Healthy Homes and Neighbourhoods Integrated Care Program

Conference Abstracts 2017 - 2018

Healthy Homes and neighbourhoods

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International Journal of Integrated Care

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CONFERENCE ABSTRACT

An Evaluation of the Barriers to Health and Social Care for "Hard to Reach" Groups enrolled in an Integrated Care Initiative in Sydney, Australia

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

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Introduction: Sydney Local Health District's Healthy Homes and Neighbourhoods Integrated Care Initiative (HHAN) seeks to improve the care of families with complex needs and/or inter-generational trauma by providing long-term care coordination and promoting inter- and intra-agency integration. The disadvantage experienced by enrolled individuals is multifaceted, with issues ranging from poor financial and social capital through to adverse health and educational outcomes. This complexity demands multi-agency support but in turn leaves clients vulnerable to fragmented/poorly coordinated care. We explored barriers to attaining health and social care for vulnerable families, as perceived by clients themselves and collaborating professionals.

Theory/Methods: A realist CMO (Context, Mechanisms, Outcomes) theoretical approach is being used for program evaluation. Purposive sampling was used to identify 8 clients and 16 professionals (8 healthcare workers and 8 staff from collaborating NGOs/partnering government agencies) who participated in guided interviews. Barriers to care were explored as part of the examination of underlying contexts. All interviews were audio-recorded, transcribed and coded using NVivo v11 software.

Results: Both intrinsic and extrinsic barriers were identified. Intrinsic factors included: Trauma affecting families both horizontally and vertically, competing priorities, distrust of services and concerns about confidentiality. Of the extrinsic factors identified, three themes emerged:

1. Accessibility and Economic Barriers including inequitable service coverage geographically, transport issues, strict eligibility criteria, opaque referral systems, lack of financial incentives for seeing vulnerable families, and direct/indirect costs to clients.

2. Misalignment of Service Provision with Client Needs including a perception that needs were assumed not asked, unrealistic care plans given social circumstances, paucity of culturally-appropriate and trauma-informed staff training and short-termism of professionals (resulting in unstable client-service and service-service relationships).

3. Communication Issues including misunderstanding by services or clients of the role, or even existence of other services, trust/territorial issues and technological barriers (e.g. incompatible electronic referral systems).

Discussions: It can be challenging for vulnerable clients to navigate health and social care systems. Professionals expressed frustration that attaining appropriate/timely referrals and client care was difficult, even when being undertaken by "high-functioning" individuals on behalf of clients.

Conclusions: Families with complex needs face multiple barriers to care. The extrinsic factors identified should be amenable to cultural and structural shifts in health and social care systems.

Lessons learned: Disadvantaged families are often characterised as "hard to reach" but this implies that the fault lies solely with these individuals. An examination of the underlying factors for poor engagement illustrates the need for integrated care initiatives such as HHAN, which address the social determinants of health and create enabling systems for integration/communication between professionals.

Limitations: The applicability of findings within our health district to other regions is unknown. In recruiting participants for this study, the most vulnerable members of our society may still have been missed; further exploration of their views could enhance our understanding.

Suggestions for future research: Integrated care initiatives are attempting to tackle some of the barriers described above. Ongoing data is required to determine which interventions are efficacious, for whom and why, so that optimal service development can be achieved.

Keywords: barriers to care; vulnerable/disadvantaged; families; integrated care

Eastwood, J et al 2017 "Being Alone and Expectations Lost": A Realist Theory of Neighbourhood Context, Stress, Depression and the Developmental Origins of Health and Disease. *International Journal of Integrated Care*, 17(5): A168, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.3476

CONFERENCE ABSTRACT

"Being Alone and Expectations Lost": A Realist Theory of Neighbourhood Context, Stress, Depression and the Developmental Origins of Health and Disease

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

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Introduction: We have previously reported on the findings of a critical realist concurrent triangulated mixed method multilevel study that sought to identify and explain complex perinatal contextual social and psychosocial mechanisms that may influence the developmental origins of health and disease. That study used both Emergent and Construction Phases of a realist Explanatory Theory Building Method (1). The purpose here is to present The Thesis, Theoretical Framework, Propositions and Models explaining neighbourhood context, stress, depression and the developmental origins of health and disease.

Theory/Methods: The analysis draws on an extensive extant literature; intensive (qualitative), extensive (quantitative) and multilevel studies used for phenomena detection, description, and emergent phase theory development; and the abductive and retroductive analysis undertaken for the theory construction phase. The theory construction methods used included: "1) defining stratified levels; 2) analytic resolution; 3) abductive reasoning; 4) comparative analysis (triangulation); 5) retroduction; 6) postulate and proposition development; 7) comparison and assessment of theories; and 8) conceptual frameworks and model development".

Results: Global, economic, social and cultural mechanisms were identified that explain maternal stress and depression within family and neighbourhood contexts. There is a complex intertwining of historical, spatial, cultural, material and relational elements that contribute to the experiences of loss and nurturing. Emerging are the centrality of social isolation and "expectation lost" as possible triggers of stress and depression not only for mothers but possibly also others who have their dreams shattered during life's transitions.

Discussion: The theoretical framework takes a critical realist perspective of perinatal social context, stress, depression and the developmental origins of health and disease and builds on the emerging literature on stress process, social isolation, social exclusion, social capital, segregation, acculturation, Globalisation, neighbourhood effects on health, perinatal adversity, and the developmental origins of health and disease.

We draw on the philosopher Bhaskar's (2) articulation of critical realism with its ontological stratification of reality. Such a stratified ontological perspective adds theoretical depth to the layered ecological models advanced by earlier social epidemiologists.

Conclusions: The Thesis: In the neighbourhood spatial context, in keeping with critical realist ontology, global-economic, social and cultural level generative powers trigger and condition maternal psychological and biological level stress mechanisms resulting in the phenomenon of maternal depression and alteration of the infants' developmental trajectory.

Lessons learned: The meta-theory of critical realism is used here to generate and construct social epidemiological theory using stratified ontology and both abductive and retroductive analysis. The findings will be applied to the development of a middle range theory and subsequent programme theory for local perinatal child and family interventions.

Limitations: The stratified levels of analysis in this study were predominantly social and psychological. The macro and meso levels were not fully analysed.

Suggestions for future research: We will use the theories developed here for future confirmatory studies and realist programme theory development.

References:

1. Eastwood JG, Kemp BA, Jalaludin BB. Realist theory construction for a mixed method multilevel study of neighbourhood context and postnatal depression. SpringerPlus. 2016;5:1081.

2. Bhaskar R. A Realist Theory of Science. Leeds: Leeds Books; 1975.

Keywords: situational analysis; social determinants of health; theory generation

International Journal of Integrated Care

Eastwood, J 2017 Building Realist Program Theory for Interventions for Vulnerable Children and Families in Sydney, Australia. *International Journal of Integrated Care*, 17(5): A229, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.3539

CONFERENCE ABSTRACT

Building Realist Program Theory for Interventions for Vulnerable Children and Families in Sydney, Australia

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

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Introduction: We have previously reported on the study design and findings of a critical realist multi-level mixed method study in Sydney Australia that constructed a middle-range theoretical framework with realist causal propositions and models explaining neighbourhood context, stress, depression and the developmental origins of health and disease (1). The purpose of this study is to describe middle range program theory that draws on that study and other extant works.

Theory/Methods: Realist causal propositions are described drawing on our previous work, and extant social theory. Published literature and abstract thinking (i.e. abduction, retroduction) was used to propose program mechanisms which if applied may improve outcomes. Based on this analysis, intervention activity and design elements are proposed. The programme design propositions and hypotheses will be expressed, in realist terms, as context-intervention-mechanisms and outcome (CIMO) conjectures, which will thus render the full constituents of the programme theory.

Results: Causal mechanisms analysed included: expectations, loss, being alone, lifetime trauma, discrimination, mastery, sense of control, mattering, trust, isolation, access to services, information literacy, social capital, social exclusion.

Preliminary realist program mechanisms were identified that have the potential to improve outcomes for vulnerable families in metropolitan Sydney. Program mechanisms identified included: family-peer trust, family-provider trust, willingness to share power, co-operation, Information, building self-help skills.

Examples of intervention activities that might deliver these program mechanisms include: strengthening peer and family support, client centred workers, home visiting, and telephone support. Design Elements identified included: wrap around services, place-based initiatives, Care coordination, sustained nurse home visiting, family group conferencing, targeted parenting, social media, and workforce training.

Discussion: We have used critical realist meta-theory to assist in the translation of previously reported empirical explanatory theory building to theory driven interventions. We will situate these interventions in the socially disadvantaged regions of Sydney where the local child and family inter-agencies are collaborating to design and implement new programme interventions based on earlier studies of perinatal, child, youth and family outcomes.

Conclusions: The analysis described here seeks to bridge the translational research gap from theory building to program design and subsequent theory testing. The study demonstrates the application of the Confirmatory Phase of our previously described Explanatory Theory building Method (1).

Lessons learned: In undertaking this study we identified that it is important to include a wide range of domains of reality including: biological, psychological, psychosocial, situated setting, service context, culture, and macro-organisation. It is also important to analyse both horizontal and vertical mechanism across those domains.

Limitations: In undertaking this study we identified a complex range of relevant middle range causal theories. It proved necessary to limit the analysis to a selected number of relevant causal theories.

Suggestions for future research: The analysis identified a lack of realist evaluation and realist synthesis studies from which to identify relevant integrated care program theory for interventions with vulnerable families.

References:

1- Eastwood JG, Kemp BA, Jalaludin BB. Realist theory construction for a mixed method multilevel study of neighbourhood context and postnatal depression. SpringerPlus. 2016;5:1081.

Keywords: key words: critical realism; evaluation; methodology; interagency

International Journal of Integrated Care

Eastwood, J 2017 Designing initiatives for vulnerable families: from theory to design in Sydney, Australia. *International Journal of Integrated Care*, 17(5): A230, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.3540

CONFERENCE ABSTRACT

Designing initiatives for vulnerable families: from theory to design in Sydney, Australia

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

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Introduction: Inequities in the health and wellbeing of Australian children and families who live in disadvantaged communities are growing despite a range of government initiatives designed to alleviate the impact of disadvantage and social exclusion (1). Increased understanding of the complex and inter-related issues that contribute to poor outcomes for vulnerable disadvantaged families have prompted concern from researchers and service providers about the often fragmented and inefficient service response. This has prompted an increased national policy commitment to community-led, multi-disciplinary, cross-sector integrated service delivery (1). The aim of the study was to use previously described realist causal and program theory to inform collaborative design of initiatives for vulnerable families

Theory/Methods: Previously developed realist causal and program theory were used to inform the collaborative design of initiatives for vulnerable families (2). The collaborative design included: identification of outcomes and contextual factors, consultation forums, interagency planning, and development of a service proposal.

