or complexity**
- **Builds partnership** between the family and nurse
- **Focuses on goals** that parents prioritise
- **Redresses inequities** for children raised by families experiencing socio-economic and psycho-social adversity and in turn contributes to breaking inter-generational patterns of disadvantage
- Provides **opportunities to engage within the family environment**, providing a deeper level of personalisation than clinic-based offerings

- **Builds competencies** by non-stigmatising and maintains continuity of care
- **Allows for flexibility of visits**, for example:
 - visits commencing in the antenatal period
 - visits being offered for a longer period of time
 - visits at home to overcome transport issues
- Allows qualified professionals to **build a rapport with whole families**

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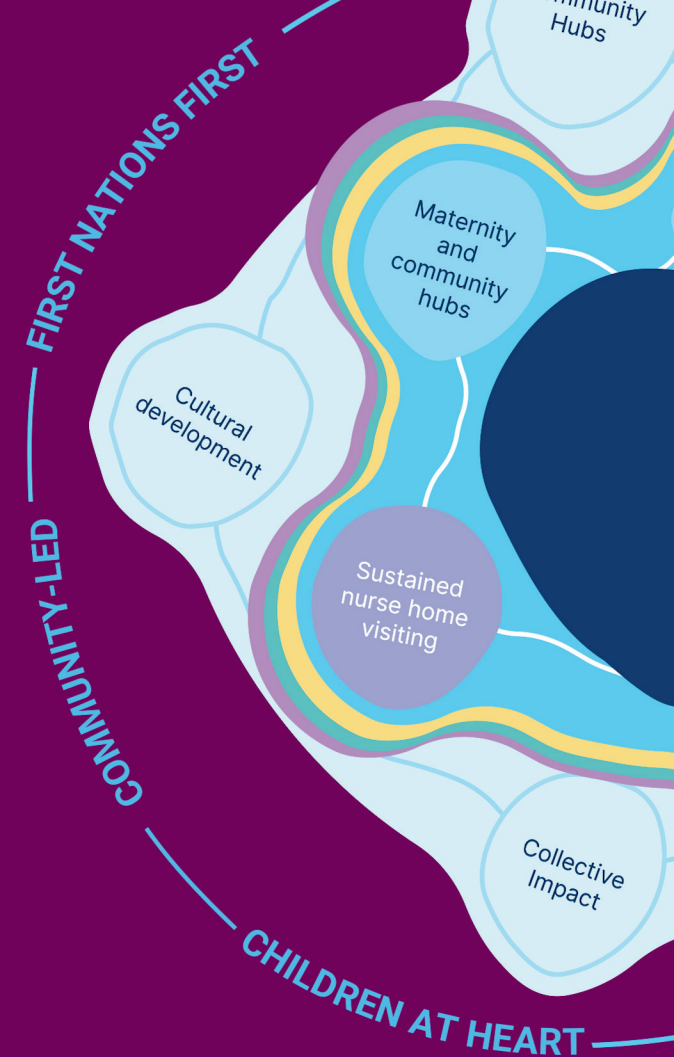
[1] PANDA. "How common is mental illness in the perinatal period?". Perinatal Anxiety and Depression Australia found at panda.org.au/articles/how-common-is-mental-illness-in-the-perinatal-period/.

[2] Goldfeld, Sharon, et al. "Nurse home visiting and maternal mental health: 3-year follow-up of a randomized trial." *Pediatrics* 147.2, 2021.

[3] Ibid.

Sustained Nurse Home Visiting

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Some families with children who have complex needs require intensive support to successfully parent. This helps to ensure their babies and young children are supported developmentally. Additionally, research shows that maternal mental health is crucial for the optimal health of both mothers and their children, yet up to 1 in every 5 women may experience symptoms of anxiety, depression, or both during pregnancy and/or following birth.¹

Having a child health nurse and social worker/psychologist visit new parents in their home, providing support to overcome concerns around child health and parenting makes all the difference to the health and wellbeing of the parents and their baby.

Right@Home currently provides up to 25 visits from qualified maternal care nurses and social care practitioners to those who are either expecting or looking after new babies.

