

**A realist evaluation of cross-sectoral collaboration in the intervention for expectant and new parents living with Psycho-social vulnerability in Northern Region Denmark**

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# Cross-sectoral collaboration in an intervention for expectant and new parents living with psycho-social vulnerability – a realist evaluation

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## Background

Early and interprofessional interventions benefit the health and wellbeing of expectant parents living with psychosocial vulnerability and thus birth outcomes and child health and wellbeing. When pregnancy is complicated by physical, social, and mental health risks the complexity of care increase by introduction of more services, involving different sectors and managerial hierarchies. This complexity requires smooth transitions and continuity of care carried by good interprofessional collaborations, which is not an easy task due to differences in organization of work, lack of formal communication pathways, no shared goals and values, unfamiliarity with the other disciplines, lack of trust and prejudgments.

## Aim

The aim is to contribute with explanations (middle range theory) of what works for whom under what circumstances related to developing interprofessional collaboration in an early cross sectoral intervention for expecting and new parents in vulnerable positions, in the Northern Region of Denmark.

## Methods

The design of the study is a realist evaluation. We analyzed intervention documents and conducted 29 interviews and facilitated 9 workshops involving stakeholders to develop and refine an intervention theory and identify central chains of context, mechanisms and outcomes to explain the working of the cross sectoral collaboration framing the delivery of the intervention

## Findings

Preliminary findings show that dialogue-based screening for psycho-social vulnerability is an important entry to other services. Health visitors and other services are introduced to parents earlier. Detrimental mechanisms of good collaboration to obtain smooth transitions and continuity of care are leadership and connectivity. These mechanisms are stimulated by a frequency of interprofessional meetings and a degree of co-location. Midwives and health visitors alike express the need for extended correspondence prior to and following on team meetings, and a need to connect and familiarize to enable common goals and values, and to adapt and develop the form and content of core collaborative components of the intervention to their local contexts.

## Preliminary conclusion

Governance in the form of management level leadership and coordination to create opportunities for interprofessional connectivity at front worker level, to support interprofessional familiarity, create shared goals, adapt collaboration, and for interprofessional sparring and learning is essential to obtain internalization of the interprofessional collaboration, team spirit and good collaboration across sectors.





# Parent experienced effects of a cross sectoral intervention for expectant and new parents in vulnerable positions – a realist evaluation

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**Background** A child's health and life chances are influenced by their parents' mental health, socio-economic position, place of living and ethnicity already before birth. Evidence show that early intervention benefit the health and wellbeing of expectant parents living with mental health- and social risks but may also leave parents in fear or feeling stigmatized. The evidence base for interventions and their potential harmful effects along with evidence of what kind of interventions and intervention components benefit parents is scarce.

**Aim** To contribute to the theory base of an early cross sectoral intervention for expecting and new parents in vulnerable positions, in the Northern Region of Denmark, by identifying causal chains of contexts, mechanisms and outcomes of interest as well as other outcomes and potential harmful effects, and thereby generating explanations of how the intervention works, for whom under what circumstances.

**Methods** The study is the main study of a realist evaluation, seeking qualitative in-depth causal explanations of intended as well as unintended outcomes of the cross sectoral intervention by identifying configurations of contexts, mechanisms and outcomes. The analysis is based on 25 realist interviews including 35 new parents (25 mothers and 10 fathers), from across the region, who were offered the intervention during pregnancy.

**Findings** Preliminary findings show that parents benefit from uncovering their vulnerabilities in a safe and compassionate space with their midwife. Early bridging by a known health professional to other services and continuity increases parents' feeling of being in safe hands before and after birth. Uncovering vulnerability early and bridging to other professionals is experienced as a relief or leading to parents feeling judged depending on professionals' approach, space for action, and services offered. Parents with a history of mental illness or social disadvantage are well prepared or on their guards when entering the intervention. Greater emphasis on parenthood and a greater emphasis on fathers' experience of birth and of becoming a father were suggested by parents. Parents in vulnerable positions benefit from group-based services by meeting likeminded parents in the context of known health and mental health professionals.

**Preliminary Conclusion:** Continuity and compassionate health professionals prove to be central mechanisms for parents to feel supported and profit from the intervention components. The intervention varies across the region due to different implementation practices and service histories. More but not all parents interviewed, felt that the intervention or tailored services they were offered after the screening met their needs. However, services can ideally be refined to accommodate for more diversity. Most parents with vulnerabilities met by tailored group course felt this strengthened their sense of belonging and their coping ability. Greater emphasis on parenthood and fatherhood were suggested.

**Dark logic**

**Context:**

C1: Sole emphasis on the growth and development of the child

**Generative mechanisms:**

M1-Resource: lack of acknowledgement

M1- Respons: Parents feel insecure and left to cope alone

**Outcomes:**

O1: Disempowerment and feeling of inadequacy

**Context:**

C1: Follow-up Health visits and MW consultations, flexible to emphasize parenthood and parents relationship equal to securing the growth and development of the child.

**Generative mechanisms:**

M1-Resource: Individualized follow-up supporting the growth of the whole family as a unit

M1- Respons: parents feel confident and supported

**Outcomes:**

O1: More complete sense of coping ability and sense of parenthood

O2: Reduced level of stress