Results: The Design proposed initiatives and service activities that:

Are sustainable with an exit strategy or have the scope to be absorbed into the current service budget

Build partnerships with the Medicare Local (primary health networks), Local Government, Government and non-Government agencies

Provide for capacity building within SLHD services, families and communities, and partner agencies

Establish organisational structures and processes that provide options for future growth and organisational change.

The Design Elements included: Perinatal coordination, Sustained home visiting, Integrated service model development, two place-based hubs, Health Promotion and strengthened research and analysis capability.

Discussion: We have used critical realist meta-theory to assist in the translation of previously reported empirical explanatory theory building to theory driven interventions. Local quantitative and qualitative studies were used together with consultation forums and collaborative design approaches. In applying the realist programme theory to the local situation the analysis took into account: the role of the local agencies; evidence of program effectiveness; determinants and outcomes for local children and their families; the current deployment of service resources; and insights from front-line staff and interagency partners.

Conclusions: We demonstrate here the design of interventions for vulnerable families in Sydney utilising translational research from previous realist causal and program theory building to operational service design.

Lessons learned: In undertaking this study we identified the importance of our earlier hierarchal program analysis for identifying the elements for the full design. The application of theory added rigour to the design of integrated care initiatives.

Limitations: The analysis and design elements remained health sector focused despite the collective approach to planning.

Suggestions for future research: Further local qualitative studies should be undertaken to examine the barriers and enablers to achieving a balanced interagency design.

References:

1- Grace R. Hard-to-reach or not reaching far enough? Supporting vulnerable families through a coordinated care approach. A review of the literature to support the Healthy Homes and Neighborhoods Project 2015.

2- Eastwood JG, Kemp BA, Jalaludin BB. Realist theory construction for a mixed method multilevel study of neighbourhood context and postnatal depression. SpringerPlus. 2016;5:1081.

Keywords: key words: critical realism; evaluation; methodology; interagency

International Journal of Integrated Care

Eastwood, J et al 2017 "Each is in different circumstances anyway": A realist multilevel situational analysis of maternal depression. *International Journal of Integrated Care*, 17(5): A167, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.3475

CONFERENCE ABSTRACT

"Each is in different circumstances anyway": A realist multilevel situational analysis of maternal depression.

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

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Introduction: We present here the findings of a realist multilevel situational analysis of maternal depression. We use situational analysis to identify the interaction of mothers with social structures and the possible causal influence of those social structures on her wellbeing. The analysis moves from an emergent empirical approach toward the more reflexive and abductive approach of situational analysis thus better informing our abductive reasoning and the generation of theory. The purpose is to understand the social determinants of health affecting families in stressful situations.

Theory/Methods: Critical realism and symbolic interactionism provide the methodological underpinning for the study. Interviews of mothers and practitioners were analysed using open coding to enable maximum emergence. Situational analysis was then undertaken using situational and social worlds/arena maps.

Results: Home and neighbourhood situational analysis mapping and analysis of relations identified the following concepts: a) expectations and dreams; b) marginalisation and being alone; c) loss or absence of power and control; and d) support and nurturing. The neighbourhood and macro-arena situational analysis mapping and analysis of relations identified the following concepts: a) social support networks, social cohesion and social capital; b) services planning and delivery and social policy; and c) global economy, business and media.

Discussion: The use of qualitative methods for emergent theory building was suited to the aim and objectives of this study which was to explain the mechanisms by which circumstances influence developmental and life course outcomes with a focus on perinatal depression. Emergent theory building methods such as those used here are also consistent with accepted

critical realist methodologies (i.e. grounded theory). We were not able to identify where situation analysis had been previously used for critical realist theory building but, as a symbolic interactionist methodology, its use within a critical realist epistemology is appropriate.

Conclusions: Emerging was the centrality of being alone and expectations lost as possible triggers of stress and depression within circumstances where media portrays expectations of motherhood that are shattered by reality and social marginalisation. We further observe that powerful global economic and political forces are having an impact on the local situations. The challenge for policy and practice is to support mothers and their families within this adverse regional and global-economic context.

Lessons learned: Situational analysis is a grounded theory method that can be usefully used to visually map the local neighbourhood setting. The findings proved useful for the designing of local integrated care initiatives.

Limitations: The study undertaken utilised data from three focus groups and 8 key informant interviews. Further interviews and focus groups would have enabled exploration of emerging themes related to cultural diversity and the impact acculturation.

Suggestions for future research: We propose that future research using situational analysis take a mixed method approach with, for example, concept mapping and social network analysis.

Keywords: situational analysis; social determinants of health; theory generation

International Journal of Integrated Care

Miller, E et al 2017 Helping a community to help their kids: Bringing services together in a community hub in inner-city Sydney, Australia. *International Journal of Integrated Care*, 17(5): A397, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.3715

CONFERENCE ABSTRACT

Helping a community to help their kids: Bringing services together in a community hub in inner-city Sydney, Australia

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

Erin Miller[1], Suzanne Ratcliff[1], Helen Golightly[1], Elaine Tennant[1,2], John Eastwood[1,2,3]

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Introduction: The suburb of Redfern is identified as having some of the highest rates of intergenerational family disadvantage in the Sydney district. Many families are disconnected from key services, and require multi-agency input to remain healthy and safe.

Short description of practice change implemented: Health district family care coordinators are co-located in an interagency hub on a social housing estate, led by the local housing department. At this hub, staff from government and non-government organisations have partnered to provide an integrated service providing health and social support to residents with complex needs such as psychological trauma, mental health issues, substance abuse, chronic health problems, child protection and parenting issues.

Aim and theory of change: By co-locating family care coordinators with partners in the community, we aim to:

Bring services directly to the community.

Connect care and bridge gaps for families.

Provide a "Team Around the Family" model of intervention to increase a family's capacity to independently manage their complex health and psychosocial needs.

Support families to seek antenatal support earlier in pregnancy.

Work in partnership with families, other services, General Practice and the community.

Break down service silos.

Targeted population and stakeholders: Families with children aged 0-17 years, where the parents or carers have complex health or psychosocial needs which impact on their ability to care for their children.

Stakeholders include drug health services, mental health services, legal aid, financial management assistance, public housing and child and family health services.

Timeline: This program commenced in July 2015 and implementation and evaluation is ongoing.

Highlights: The model of care evolved in line with local family and community needs, and includes extended family members to align with the Aboriginal definition of kinship. This has empowered families to identify solutions that work for them.

Trust has increased at two levels: families who have traditionally shown a mistrust of government services are now approaching staff for support; staff from different organisations are now working in partnership and share care for families.

Families are now receiving the support that they require before situations turn into crises, and the adult family members' needs are being addressed.

Comments on sustainability: As this model utilises existing services, sustainability is realistic.

Comments on transferability: This model could be implemented in other suburbs with high rates of family disadvantage. Elements may be adapted to suit local families and communities.

Conclusions: Preliminary analysis indicates that co-location of health and social services is powerful in building trust between service providers and transferring of knowledge and skills. When a hub is located within a community, those services are able to build trust in the community, coordinate services for families and help families to achieve optimal outcomes.

Discussions and Lessons Learned: Complex health and social care systems are difficult for vulnerable clients to navigate and often do not meet their needs. A family-network centred and flexible model of care-coordination is more effective.

Service definitions and entry criteria may also need to be flexible to ensure that clients do not "fall between the cracks".

Keywords: family centred care; community hub; wrap-around care

International Journal of Integrated Care

Miller, E et al 2017 "Instead of just assuming what people need, actually ask them what they're after": Patient Reported Measures for families with complex needs. *International Journal of Integrated Care*, 17(5): A398, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.3716

CONFERENCE ABSTRACT

"Instead of just assuming what people need, actually ask them what they're after": Patient Reported Measures for families with complex needs

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

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Introduction: The Sydney Local Health District (SLHD) Healthy Homes and Neighbourhoods Integrated Care Program (HHAN), Australia, seeks to improve the care of families with complex needs and/or inter-generational trauma by providing care coordination and undertaking activities that promote inter- and intra-agency integration. To facilitate integration and a collaborative approach to family assessment and measurement of progress, HHAN has developed a database of Patient Reported Measures (PRMs).

Description of policy context and objective: By collaborating with partners in the completion of PRMs for shared clients, PRMs are drivers of integration of patient-centred health care. HHAN aim to extend this to include non-health agencies such as education and housing. A collection of PRM tools have been identified by HHAN to be used with families to provide service providers with a holistic view of psychosocial parameters and risk stratification. These tools can be used for assessment, screening and goal setting, and can be repeated over time to monitor client progress and outcomes. HHAN is utilising the web-based application Research Electronic Data Capture (REDCaP) to develop a database on which PRMs can be completed and scored electronically for immediate feedback to the family.

Targeted population: Families with children aged 0-17 years, where the parent or carer has complex health or psychosocial care need, are referred for care coordination with HHAN. In Phase 1 of the PRM roll-out, HHAN Care Coordinators will trial the use of a suite of PRM tools with HHAN families. In Phase 2, use of the PRM database will extend to health and non-health partners who share care of HHAN families.

Highlights: This PRM project enables integration of family-centred care across child and adult health and psychosocial care agencies. The PRM tools serve multiple purposes: risk stratification; screening; assessment; developmental surveillance; and measurement of outcomes.

Risk stratification information and responses to the outcome measure tools can be shared with other providers accessing the database. The database enables immediate calculation of the outcome measures so feedback can be provided to families straightaway.

We anticipate the benefits to be two-fold:

Benefit to the family: Reduced burden of repetition. Families are often known to multiple agencies due to multiple care needs. When service providers collect and share PRMs the family only answer questions once and these responses are used to inform all relevant carers working with the family. This allows services providers to plan integrated and collaborative care that is meaningful to the family, increasing the likelihood of improved outcomes.

Benefit to the service provider: A streamlined assessment and review process, and access to family information to support coordinated care.

Comments on transferability: This PRM database can be used on other platforms for use by health, education or social service providers working with families.

Conclusions: We will be reporting on findings related to the implementation of the project within the HHAN Care Coordination team, and the expansion to an interagency collaboration.

Keywords: patient reported measures; family-centred care; outcome measures

International Journal of Integrated Care

Barmaky, S et al 2017 A realist evaluation of Healthy Homes and Neighbourhoods' place-based initiative in an inner city public housing estate in Sydney. International Journal of Integrated Care, 18(S1): A41, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s1041

CONFERENCE ABSTRACT

A realist evaluation of Healthy Homes and Neighbourhoods' place-based initiative in an inner city public housing estate in Sydney

1st Asia Pacific Conference on Integrated Care, Brisbane, 06-08 Nov 2017

Salwa Barmaky[1,2], Sally Hansen[1], Erin Miller[1], Elaine Tennant[2], Suzanne Ratcliff[1], John Eastwood[1,2,3,4]

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Introduction: The Healthy Homes and Neighbourhoods (HHAN) Integrated Care Program seeks to enhance vulnerable family access to and engagement with health and social services through a care coordination model. In addition to servicing families living in inner west Sydney, HHAN has also established two place-based initiatives (PBI) in areas of heightened disadvantage – one of which is located in Redfern. The Redfern PBI co-locates HHAN with housing, drug and alcohol services, financial and legal services. This integration aims to facilitate service access and provide multi-agency support for vulnerable families in the Redfern area and improve health and social outcomes for individuals and the community. This study aims to evaluate the role and impact of HHAN's Redfern PBI and explore whether a place-based model and co-location translates into improved patient, service and community outcomes.