What we're doing

..... 2019 Right@Home launched

Right@Home, launched in Logan in 2019 and is a relationship-based Australian model of sustained nurse home visiting delivered by highly trained child health nurses and embedded in the universal health service. It is specifically targeted to improve outcomes for identified families who are expecting or caring for babies.

The evidence-based program is a parenting and child intervention for families that aims to improve the long-term psychosocial development outcomes of children by building the parents' capacity to provide safe and responsive care and a home environment that supports children's learning. The intensive program focuses on sleep, safety, parenting styles and the home environment. This program would be part of a suite of child health service expansion and care co-ordination in identified Logan communities.

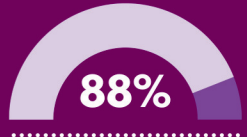
Our evidence and outcomes

OUTCOMES BETWEEN 2019-23 ACROSS LOGAN INCLUDE:

470
families supported

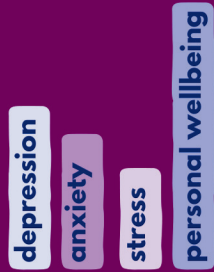
Right@Home recipients reported **higher levels of perceived self-efficacy** which led the evaluation to assert that:

Nurse Home Visiting programs designed to support mothers experiencing adversity can lead to later maternal mental health benefits, even after the program ends³



parents and carers reported **increased parenting ability, confidence and ability to cope**

..... A national randomised controlled trial of nurse home visiting (Right@Home) in 2021 found that of the 722 women, (combined intervention and control group) the intervention group reported **significantly better mental health** in relation to the following:²



“ It’s made a huge difference for me. I am disabled and vision impaired and bubs and I both had a very traumatic time of it pregnancy and birth wise. Our visits have been a blessing. ”

Logan mother



“ The program was my lifeline. ”

Logan mother



“ I think it’s fantastic, this Right@Home....and it’s specifically about your bub, and family and wellbeing...it was just brilliant. ”

Logan parent



Our community



What makes it work in Logan?

- This **place-based initiative** brings an ecosystem of supports into ECECs and hubs, locations where families feel safe, alongside connectors to help families navigate the journey.
- **Culturally diverse staff** including Indigenous, Pasifika and Afghan staff. The team also supports each other, shares information and works together as needed.
- Logan Together partners have worked to create **innovative solutions** to address existing allied health workforce gaps and minimise the wait-list.
- **Child Health Pathway staff are located in Community Hubs alongside Speech and Occupational Therapists.** These settings are friendly and culturally safe for families and work well for families, especially when other services are able to provide assistance in these less formal settings. e.g. health nurses.

- The TOTs team train early childhood educators in select ECECs to have **supportive conversations with families** and complete developmental screens.
- **Staff work alongside families and take time to build rapport and trust** in a number of ways, for example:
 - undertaking home visits where possible and this gives us greater insight into the challenges families face; and
 - providing assistance with finding the starting point to navigate the health system; and
 - empowering families to determine how they want to progress with supports for their children.
- The **flexibility of the program addresses barriers** that families identify, e.g. transport to get to appointments, help with organising an interpreter, help with other children while at an appointment.
- The TOTs team work in **collaboration with ECECs and community hubs** to provide tailored programs to support local families and educators to promote child development.