Theory/Methods: The project utilised a critical realist methodology to undertake a qualitative evaluation of the impact of the PBI on clients, services and community health and social outcomes. Purposive sampling was used to identify 20 participants including HHAN clients, HHAN employees and stakeholders involved with the Redfern PBI. In-depth, semi-structured interviews were audio-recorded, transcribed, coded and analysed using NVivo.

Results: Preliminary thematic analysis found that the PBI provided varied benefits for clients and other services. Positive outcomes for clients included better engagement with services, increased trust in health services, empowerment, improved outlook and planning for the future. Positive outcomes for services included easier referral pathways, knowledge transfer and increased integration with other services. Mechanisms by which these outcomes were achieved included proximity, flexibility, favourable interpersonal relationships and building trust by responding to need.

Discussion: The HHAN place-based model has achieved early subjective successes in terms of individual client health and social outcomes and service outcomes. Whether this translates into objective health improvements and overall community benefit is yet to be determined.

Conclusion (key findings): The delivery of an integrated care program via a place-based model has resulted in early positive outcomes for individual clients and other services.

Lessons learned: This early qualitative evaluation provides an insight into the potential role that place-based initiatives can play in improving health and social outcomes in disadvantaged communities.

Limitations: The applicability of the findings of the study in areas outside of the Redfern community is unknown, however, learnings could be applied when establishing PBI in suburbs with a similar demographic profile. Participant bias should also be considered given the most vulnerable clients or clients in crisis were unlikely to be suitable for participation.

Suggestions for future research: A comprehensive evaluation of the HHAN initiative will require a mixed-methods approach. As such a quantitative review will provide further insight in regards to client outcomes and cost-benefit analysis. Additionally, given HHAN is a whole of family service, further investigation into family outcomes is required. Examining the role that a place-based initiative plays in improving overall community outcomes would also be beneficial.

Keywords: integrated care; place-based initiative; vulnerable populations

Costantino, K et al 2017 What do senior management staff members consider to be "interagency collaboration"? From the perspectives of these individuals, an exploration of the context and extent of enablers and barriers to interagency collaboration within their organisations. *International Journal of Integrated Care*, 18(S1): A162, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s1162

POSTER ABSTRACT

What do senior management staff members consider to be "interagency collaboration"? From the perspectives of these individuals, an exploration of the context and extent of enablers and barriers to interagency collaboration within their organisations

1st Asia Pacific Conference on Integrated Care, Brisbane, 06-08 Nov 2017

Kathryn Costantino, Erin Miller, John Eastwood, Sally Hansen

Sydney Local Health District, Australia

Introduction: The Sydney Local Health District (SLHD) integrated care initiative, Healthy Homes and Neighbourhoods (HHAN), provides long term care coordination to vulnerable families. The spectrum of care required to optimise the health and social care outcomes for these families well exceeds the capacity of the public healthcare system alone. The HHAN clinicians recognise that needs such as housing, finance, and social supports often preclude these families from addressing physical and mental health issues and as such, work directly with clients to coordinate holistic interagency collaboration to suit each family's needs. As part of the evaluation of HHAN, this project looks to understand how these endeavours on the "front line" align with the strategic directions of agencies across the network.

Theory/Methods: The perspectives as well as the power to influence interagency collaboration will depend in part on an individual's formal role within an organisation. Using a semi-structured, qualitative interview approach, this aspect of the HHAN evaluation will specifically focus on senior management staff from 12 separate organisations, all of which are networked with the HHAN program in some capacity. The interviews will focus on exploring the participant's individual definition of "interagency collaboration", followed by exploring their opinion on context and extent of enablers and barriers to interagency collaboration.

Results: Interviews are expected to commence in early September, 2017. Preliminary findings will be presented. We will compare the definitions held by senior level management staff in different organisations and focus on what they believe to be enablers and barriers to interagency collaboration.

Discussions: The project will discuss how the definition of interagency collaboration manifests as/or translates to barriers or enablers to engagement and cooperation in practice.

Conclusions: We believe perspectives of and definitions held by senior management staff are influenced by their position within an organisation and their formal role which in turn affects

interagency collaboration on multiple levels. This study will provide further insights into this concept.

Keywords: interagency; collaboration

International Journal of Integrated Care

Dewhurst, S et al 2017 Care coordination for vulnerable families in the Sydney Local Health District: what works for whom, in what circumstances, and why?. *International Journal of Integrated Care*, 18(S1): A40, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s1040

CONFERENCE ABSTRACT

Care coordination for vulnerable families in the Sydney Local Health District: what works for whom, in what circumstances, and why?

1st Asia Pacific Conference on Integrated Care, Brisbane, 06-08 Nov 2017

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Introduction: Healthy Homes and Neighbourhoods (HHAN) is an integrated care program in inner west Sydney currently supporting over 150 families. The initiative aims to provide integrated care via long-term care-coordination for vulnerable families with complex health or social care needs. This research aims to determine for whom, when and why the care coordination component of HHAN works, and establish the reported outcomes for clients, care coordinators, and partner organisations.

Theory/Methods: This project utilises critical realist methodology to undertake a qualitative evaluation of the care coordination model. The first round of interviews involved purposive sampling to identify thirty participants including a mixture of HHAN clients, HHAN employees, and stakeholders or other service providers. In-depth semi-structured interviews were audio-recorded, transcribed and coded using NVivo.

Results: Analysis indicates that the care coordination model has a positive impact on clients' sense of independence, self-awareness and outlook. Trust and favourable interpersonal relations were identified as the major underlying mechanisms for a successful care coordination working relationship. The identified modes of intervention facilitating positive client outcomes included accessibility, flexibility, and service navigation. Persistent siloes in health and systemic resistance to collaboration was seen to hinder effective care delivery.

Discussion: There is a need to appreciate the negative impact the complex and siloed health system can have on vulnerable families. This study suggests that a care coordination model can assist clients to navigate that system, and be beneficial in empowering and engaging them healthcare. Successful implementation of care coordination requires flexible program design, as well as experienced and skilled clinicians fulfilling the care coordinator role.

Conclusion: Preliminary analysis identifies care coordination as an effective method for creating an integrated environment allowing clients to feel empowered to better manage their individual health and social needs.

Lessons learned: A care coordinator role is effective in integrating health care services and improving individual client outcomes, however the role often involves aspects of case management, particularly in the early stages of intervention.

Limitations: Whether the findings are applicable to other integrated care programs is unknown. HHAN clients were only interviewed if their medical and social situation was relatively stable potentially limiting the variety of perspectives obtained.

Suggestions for future research: A comprehensive evaluation of HHAN will also involve the exploration of quantitative data to further assess the impact on health and social outcomes. Ongoing mixed-methods evaluation of the program will continue to assess medium to long-term client and family outcomes.

Keywords: care coordination; empowerment; vulnerable populations; integrated care

International Journal of Integrated Care

Eastwood, J 2017 Designing an Integrated Care Initiative for Vulnerable Families: Operationalization of realist causal and programme theory, Sydney Australia. *International Journal of Integrated Care*, 18(S1): A49, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s1049

CONFERENCE ABSTRACT

Designing an Integrated Care Initiative for Vulnerable Families: Operationalization of realist causal and programme theory, Sydney Australia

1st Asia Pacific Conference on Integrated Care, Brisbane, 06-08 Nov 2017

John Eastwood

Sydney Local Health District, Australia

Introduction: In July 2015 Sydney Local Health District (SLHD) implemented an integrated care initiative for vulnerable families in the inner West region of Sydney, Australia. That initiative was designed as a cross-agency care coordination network that would ensure that vulnerable families: had their complex health and social needs met; kept themselves and their children safe; and were connected to society. We will describe the development of the integrated care design that drew on earlier realist causal and program theoretical work.

Theory/Methods: Realist causal and program theory were used to inform the collaborative design of initiatives for vulnerable families. The collaborative design process included: identification of desirable and undesirable outcomes and contextual factors, consultation forums, interagency planning, and development of a service proposal.

Results: The program theory mechanisms identified included: family-provider trust, willingness to share power, co-operation, Information, and building self-help skills.

The Design Elements included: Wrap around services, place-based initiatives, care coordination, sustained nurse home visiting, primary care support, family group conferencing, targeted parenting, social media, outcome monitoring, workforce development and realist program evaluation.

Discussion: The Design Elements included: identification of vulnerable families; care coordination; evidence-informed intervention(s); general Practice engagement and support; family health improvement; placed-based neighbourhood initiatives; interagency system change and planning; monitoring of individual and family outcomes; and evaluation.

Conclusions: The design study described advances our earlier empirical and programme design studies toward the implementation of a full whole-of-government integrated health and social care initiative. That initiative was designed as a cross-agency care coordination network that would ensure that vulnerable families: had their complex health and social needs met; kept themselves and their children safe; and were connected to society. In so doing we aim to break intergenerational cycles of poverty, violence and crime, poor education and employment opportunities, psychopathology, and poor lifestyle and health behaviours, through

strengthening family resiliency, improving access to services, and addressing the social determinants of health and well-being.

Lessons learned: In undertaking this study we identified the importance of our earlier hierarchal program analysis for identifying the elements for the full design. The application of theory added rigour to the design of integrated care initiatives. The design benefited from the inclusion of elements of population health, primary care, consumer engagement, community engagement and social determinants of health.

Limitations: The analysis and design process did not include a full critical realist analysis of pre-existing context. Consequently existing structural, cultural, relationship and agency barriers and enablers were not fully analysed as part of the design process.

Suggestions for future research: Further methodological research to develop: 1) tools that can be rapidly applied during the design process to identify pre-existing contextual barriers and enablers; and 2) approaches to build the knowledge of context into the final design.

Keywords: critical realism; design; methodology; social care; vulnerable families

International Journal of Integrated Care

Eastwood, J 2017 Social Capital and Migrant Maternal Depression. A Multilevel Bayesian Latent Variable Spatial Logistic Regression in South Western Sydney, Australia. *International Journal of Integrated Care*, 18(S1): A50, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s1050

CONFERENCE ABSTRACT

Social Capital and Migrant Maternal Depression. A Multilevel Bayesian Latent Variable Spatial Logistic Regression in South Western Sydney, Australia

1st Asia Pacific Conference on Integrated Care, Brisbane, 06-08 Nov 2017

John Eastwood

Sydney Local Health District, Australia

Introduction: We take as our starting point the proposition that antenatal and postnatal maternal stress and depression adversely impact on the developmental origins of health and disease. We cannot yet be certain of the biological level mechanisms that alter the genotypic and phenotypic response to perinatal adversity but the triggering of genetic, neuroendocrine and physiological mechanisms but psychological and nutritional stress are regarded as strong contenders. Little is known, however, of the role played by ecological constructs such as social capital.

Theory/Methods: In the study reported here we use multilevel Bayesian hierarchical spatial logistic regression to examine relationships between those ecological latent constructs and depressive symptoms among migrant mothers, while controlling for individual level co-variants. Migrant mothers (n=7256) delivering in 2002 and 2003 were assessed at 2-3 weeks after delivery for risk factors for depressive symptoms. The individual-level binary outcome variables were Edinburgh Depression Scale (EDS) >9 and >12. The association between social, demographic and ecological factors and aggregated outcome variables were investigated using exploratory factor analysis and Bayesian methods

Results: Migrant mothers had higher rates of depressive symptoms in communities with higher concentration of mothers born in Australia. The reverse was also true. The exploratory factor analysis identified six latent constructs: neighbourhood adversity, social cohesion, health behaviours, housing quality, social services, and social capital. Migrant mothers were at higher risk of depressive symptoms if they were living in communities with strong group-level social capital. .

Conclusions: These findings suggest that bonding capital may be a health liability rather than [the] force for health promotion that it is often assumed to be. The finding have implications for the distribution of health services including early nurse home visiting, which has recently been confirmed to be effective in preventing postnatal depression.

Lessons Learned: The study reported here was used to design and integrated care initiative in South Western Sydney The paradoxical findings with respect to minority groups and social capital were used to inform intervention design. The methods used here can readily inform critical realist informed intervention designs.

Limitations: There were methodological limitations in that the latent variables were developed using frequentist rather than Bayesian methods.

Suggestions for future research: Analysis using multilevel spatial latent class analysis will add to our understanding of our population groups are influenced by population level social capital.

Keywords: critical realism; multilevel spatial analysis; vulnerable populations

International Journal of Integrated Care

Eastwood, J et al 2017 Geospatial Analysis of Family Stress in Sydney Local Health District (SLHD). *International Journal of Integrated Care*, 18(S1): A120, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s1120

POSTER ABSTRACT

Geospatial Analysis of Family Stress in Sydney Local Health District (SLHD)

1st Asia Pacific Conference on Integrated Care, Brisbane, 06-08 Nov 2017

John Eastwood, Katherine Todd

Sydney Local Health District, Australia

Introduction: Disadvantage is complex concept that incorporates a range of interrelated financial, social, cultural and political factors. As the number and diversity of indicators of disadvantage increase in specific geographic areas, disadvantage often becomes more entrenched and persists over time. Spatial epidemiology is aimed at identifying patterns in the geographical distribution of health data and may detect irregularities such as spatial clusters of a disease or disadvantage.

This project took a spatial epidemiology approach to identifying the geographical distribution of the "most vulnerable" families with intergenerational cycles of disadvantage and trauma in Sydney LHD by:

Identifying individual indicators of disadvantage and mapping them within SLHD

Identifying clusters of disadvantage

Analysing potential pockets or "hot spots" of extreme or complex disadvantage via layered analysis of individual indicators of disadvantage

Theory/Methods: Data was collected at the SA1 level from the multiple sources including the 2011 ABS census and Midwives Dataset Collection. Rates of key indicators were calculated for statistical areas within the Sydney Local Health District and mapped using ArcGIS software; cluster analysis on the distribution of relative rates of these indicators of disadvantage was done and analyses of hotspots carried out using the hotspot analysis tool in ArcGIS. A final score was calculated for individual statistical areas based on the frequency of its occurrence in a hotspot of disadvantage and these scores mapped for the district.

Results: A single map encompassing multiple indicators was produced, as well as maps describing the geographical distribution of individual indicators of disadvantage within Sydney Local Health District. This allowed for analysis of pockets-of multi-layer disadvantage.

Conclusions: Addressing problems of entrenched disadvantage is a complex issue, however targeting particular locations and designing evidence-based place-based approaches has considerable potential to help improve outcomes for people experiencing multiple and inter-related forms of disadvantage.

Lessons Learned: The analysis of indicators of family stress was a powerful tool for describing family needs to community and partner stakeholders. The analysis has been successful in generating interagency support for disadvantaged communities

Limitations: The analysis was only able to use family stress data collected from maternity and community health electronic records and the most recent census. The focus was on the experiences of mothers. The experiences of fathers was absent from the data.

Suggestions for future research: Spatial latent class analysis will assist in determining if there are other groups with different characteristics.

Keywords: spatial analysis; vulnerable communities

International Journal of Integrated Care

Eastwood, J et al 2017 The Healthy Homes and Neighbourhoods Integrated Care Initiative. *International Journal of Integrated Care*, 18(S1): A51, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s1051

CONFERENCE ABSTRACT

The Healthy Homes and Neighbourhoods Integrated Care Initiative

1st Asia Pacific Conference on Integrated Care, Brisbane, 06-08 Nov 2017

John Eastwood, Erin Miller

Sydney Local Health District, Australia

Introduction: Sydney Local Health District undertook a collaborative planning process for vulnerable families in 2013 and 2014. In late 2014 the District successfully tendered for an integrated care initiative for vulnerable families – Healthy Homes and Neighbourhoods, which was implemented in July 2015.

Practice Change Implemented: The initiative involved system redesign and commitment from health, education, social care, local government, primary-care and non-Government partners. The model included: shared intake, care-coordination, family group conferencing, wrap-around delivery models, place-based service hubs, general practice engagement and support, and population-based health improvement initiatiave.

Aim and Theory of Change: The intervention aims to break intergenerational cycles of disadvantage, psychological trauma, poor parenting and poor health outcomes. A complex Theory of Change (ToC) was developed, that in summary, would: 1) engage, empower and support families; and 2) develop and strengthen the service system through a collaborative co-design process.

Targeted Population and Stakeholders: The initiative is intended for vulnerable families with complex health and social care needs who have one or more dependent children (unborn through to 17 years) where their complex health needs are impacting on their capacity to parent effectively and participate in their community. The Stakeholders included: the local primary health network (PHN), statutory child protection agency, housing department, schools, early childhood education and care providers, local government, and non-Government organisations working with complex families.

Time Line: Implementation in July 2015, reviewed 2016 and secured recurrent funding July 2017.

Highlights: The initiative has the following key features:

Multiple core and non-core agencies working together over a sustained period of time (i.e. 5 years) with families with complex health and social needs

All the needs of families are in scope for the intervention, including housing, employment, income support and legal advice

Use of evidence informed integrated care methods by service partners, including family case conferencing, and "wrap around" care delivery

Encouraging families to have a "health home" for all their health needs and supporting them to move from dependency to independence

Supporting general practice providers to care for families that are often seen to be "too difficult"

Development and implementation of shared assessment tools and referral criteria: Implementation of family assessment and engagement tools that can be used over the long-term to monitor the health and wellbeing of family members

Transferability: The integrated care model uses design elements that were adapted from other international projects and which can be implemented in other health and social care settings. The model may also be transferable to other vulnerable population groups including aged care.

Conclusions: The development of a trusting relationship between HHAN care coordinators, service providers and their clients has been an integral component of the success of the Healthy Homes and Neighbourhoods Program.

Discussion: The HHAN initiative demonstrates the benefits of integrating services with the social care, education and local government sectors to address the social determinants of health as they affect families

Lessons Learned: The development of trust between agencies, clinicians and patients is essential for the development and implantation of integrated care initiatives

Keywords: whole of system; interagency; vulnerable families

International Journal of Integrated Care

Ong, N et al 2017 Training General Practice Registrars on conducting child health and developmental surveillance. Evaluation of a blended eLearning Program. *International Journal of Integrated Care*, 18(S1): A59, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s1059

CONFERENCE ABSTRACT

Training General Practice Registrars on conducting child health and developmental surveillance. Evaluation of a blended eLearning Program

1st Asia Pacific Conference on Integrated Care, Brisbane, 06-08 Nov 2017

Natalie Ong[1,2], Cathy Llewellyn[1], Nicola Brown[4], Susan Woolfenden[2], Thomas Reti[1], Marisa Magiros[3], Katherine Todd[1], Karen Booth[5], Anne Eastwood[3], John Eastwood[1]

1: Sydney Local Health District, Australia;
2: Sydney Children's Hospital Network, Sydney, Australia;
3: GP Synergy, Sydney, Australia;
4: Tresillian, Sydney, Australia;
5: Australian Practice Nurse Association, Sydney, Australia

Introduction: Community-based integrated care initiatives for children and families had been developed in Sydney Australia over five years. One of those is the Healthy Homses and Neighbourhoods Integrated Care (HHAN) Initiative. The HHAN design includes several sector workforce capacity building initiatives. A partnership was formed with: primary health networks (PHN), child and family nurses, practice nurses, a general practice training organisation, Sydney Children's Hospita Network and the local health district.

Child health checks are conducted by Child and Family Nurses in Australia. Due to many reasons, most families do not return for their checks. However they still frequent their GPs for a range of health needs, a setting where follow up checks can be implemented and an opportunity for postgraduate learning.

Theory/Methods: GP registrars were invited to participate in an eLearning program followed by a clinical skills workshop. A curriculum blueprint mapping to learning objectives underpinned the program. Content was extracted from well child check resources and developed into individual learning objects, multimedia and interactive quizzes within a blended learning platform.

Results: Eighty-eight percent felt that the online program was useful, 66% felt learning objectives were fully met with 100% at least partially met. An overwhelming majority felt that the workshop reinforced knowledge gained from online modules and improved confidence in applying learnt content. More results will be presented at the conference.

Discussion: Development of eLearning for general practice is a growing field. GPs are busy and often bombarded with many requirements for CPD. Ensuring that there are adequate incentives as well as instructional design that is interesting, relevant and time efficient is the mainstay of GP education.

Conclusion: Learning to conduct child health checks can occur in an online setting. Blended learning opportunities should be provided where possible to consolidate specific clinical skills. There is potential for learning to occur in more remote geographical regions and for busy clinicians.

Lessons learned: Designing an eLearning program for GPs need to take into consideration their work practices, IT setup and convenience in order to achieve program completion. Embedding eLearning within a CPD context provides incentives and endorsement of education standards.

Limitation:

The evaluation numbers were constrained by web site technical matters.

Suggestions for future research

Further e-Learning modules are planned as part of the district integrated care initiative. Qualitative research projects are planned to assess impact.