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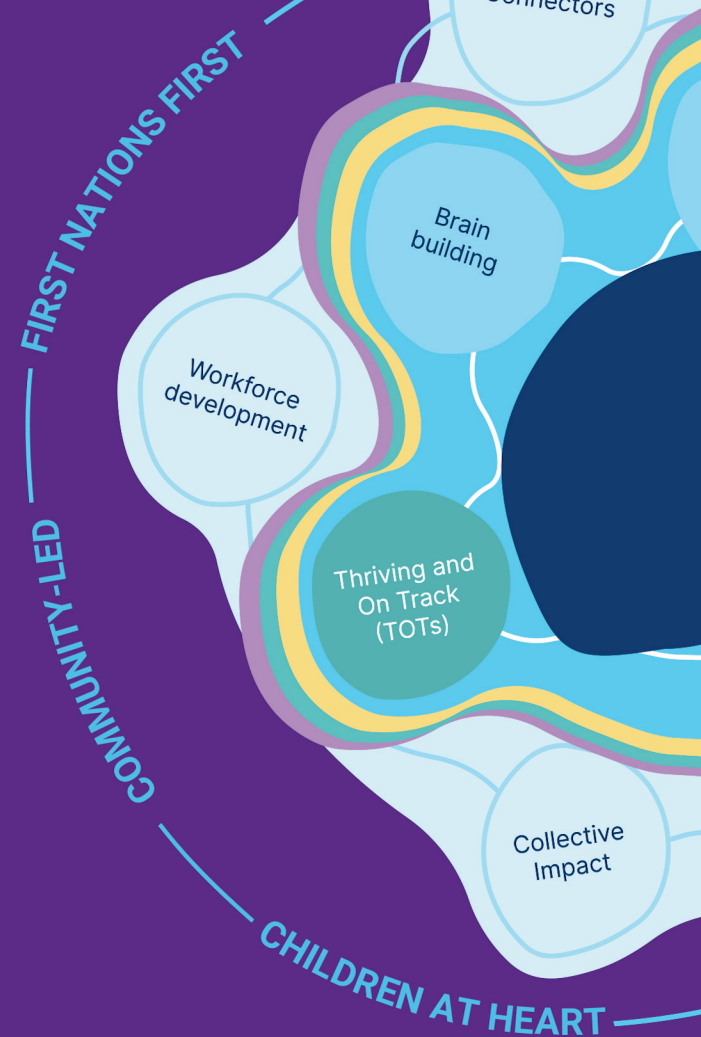
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MORE INFO



[1] Heckman, J and Mosso, S; *The Economics of Human Development and Social Mobility*; 2014.

Thriving and On Track (TOTs)

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Evidence Series



What we're doing

Early childhood is a critical time for health and development. How a child is supported in their first 2000 days before they enter school will affect how they participate in education and the workforce, and their future health and wellbeing. Right now, in some parts of Logan, more than 1 in 3 children are at risk of developmental delay, compared to 1 in 5 nationally. Despite exponential investment and repetition of traditional systems interventions, widespread inequity remains entrenched.

Thriving and on Track (ToTs) is a Logan-developed program that supports vulnerable children and families to link with child health and specialist services. Under the program, educators in Early Childhood Education and Care (ECEC), hubs and schools identify potential developmental concerns of children, work with their families, and refer to child health nurses for further assessment. Identified children are then referred to allied health for early and short-term intervention, and children and their families are linked with services and supports available in their area.

An independent ToTs evaluation has found that only 10 per cent of Logan children with developmental delays had contact with the child health system over 12 months. Children showing signs of developmental delay are not being identified, and it can take up to 2 years to receive allied health intervention. Unsupported, children are being enrolled in school with developmental issues, which significantly affects their ability to do well into adolescence and adulthood.

There is a minimum 7:1 return on investment when developmental challenges are addressed in early childhood.¹

Our evidence and outcomes

OUTCOMES BETWEEN 2020-23 ACROSS LOGAN INCLUDE:

700+ child health assessments with a child health nurse

735 resultant child health appointments through early detection

Early Childhood Centre staff reported feeling more able to assist families to access child development pathways

2800+

Children and their families engaged in discussions about development

Out of the 2800 families only 10% engaged with child health in the previous 12 months



ToTs supports up to 40% of 2-3 year olds in Logan

750 support referrals

80+ childcare centres engaged

“ Training with the ToTs team built my confidence to approach families in regard to their child’s development. ”

ECEC educator in Logan

“ It’s all so difficult that some days I can’t get out of bed. The Health Pathways Worker was able to break down the problems into do-able tasks. I saw them as really big problems, but with her help I was able to do one thing at a time. ”

Logan community member

“ It has been wonderful working alongside these ladies, and I look forward to 2024 and seeing my team’s knowledge and capability build. ”

ECEC Director in Logan

Our community