Keywords: integrated primary care; workforce capacity

International Journal of Integrated Care

Ratcliff, S et al 2017 Housing and Health as partners in a place-based hub. *International Journal of Integrated Care*, 18(S1): A44, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s1044

CONFERENCE ABSTRACT

Housing and Health as partners in a place-based hub

1st Asia Pacific Conference on Integrated Care, Brisbane, 06-08 Nov 2017

Suzanne Ratcliff[1], Helen Golightly[1], James Courtney[1], Vicci Goodwin[1], Erin Miller[1], Margaret Macrae[2], John Eastwood[1]

1: Sydney Local Health District, Australia;

2: Department of Family and Community Services, Australia

Introduction: RedLink is an interagency hub in a suburb of inner Sydney. We will describe the collaborative partnership between NSW Housing and Sydney Local Health District, and non-governmental organisations.

Short description of practice change implemented: Traditionally poor communication and working in silos can act as a barrier to good care for individuals and families, especially those with complex needs. The initiative has been running since July 2015 and during this period RedLink has developed a collaborative and flexible model of service delivery that has evolved in line with clients' own identified goals with the aim to achieve long term change.

Aim and theory of change: Long term relationships are built with the community through a range of community activities and engagement strategies to improve community wellbeing. The model aims to provide a service to residents and their extended families, respect the culture of the community, and empower families to find their own solutions that work for them.

Targeted population and stakeholders: Clients using the service have complex needs, including psychological trauma, mental health, substance abuse, chronic health problems, child protection and parenting issues.

Service providers within Health, Housing and other NGOs are encouraged to deliver services through non-standard methods of intervention at the local level.

Highlights: At RedLink, there are no wrong doors. Services collaborating in the RedLink space exercise flexibility to ensure that clients do not "fall between the cracks".

With no one service automatically assuming leadership of cases, RedLink use a unique triage system and model of service delivery. Service delivery may change over time depending on clients' relationships with the service or changing goals.

This approach has enabled the Redfern community to work alongside services, government and business to achieve long term sustainable change. Community ownership is at the centre of everything that we do, including the sustainability and governance of RedLink.

Comments on sustainability: The success of this initiative has created ongoing momentum and motivation for collaborating partners

to continue to deliver non-standard methods of intervention in a place-based hub.

Transferability: The model at RedLink was established in conjunction with the local residents. It could be transferred to other areas and is currently being explored in another suburb in inner west Sydney.

Conclusions: By allowing client control of the direction and pace of service delivery, trust is established between the community and service providers. Building trust with vulnerable community members is essential, and this has had an impact on the wider community. Extended family members are no self-referring to services, addressing the wider health and social needs of families and the community.

Discussion: Building relationships and trust with vulnerable groups to address social determinants of health is crucial to encourage engagement in traditional health systems, and to address wider health needs of families and the community.

Lessons learned: The need for collaborative interagency practice in partnership with the community is essential if the needs of vulnerable community members are to be addressed.

Keywords: place-based; social determinants of health; housing; vulnerable populations

International Journal of Integrated Care

Raymond, D et al 2017 A qualitative study into health and social needs and barriers to service access for families residing in a suburb of Sydney with high rates of disadvantage. *International Journal of Integrated Care*, 18(S1): A118, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s1118

POSTER ABSTRACT

A qualitative study into health and social needs and barriers to service access for families residing in a suburb of Sydney with high rates of disadvantage

1st Asia Pacific Conference on Integrated Care, Brisbane, 06-08 Nov 2017

Deslyn Raymond[1], Erin Miller[1], Sally Hansen[1], John Eastwood[1,2,3,4]

1: Sydney Local Health District, Australia;
2: University of New South Wales, Australia;
3: University of Sydney, Australia;
4: Griffith University, Australia

Introduction: Healthy Homes and Neighbourhoods (HHAN) Integrated Care Program utilises a long-term care coordination model to enhance vulnerable family engagement with and access to appropriate health and social services. HHAN services vulnerable families across inner west Sydney, with a particular focus on two areas of clustered family disadvantage identified by a geospatial epidemiological study. Riverwood was identified as a suburb of heightened vulnerability. The study aims to identify barriers and enablers to service access and engagement in order to inform the delivery of HHAN's Riverwood place-based initiative. Both service providers and community members were consulted in order to identify the health and social needs and current gaps in service provision in this area. The study also aims to encourage consumer participation in the health service planning process through community consultation.

Theory/methods: This qualitative project will utilise informal interviews, community forums and focus groups. The first round of consultation involved informal interviews with stakeholders from which key themes and issues were identified. In the second round of consultation Riverwood community members were recruited via a variety of methods including through schools, community organisations, and letterbox drops in order to attract a varied range of participants to a community forum and follow-up focus groups. Emerging key themes and issues were identified, summarised and analysed. NVivo was used for coding and thematic analysis.

Results: Preliminary results from consultation with service providers identified both intrinsic and extrinsic factors. The major extrinsic factors include issues with health district and local boundaries, unclear referral pathways, and a lack of targeted local services. Service provider consultation also suggested that intrinsic factors such as attitudes towards health and historic mistrust of services were significant barriers to accessing and engaging with health services.

Discussions: The health and social service system is complex and difficult for both service providers and clients to navigate. Examining the issue of service access requires consideration of a broad range of factors including the perspective of service providers and the community and also reviewing systemic and process factors. This assessment of the service landscape will enable HHAN to establish a place-based initiative that adequately responds to community and service needs in this suburb of significant family disadvantage.

Conclusions: Multiple extrinsic and intrinsic factors complicate access to and engagement in services in the Riverwood area. This highlights the need for place-based integrated care initiatives such as Healthy Homes and Neighbourhoods to target the needs of disadvantaged communities.

Lessons learned: A broad framework is required to gain a comprehensive understanding of access to and engagement with services that examines the interplay of individual factors, social issues, process and systemic factors.

Limitations: The transferability of these findings outside of the Riverwood context is unknown, however, learnings may assist with planning of place-based initiatives in similar areas.

Suggestions for future research: Further research will focus on evaluation of the Riverwood place-based initiative in order to determine if identified needs and gaps are being adequately addressed.

Keywords: integrated care; vulnerable/disadvantaged; place-based initiative; service access

International Journal of Integrated Care

Raymond, D et al 2017 Developing new pathways to Health and Social Care for vulnerable clients in targeted Primary Schools. *International Journal of Integrated Care*, 18(S1): A52, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s1052

CONFERENCE ABSTRACT

Developing new pathways to Health and Social Care for vulnerable clients in targeted Primary Schools

1st Asia Pacific Conference on Integrated Care, Brisbane, 06-08 Nov 2017

Deslyn Raymond[1], Erin Miller[1], Dan Sprange[2], Robert Borg[3], Elaine Tennant[1], John Eastwood[1]

1: Sydney Local Health District, NSW, Australia;
2: Hannans Road Public School, NSW, Australia;
3: Riverwood Public School, NSW, Australia

Introduction: Healthy Homes and Neighbourhoods (HHAN) is an integrated care program that supports families in inner west Sydney where adults have complex health and social needs, often impacting on the parent's ability to provide a safe and supportive environment for their children. HHAN provides care coordination and activities that promote inter- and intra-agency integration. Referral pathways from local schools are targeted in one suburb with significant family disadvantage.

Practice change implemented: Following a service provider consultation with schools and other agencies to identify community barriers and enablers, the HHAN social worker established a preferred pathway relationship with target schools. This prioritised clinical pathway featured service delivery of long term care coordination, whole of family focus, flexible home and community visits, fast track Paediatric outreach clinic and consistent collaboration with the schools.

Aim and theory of change: To establish new service partnerships that facilitate whole-of-family access to health and social services and result in improved outcomes for families with complex needs who are disconnected from key services.

Targeted population and stakeholders: Children and families with complex health and social needs who attend either of two public primary schools in a suburb of significant family disadvantage are targeted in this initiative. Important stakeholders who need to be engaged to ensure success of the pathway include school staff, health service staff, local social service providers, and the broader community.

Timeline: Stakeholder engagement commenced in October 2015 and is ongoing. The referral pathway commenced in late 2015.

Highlights: This is a unique care coordination pathway linking professionals from the health, social and education sectors to provide whole-of-family care to families with complex needs.

Data from Patient Reported Outcome Measures provide a baseline description of the issues that families are facing. Independentqualitative interviews conducted with referred families have shown that the intervention enabled the families to make improvements in their access to services and health and wellbeing outcomes. Trust between service providers, particularly education and healthcare providers, has developed over time.

Sustainability: HHAN is a permanently funded program and the pathways established enable health and other community partners to better "join up" and access this target group.

Transferability: Other community agencies are exploring similar models where education and social care services are partnered. Key lessons from the evaluation of this pathway could be applied to other models.

Conclusion: Qualitative and quantitative data collected demonstrate improvements in families' health experience, independence and quality of life following referral to HHAN care coordination via this pathway.

Discussion: Establishing this pathway successfully has challenged partners to develop a new model using creative, non-standard methods of intervention. The families seen have multiple complex needs and face many barriers to care. The qualitative findings and case studies indicate the importance of integrated care initiatives such as HHAN.

Lessons Learned: The establishment of this pathway has created a bridge between Health and Department of Education leaders and the broader service system to assist vulnerable families. Enabling systems now exist which encourage ongoing integration and communication between professionals.

Keywords: vulnerable; pathways; education; health; collaboration

International Journal of Integrated Care

Smith, B et al 2017 Integrated Care across Health District Boundaries. *International Journal of Integrated Care*, 18(S1): A132, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s1132

POSTER ABSTRACT

Integrated Care across Health District Boundaries

1st Asia Pacific Conference on Integrated Care, Brisbane, 06-08 Nov 2017

Bronwyn Smith[1], Christina Antonas[2], Erin Miller[1], John Eastwood[1]

1: Sydney Local Health District, Australia;

2: South Eastern Sydney Local Health District, Australia

The Healthy Homes and Neighbourhoods (HHAN) Program provides long term care coordination to families with complex health and social needs, in the Sydney Local Health District (SLHD). Referral during the antenatal period is the preferred pathway, aiming to ensure complex families have support for themselves and their child, commencing in the period prior to birth. Previous geospatial mapping has identified two areas of clustered disadvantage within SLHD.

Following identification of reduced attendance at one of two SLHD antenatal clinics, a HHAN care coordinator established communications with two hospitals in adjoining health districts to discover patterns of attendance for "out of area" pregnant women. Reasons for attendance at these "out of area" antenatal clinics is uncertain at this stage, but Local Government has identified gaps in public transport to the secondary SLHD hospital. Further research into cross boundary hospital attendance will be undertaken.

By attending the adjacent Local Health District's psychosocial meetings, HHAN aims to identify and engage with vulnerable women and their families, living with SLHD, but attending "out of area" health services. Engagement with adjoining health districts helps to integrate health and social care services beyond our local health district borders, which is vital for families living within previously identified areas of disadvantage.

This initiative targeted pregnant women, and their families, with complex health and social needs residing in SLHD who were utilising antenatal health services outside SLHD boundaries. Engagement with health and social care providers across local health district boundaries is essential as HHAN aims to ensure vulnerable women and their families are not "falling through the cracks". This presentation will focus on the initial collaboration between nurses/midwives and social workers, based in bordering health districts with the common aim of providing client focused support.

Attendance at adjacent health district psychosocial meeting commenced in July 2017, following a period of discussion between health districts to acknowledge the identified gap in SLHD antenatal attendance and recognition of cross boundary health utilisation. Ongoing collaboration is planned to allow for seamless referral into the HHAN program and other health and social care services.

Inter-Health District Care Coordination is a developing area within Australian public health. This Sydney-based, high-risk, antenatal pathway demonstrates to health care providers and their consumers that flexible support is possible across health boundaries.

Interdisciplinary, cross health district collaboration is an essential current and future pathway to improve outcomes in the most vulnerable members of our population.

The development of a trusting relationship between HHAN care coordinators, service providers and their clients has been an integral component of the success of the Healthy Homes and Neighbourhoods Program. This inter-health district liaison is enhancing communication and planning across health borders.

Challenging and supporting health and social care partners to think and act outside their geographical boundaries is essential for ongoing change in these sectors, as we put the consumer and their complex lives at the forefront of our care.

Whilst change is challenging, collaboration between health service providers is one step towards providing timely, integrated supportive care for vulnerable families.

Keywords: cross district; vulnerable; collaboration

International Journal of Integrated Care

Allworth, K et al 2018 An exploration of models of care coordination to meet the needs of families requiring health and social care in Sydney, Australia. *International Journal of Integrated Care*, 18(S2): A166, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s2166

CONFERENCE ABSTRACT

An exploration of models of care coordination to meet the needs of families requiring health and social care in Sydney, Australia'

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

Kristy Allworth, Erin Miller, Sally Hansen, John Eastwood

Sydney Local Health District, Australia

Introduction: The Healthy Homes and Neighbourhoods HHAN team provides care coordination for vulnerable families with complex health and social care needs, who are disconnected from key services and require multi-agency support. HHAN care coordination is delivered across inner western Sydney, with staff based at a community health centre and a c o-located hub in an identified suburb of disadvantage. Care coordination is provided by Senior Social Workers and Clinical Nurse Consultants. At the commencement of the program staff were instructed to deliver care coordination from their respective sites, in response to community need. The study aims to describe the model of care coordination and the variables contributing to its emergence.

Theory/Methods: Semi-structured interviews were conducted with HHAN care coordinators to explore the model of care they were providing and its development over time. Electronic medical records were reviewed to explore case history, activity and outputs delivered by care coordinators. Patient journeys were detailed, analysed and compared.

Results: The review demonstrated that a single model of care exists, with interpretations differing dependent upon clinician skills and expertise, community need, client cohort and service context.

Clinicians based at the community centre have identified assertive outreach to be more time consuming in engaging clients , the failure to attend rates are higher and traditional service models do not take into consideration vulnerable families social needs. Place based initiatives or 'in reach' services have demonstrated that clients presenting take less time to engage due to the immediacy of their needs and are more likely to return due to the locale. Furthermore inter professional collaborative practice is demonstrated more effectively within a co-located hub than centre based care.

Discussions: The model of care is an iterative process of assessing and identifying social and health needs with longitudinal accompaniment, navigation and education to increase families' capacity to manage their complex needs.

HHAN clients are a heterogeneous group with multiple risk factors that threaten the wellbeing of the families. These clients require innovative and creative approaches to meeting their care

needs. The model of care supports this innovation, creativity and integrated care response. This is due to the recruitment of senior staff who exhibit leadership qualities with superior interpersonal skills and a commitment to social justice and demonstrated integrity in practice.

Conclusions: The HHAN model of care provides care coordination for vulnerable families in both a place based initiative and community health centre.

Lessons learned: Care coordination delivered from place based initiatives meet vulnerable clients within their communities and are able to work more efficiently with inter-professional collaboration. Centre based care is a less efficient way of care –coordinating for vulnerable families due to geographic location, traditional service models and longer time required for engagement.

Limitations: The project did not explore the adaptability of the model to other populations.

Suggestions for future research: A comparative study of client outcomes versus place based outcomes.

Keywords: care coordination; colloborative practice; place based initiative; social determinants; leadership

International Journal of Integrated Care

Barmaky, S et al 2018 A realist evaluation of Healthy Homes and Neighbourhoods' place-based initiative in an inner city public housing estate in Sydney. *International Journal of Integrated Care*, 18(S2): A104, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s2104

CONFERENCE ABSTRACT

A realist evaluation of Healthy Homes and Neighbourhoods' place-based initiative in an inner city public housing estate in Sydney

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

Salwa Barmaky[2], Sally Hansen[1], Erin Miller[1], Elaine Tennant[2], Suzanne Ratcliff[1], John Eastwood[1,2,3,4]

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4: Griffith University, Australia

Introduction: The Healthy Homes and Neighbourhoods HHAN Integrated Care Program seeks to enhance vulnerable family access to and engagement with health and social services through a care coordination model. In addition to servicing families living in inner west Sydney, HHAN has also established two place-based initiatives PBI in areas of heightened disadvantage – one of which is located in Redfern. The Redfern PBI co-locates HHAN with housing, drug and alcohol services, financial and legal services. This integration aims to facilitate service access and provide multi-agency support for vulnerable families in the Redfern area and improve health and social outcomes for individuals and the community. This study aims to evaluate the role and impact of HHAN's Redfern PBI and explore whether a place-based model and co-location translates into improved patient, service and community outcomes.

Theory/Methods: The project utilised a critical realist methodology to undertake a qualitative evaluation of the impact of the PBI on clients, services and community health and social outcomes. Purposive sampling was used to identify 20 participants including HHAN clients, HHAN employees and stakeholders involved with the Redfern PBI. In-depth, semi-structured interviews were audio-recorded, transcribed, coded and analysed using NVivo.

Results: Preliminary thematic analysis found that the PBI provided varied benefits for clients and other services. Positive outcomes for clients included better engagement with services, increased trust in health services, empowerment, improved outlook and planning for the future. Positive outcomes for services included easier referral pathways, knowledge transfer and increased integration with other services. Mechanisms by which these outcomes were achieved included whole of families participating in decision making, flexibility, establishing trust, building connections and proximity.

Discussion: The HHAN place-based model has achieved early subjective successes in terms of individual client health and social outcomes and service outcomes. Whether this translates into objective health improvements and overall community benefit is yet to be determined.

Conclusion key findings: The delivery of an integrated care program via a place-based model has resulted in early positive outcomes for individual clients and other services.

Lessons learned: This early qualitative evaluation provides an insight into the potential role that place-based initiatives can play in improving health and social outcomes in disadvantaged communities.

Limitations: The applicability of the findings of the study in areas outside of the Redfern community is unknown, however, learnings could be applied when establishing PBI in suburbs with a similar demographic profile. Participant bias should also be considered given the most vulnerable clients or clients in crisis were unlikely to be suitable for participation.

Suggestions for future research: A comprehensive evaluation of the HHAN initiative will require a mixed-methods approach. As such a quantitative review will provide further insight in regards to client outcomes and cost-benefit analysis. Additionally, given HHAN is a whole of family service, further investigation into family outcomes is required. Examining the role that a place-based initiative plays in improving overall community outcomes would also be beneficial.

Keywords: integrated care; place based initiative; evaluation; realism

International Journal of Integrated Care

Costantino, K et al 2018 Qualitative exploration of enablers and barriers to interagency collaboration from the perspectives of senior managers and executive staff including social network analysis. *International Journal of Integrated Care*, 18(S2): A338, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s2338

POSTER ABSTRACT

Qualitative exploration of enablers and barriers to interagency collaboration from the perspectives of senior managers and executive staff including social network analysis

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

Kathryn Costantino[1], Janet Long[2], Sally Hansen[1], Erin Miller[1], John Eastwood[1]

1: Sydney Local Health District, Australia;
2: Macquarie University, Australia

Introduction: The Sydney Local Health District SLHD integrated care initiative, Healthy Homes and Neighborhoods HHAN, is a comprehensive population based integrated care strategy to address the complex needs of vulnerable families. The spectrum of care required to optimise the health and social care outcomes for these families well exceeds the capacity of the public healthcare system alone. Needs such as housing, finance, and social supports often preclude these families from addressing physical and mental health issues. As part of the evaluation of HHAN, this project looks to understand the experiences of senior managers and executive staff with interagency collaboration from across the network.

Theory/Methods: Recruitment took place by purposive sampling. Agencies which HHAN considers partners or potential partners were identified and an appropriate informant from within each agency selected. An agency for the purpose of this project could be within a broader organisation.

The interviews focused on the participant's individual definition of "interagency collaboration" and explored their opinions of enablers and barriers to interagency collaboration. Ideas were carried forward and explored further in subsequent interviews.

To accompany the interview data, a sociogram of collaborative links was developed from an online social network analysis to provide a visual illustration of the linkages between the organisations.

Results: Interviews and social network analysis data collection occurred between October 2017 and February 2018. A total of 13 semi-structured qualitative interviews took place, providing representation from six organisations. The majority of participants expressed a continuum on which they viewed interagency collaborations to be able to occur, depending on what was trying to be achieved. Achieving efficient, knowledgeable referrals with single client focus between agencies, whether government or non-government, was the most basic and common type of collaboration being aspired to. Collaboration could also include working

together on shared projects and strategic planning to advance population health initiatives. The sociograms show a coherent network of collaboration with a spread of key players.

Reviewing enablers and barriers, it became apparent that whether something was being characterised as an enabler or as a barrier was dependent on how the idea was being framed. As a result a thematic grouping system identifying important features of interagency collaboration is being derived, final results of which are not available at the time of this submission.

Discussions: By identifying themes of identified importance to interagency collaboration from across the network, HHAN may be able to use this to optimise its ability to effectively collaborate from both a strategic and front line staff aspect.

Limitations: While features of a grounded theory approach were used, strict adherence to the methodology did not take place nor did complete saturation of themes.

Suggestions for Future Research: As part of the evaluation of HHAN, another project interviewing frontline staff has occurred. It may be beneficial to compare and contrast the findings from these studies, to further understand how the views of senior managers from across the network aligns with the organisational approach to interagency collaboration perceived at the client care level.

Keywords: management; interagency; collaboration

International Journal of Integrated Care

Dewhurst, S et al 2018 Care coordination for vulnerable families in the Sydney Local Health District: what works for whom, in what circumstances, and why?. *International Journal of Integrated Care*, 18(S2): A102, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s2102

CONFERENCE ABSTRACT

Care coordination for vulnerable families in the Sydney Local Health District: what works for whom, in what circumstances, and why?

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

Suzannah Dewhurst[2], Sally Hansen[1], Elaine Tennant[2], Erin Miller[1], Kristy Allworth[1], John Eastwood[1,2,3,4]

1: Sydney Local Health District, Australia;
2: University of New South Wales, Australia;
3: University of Sydney, Australia;
4: Griffith University, Australia

Introduction: Healthy Homes and Neighbourhoods HHAN is an integrated care program in inner west Sydney currently supporting over 150 families. The initiative aims to provide integrated care via long-term care-coordination for vulnerable families with complex health or social care needs. This research aims to determine for whom, when and why the care coordination component of HHAN works, and establish the reported outcomes for clients, care coordinators, and partner organisations.

Theory/Methods: This project utilises critical realist methodology to undertake a qualitative evaluation of the care coordination model. Interviews involved purposive sampling to identify thirty participants including a mixture of HHAN clients, HHAN employees, and stakeholders or other service providers. In-depth semi-structured interviews were audio-recorded, transcribed and coded using NVivo.

Results: Analysis indicates that the care coordination model has a positive impact on clients' sense of independence, self-awareness and outlook. Trust and favourable interpersonal relations were identified as the major underlying mechanisms for a successful care coordination working relationship. The identified modes of intervention facilitating positive client outcomes included accessibility, flexibility, and service navigation. Persistent siloes in health and systemic resistance to collaboration was seen to hinder effective care delivery.

Discussion: There is a need to appreciate the negative impact the complex and siloed health system can have on vulnerable families. This study suggests that a care coordination model can assist clients to navigate that system, and be beneficial in empowering and engaging them healthcare. Successful implementation of care coordination requires flexible program design, as well as experienced and skilled clinicians fulfilling the care coordinator role.

Conclusion: Preliminary analysis identifies care coordination as an effective method for creating an integrated environment allowing clients to feel empowered to better manage their individual health and social needs.

Lessons learned: A care coordinator role is effective in integrating health care services and improving individual client outcomes, however the role often involves aspects of case management, particularly in the early stages of intervention.

Limitations: Whether the findings are applicable to other integrated care programs is unknown. HHAN clients were only interviewed if their medical and social situation was relatively stable potentially limiting the variety of perspectives obtained.

Suggestions for future research: A comprehensive evaluation of HHAN will also involve the exploration of quantitative data to further assess the impact on health and social outcomes. Ongoing mixed-methods evaluation of the program will continue to assess medium to long-term client and family outcomes.

Keywords: integrated care; realism; care coordination

International Journal of Integrated Care

Eastwood, J et al 2018 Integrating Care for Children Young People and Their Families SIG - Part 1: Establishing a Special Interest Group. *International Journal of Integrated Care*, 18(S2): A46, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s2046

CONFERENCE ABSTRACT

Integrating Care for Children Young People and Their Families SIG - Part 1: Establishing a Special Interest Group

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

John Eastwood[1], Lisa Altman[2], Erin Miller[1], Susan Woolfenden[2], Dana Newcomb[3], Frank Tracey[3], Thea van Zeban[4], Birgit Levelink[4], Greg Stewart[5], Katherine Burchfield[6], Susan Hannah[7], Richard Antonelli[8], Hannah Rosenberg[8]

1: Sydney Local Health District, Sydney, NSW, Australia;
2: Sydney Children's Hospital Network, Sydney, NSW, Australia;
3: Children's Health Queensland Hospital and Health Service, Qld, Australia;
4: Maastricht University, The Netherlands;
5: South Eastern Sydney Local Health District, NSW, Australia;
6: Royal Far West, Manly, Sydney, NSW Australia;
7: Children and Young People Improvement Collaborative, Scottish Government, Scotland;
8: Boston Children's Hospital Harvard Medical School, Boston, Massachusetts, United States of America;

Background: It is a truism that children are our future and yet is only recently that science has come to understand the significant impact that child and youth development has on later adult health and wellbeing. This includes not only prevention of disease, injury and disability, but also inclusion in education, employment and social relationships. Important during these early years is the interaction of a child's genetic inheritance with the family and home environment, and later the peer-relationships, school and community environment. There are also critical historical and intergenerational influences that have a profound impact on the genetic-environment interaction. Adverse childhood experiences (ACE) of parents and caregivers can continue to have an impact.

Local and state communities seek to mitigate these adverse impacts. The proverb "it takes a village to raise a child" provides the underlying ethos whereby all members of society work together to raise healthy and resilient children and young people. To do so it is necessary support and nurture, mothers, fathers, families, children and young people along an ever changing life-course trajectory that may require inputs from maternity services, childcare, schools, primary care, welfare and housing, income support, mental health, police, and hospitals.

The provision of this support to families, children and young people can be complex and for some it will require a number of simultaneous inputs. It could be argued that the potential complexity of inputs is not realised at any other stage of the life-course. Each stage of child and youth development has its own unique complexity, be it: pregnancy and childbirth; early childhood; school; adolescence and early adulthood.

Thus the integration of system-wide policies and services has long provided the foundation for promoting and protecting the health, development and wellbeing of children, young people and their families. The United Nations Convention on the Rights of Children and the Sustainable Development Goals (SDGs) provide the global platform to addressing the needs of children young people and families. The challenges are global. Integration of services for families, children and young people, for example, is important in low-income countries, countries affected by war, among refugee and migrant populations, and within rich countries as highlighted by the recent Innocenti Report.

Aims and Objectives:

1) Discuss definitions and scope for Integrating Health and Social Care as it applies to Children, Young People and their Families

2) Discuss the scope and purpose of a Integrating Care for Children Youth People and Their Families Special Interest Group (IC-CYF SIG)

3) Modify the Scope and Purpose Document for the Integrating Care for Children Youth People and Their Families, Special Interest Group (IC-CYF SIG)

Format: Timing 60 minutes, One Speaker, Group work at tables, Feed-back from tables, Discussion and Summation

Target Audience: Health, education and social care practitioners and researchers who are interested in aspects of integrated health and social care as it applies to children, young people and their families.

Learnings and Takeaway: The workshop will define the scope and purpose of a SIG for Integrating Care for Children Youth People and Their Families.

Keywords: children; young people; families

International Journal of Integrated Care

Eastwood, J et al 2018 Integrating Care for Children Young People and Their Families SIG - Part 2: Service Policy and System Approaches. *International Journal of Integrated Care*, 18(S2): A254, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s2254

POSTER ABSTRACT

Integrating Care for Children Young People and Their Families SIG - Part 2: Service Policy and System Approaches

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

John Eastwood[1], Lisa Altman[2], Erin Miller[1], Susan Woolfenden[2], Dana Newcomb[3], Frank Tracey[3]

1: Sydney Local Health District, Australia;

2: Sydney Children's Hospital Network, Australia;

3: Children's Health Queensland Hospital and Health Service, Australia

Background: We have called for the establishment of a special interest group for "Integrating Care for Children Young People and their Families. Our argument is based on the truism that "children are our future" and the observation that at the heart of achieving the Sustainable Development Goals is the Global Strategy for Women's, Children's and Adolescents' Health 2016-2030. That strategy "envisages envisions a world in which every woman, child and adolescent realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies". .

The United Nations Convention on the Rights of Children and the Sustainable Development Goals SDGs provide the global platform to addressing the needs of children young people and families. Building on the SDG goal of achieving universal health coverage, WHO developed a global strategy and framework for people centered and integrated health services, recommending that countries consciously consider the perspectives of individuals, families, and communities, and respond to their preferences and needs. The framework proposed five interdependent strategies for health services to become more integrated and people-centred.

empowering and engaging people and communities

strengthening governance and accountability

reorienting the model of care

coordinating services within and across sectors

creating an enabling environment.

The integration of system-wide policies and services has long provided the foundation for promoting and protecting the health, development and wellbeing of children, young people and their families. The proverb "it takes a village to raise a child" provides the underlying ethos whereby all members of society work together to raise healthy and resilient children and young people. Building on the "Global Strategy for Women's, Children's and Adolescents' Health

2016-2030" a draft "Nuturing Care Framework" is under development by WHO. That draft Framework contains five guiding principles.

The child's right to survive and thrive Child Rights principal

Leave no child behind equity principal

Family-centred care

A whole-of-society approach

Whole-of-government action.

Based on an analysis of effective programmes the Framework proposes five action areas that "create universally enabling environments and include a focus on communities, families and children in greatest need … accompanied by strong monitoring systems and accountability mechanisms." The five proposed action areas are:

Provide leadership, create societal awareness and invest

Value that families and communities are at the heart of Nurturing Care

Create enabling environments through policies, information and services

Monitor progress in implementation, results and impact

Strengthen local evidence and innovate to support scale up.

These two frameworks will be used to stimulate discussion.

Aims and Objectives: To discuss service, policy and system approaches for promoting and protecting the health, development and wellbeing of children, young people and their families.

Format: Network discussion among IC-CYF SIG members.

Target Audience: Health, education and social care practitioners and researchers who are interested in aspects of integrated health and social care as it applies to children, young people and their families.

Learnings and Take Away: Network participants will contribute to building a collaborative work programme for the IC-CYF SIG

Keywords: children; young people; families

International Journal of Integrated Care

Eastwood, J et al 2018 Integrating Health and Social Care SIG - Part 1: Establishing a Special Interest Group. *International Journal of Integrated Care*, 18(S2): A50, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s2050

CONFERENCE ABSTRACT

Integrating Health and Social Care SIG - Part 1: Establishing a Special Interest Group

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

John Eastwood, Roelof Ettema

Sydney Local Health District, Australia

Background: The integration of system-wide health and social care policies and services has long been seen as the answer to improved efficiency and outcomes for consumers of health and social care services. Recent Government reviews[1] , however, have failed to find substantial evidence that integration lead to better outcomes for patients or financial savings or reduced hospital activity. For example, there was no evidence that the widely population multidisciplinary team approach is unlikely to achieve widespread efficiencies and anticipated outcomes in constrained financial settings. Barriers identified include misaligned financial incentives, workforce challenges and reticence over information sharing. Despite these reservations optimism is widespread that integration and social care can address the challenges facing society with increasing chronic illness, mental illness, disability, homelessness, ageing and marginalised traumatised populations. The answers may not lie with large scale government policies but rather with local initiatives between primary health care, community or 3rd sector providers and hospitals. The challenge advanced by the UK Audit Office as to establish an evidence base for what works in integrating health and social care as a priority.

Aims and Objectives:

1) Discuss definitions and scope for Integrating Health and Social Care

2) DIscuss the scope and purpose of an Integrating Health and Social Care Special Interest Group (IHASC SIG)

3) Modify the Scope and Purpose Document for the Integrating Health and Social Care (IHASC SIG)

Format: Timing 60 minutes, One Speaker, Group work at tables, Feed back from tables, Discussion and Summation

Target Audience: Health, disability, education and social care practitioners and researchers who are interested in aspects of integrated health and social care.

Learnings and Takeaway: The participants will learning some of the policy and academic foundations of Integrating Health and Social Care,

The workshop will define the scope and purpose of a SIG for Integrating Health and Social Care

References:

1- National Audit Office. Health and social care integration, Department of Health, Department Communiites and Local Government and NHS England. National Audit Office, London, UK, 2017

Keywords: social care

International Journal of Integrated Care

Eastwood, J et al 2018 Integrating Health and Social Care SIG - Part 2: The Healthy Homes and Neighbourhoods Integated Care Initiative. *International Journal of Integrated Care*, 18(S2): A256, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s2256

POSTER ABSTRACT

Integrating Health and Social Care SIG - Part 2: The Healthy Homes and Neighbourhoods Integated Care Initiative

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

John Eastwood, Erin Miller

Sydney Local Health District, Australia

Background: Sydney Local Health District, Australia, undertook a collaborative planning process for vulnerable families in 2013, and an interagency child health and wellbeing plan in 2014. In late 2014 the District successfully tendered for an integrated care initiative for vulnerable families – Healthy Homes and Neighbourhoods, which was implemented in July 2015.

The initiative involved significant system redesign and commitment from health, education, social care, local government, and primary-care and non-Government partners. The initial model included: shared intake, care-coordination, family group conferencing, wrap-around delivery models, place-based service hubs, general practice engagement and support, and family and population-based health improvement initiatiave.

A significant feature of the design is the collaborative engagement with welfare, disability, education, child protection, civil law, housing, local government and criminal justice sectors. At the level of clinical engagement and support for families all salient matters are considered in scope for the care-coordinators.

Collaboration with the non-health sector is challenging for reasons that include:

Differing operational policy frameworks, including: district boundaries, training, clinical tools, and performance indicators

Increased commissioning and outsourcing to multiple private sector providers

Privacy legislation, case-law and related sector policies and protocols

Different digital technology across non-health sectors and providers.

Progress toward addressing the challenges has been partially achieved at a place-based clinical level where multi-disciplinary team processes enable shared-care approaches to develop. Lessons learnt in the place-based demonstration sites are expected to be transferable.

Aims and Objectives:

1- Provide an overview of the design of the Healthy Homes and Neighbourhoods Integrated Care Initative

2- Provide an update of previously presented studies

3- Describe new studies

Format: Timing 90 minutes. Large group presentation format.

Target Audience: Health, education and social care practitioners and researchers who are interested in the design, implementation and evaluation of integrated health and social care inititiaves for vulnerable families.

Learnings and Takeaway: The participants will learn of one approach to providing integrated health and social care services for vulnerable populations

Those familiar with the HHAN initiative will be brought up to date with new aspects of the initiative including school projects.

Keywords: social care; families; children; young people; population health

International Journal of Integrated Care

Eastwood, J et al 2018 Realist Research Design and Evaluation for Integrated Care SIG (RIC) - Part 2: Realist Quantitative Methods for Integrated Care Design and Evaluation. *International Journal of Integrated Care*, 18(S2): A49, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s2049

CONFERENCE ABSTRACT

Realist Research Design and Evaluation for Integrated Care SIG (RIC) - Part 2: Realist Quantitative Methods for Integrated Care Design and Evaluation

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

John Eastwood[1], Roelof Ettema[2], Denise De Souza[3], Hueiming Liu[4]

1: 1: Sydney Local Health District, Australia;
2: University of Applied Sciences Utrecht, University Utrecht, Netherlands;
3: Nanyang Technological University, Singapore;
4: The George Institute for Global Health, Australia;

Background: Realist research methodology is increasingly being used for the design and evaluation of integrated care initiatives. Much of current realist research and evaluation is qualitative in nature and yet many realist methodologists, including Pawson, Tilley, Sayer and Olsen, have argued for the use of mixed methods. There remains much debate regarding the role of quantitative methods, including statistics, within a critical realist philosophical framework.

For many realist researchers the use of quantitative methods is both a philosophical and methodological stumbling block. Yet quantitative methods can contribute to realist theory building,, design and theory testing through their ability to use observable events to infer the existence of underlying mechanisms and to detect changes in both context and outcomes.

This workshop will examine debates about the use of quantitative methods in realist research and evaluation, either as part of a mixed-method design or on their own. Examples of their use for both theory development and theory testing will be provided. The workshop will provide practical demonstration of the use of quantitative methods for both small and large scale studies.

Knowledge, techniques and practices to be addressed include:

The philosophical debates concerning the use of quantitative methods for realist research and evaluation

Quantitative methods used for explanatory theory building research

Construction of quantitative tools from qualitative data

Quantitative methods used for evaluation and theory testing

Application of quantitative methods within realist mixed method study designs

Practical application of quantitative analysis to infer mechanistic action.

By the conclusion of the workshop, participants should be able to:

Understand the philosophical rejection of quantitative methods for both natural and social scientific realms

Determine how to interpret quantitative methods and incorporate them into realist research and evaluation while maintaining a distinction between method and methodology

Describe quantitative methods for inclusion in realist mixed method research and/or evaluation study designs

Undertake practical realist analysis of quantitative study data using simple statistical methods.

Aims and Objectives:

1) To examine debates about the use of quantitative methods in realist research and evaluation, either as part of a mixed-method design or on their own.

2) To demonstrate the use of realist quantitative methods for both integrated care design and evaluation.

Format: 90 minutes, one speaker and facilitator, Group work at tables using problem-based learning. Discussion, debate and learning resources.

Target Audience: Integrated care design and evaluation practitioners and researchers. Qualitative and quantitative researchers. Mixed methodologists.

Learning and Takeaway: Increased understanding of how quantitative methods can be appropriately used with realist methodology.

Introduction to the use of advanced quantitative methods for design and evaluation of integrated care initiatives including latent class analysis, latent variable pathways, and discontiuity quasiexperimental designs.

Keywords: theory; evaluation; realism; design

International Journal of Integrated Care

Eastwood, J et al 2018 Realist Research Design and Evaluation for Integrated Care (RIC) SIG - Part 1: Establishing a Special Interest Group. *International Journal of Integrated Care*, 18(S2): A255, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s2255

POSTER ABSTRACT

Realist Research Design and Evaluation for Integrated Care RIC SIG - Part 1: Establishing a Special Interest Group

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

John Eastwood[1,6,7], Roelof Ettema[2,8], Denise De Souza[3], Hueiming Liu[4], Loraine Busetto[5], Harris-Roxas Ben[6], Harris Patrick[7], Guus Schrijvers[8]

1: Sydney Local Health District, Australia;
2: University of Applied Sciences Utrecht, The Netherlands;
3: Nanyang Technological University, Singapore;
4: The George Institute for Global Health, Sydney, Australia;
5: University Hospital Heidelberg, Heidelberg, Germany;
6: University of New South Wales, Sydney, Australia;
7: University of Sydney, Sydney, Australia;
8: University Medical Center, Utrecht, The Netherlands

Background: Realist philosophy and methodology is increasingly being explicitly used in the field of integrated care to research the extant context, structure and mechanisms at play, and to design and evaluation interventions. Philosophic realism is the view that entities exist independently of our perception or our theories about them. While the realist philosophy underpins much of modern health and social science, it is only recently that this philosophical approach has been popularised within main stream health and social science literature. Realist research methodology is increasingly being described in research areas that are relevant to the study of integrated care, namely, organisational management, information science, social epidemiology, economics, and health services evaluation. Importantly realist approaches are increasingly being used in mixed method research designs and to elucidate the processes at play in experimental and quasi-experimental studies.

Realist researchers seek to explain the underlying "cause" or mechanisms that generate observed phenomenon. The realist understanding of how the world is ontology includes the notion of a hidden or "real" domain where mechanisms generate forces that result in the phenomena which we observe. Realists also view the world as consisting of strata or layers of reality which may interact with other layers to produce new mechanism. This approach is proving useful for studying and developing theory about complex health and social care systems, and then designing and evaluating possible interventions. Over the last number of years a number of realist studies have been presented at the International Foundation of Integrated Care conferences including: realist studies of context and mechanisms; realist design of integrated care interventions; realist synthesis of literature; and realist evaluations of integrated-care interventions. The methodologies, and the dialectical debates, are

complex, and therefore, deserving of special consideration within the Integrated Care community.

This preliminary workshop will support evaluators and researchers to use realist methods in integrated care and other complex evaluations. Because realist evaluation was initially developed using smaller-scale programs, methods need to be modified for large scale programs, while remaining consistent with underlying methodological principles. The workshop will discuss the value of and the dilemmas involved in using realist methods for large and complex programs, and demonstrate strategies to address the dilemmas.

Aims and Objectives:

1- Present and discuss the basic tenants of realist research, design and evaluation as it applies to the large scale and complex programs such as integrated care

2- Discuss the scope and purpose of a Realist Research, Design and Evaluation for Integrated Care Special Interest Group RIC-SIG

3- Modify the scope and purpose of a Realist Research, Design and Evaluation for Integrated Care - SIG

Format: Group Discussion

Target Audience: Integrated care practitioners and researchers who are familiar with realist research including the current focus on critical realism and realist evaluation

Learning and Takeaway: The workshop will define the scope and purpose of a SIG for Realist Research, Design and Evaluation for Integrated Care

Keywords: theory; evaluation; design; realism

International Journal of Integrated Care

Eastwood, J et al 2018 The Healthy Homes and Neighbourhoods Integrated Care Initiative. *International Journal of Integrated Care*, 18(S2): A324, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s2324

POSTER ABSTRACT

The Healthy Homes and Neighbourhoods Integrated Care Initiative

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

John Eastwood, Erin Miller

Sydney Local Health District, NSW, Australia

Introduction: Sydney Local Health District undertook a collaborative planning process for vulnerable families in 2013 and 2014. In late 2014 the District successfully tendered for an integrated care initiative for vulnerable families – Healthy Homes and Neighbourhoods, which was implemented in July 2015.

Practice Change Implemented: The initiative involved system redesign and commitment from health, education, social care, local government, primary-care and non-Government partners. The model included: shared intake, care-coordination, family group conferencing, wrap-around delivery models, place-based service hubs, general practice engagement and support, and population-based health improvement initiatiave.

Aim and Theory of Change: The intervention aims to break intergenerational cycles of disadvantage, psychological trauma, poor parenting and poor health outcomes. A complex Theory of Change ToC was developed, that in summary, would: 1 engage, empower and support families; and 2 develop and strengthen the service system through a collaborative co-design process.

Targeted Population and Stakeholders: The initiative is intended for vulnerable families with complex health and social care needs who have one or more dependent children unborn through to 17 years where their complex health needs are impacting on their capacity to parent effectively and participate in their community. The Stakeholders included: the local primary health network PHN, statutory child protection agency, housing department, schools, early childhood education and care providers, local government, and non-Government organisations working with complex families.

Time Line: Implementation in July 2015, reviewed 2016 and secured recurrent funding July 2017.

Highlights: The initiative has the following key features:

Multiple core and non-core agencies working together over a sustained period of time i.e. 5 years with families with complex health and social needs

All the needs of families are in scope for the intervention, including housing, employment, income support and legal advice

Use of evidence informed integrated care methods by service partners, including family case conferencing, and "wrap around" care delivery

Encouraging families to have a "health home" for all their health needs and supporting them to move from dependency to independence

Supporting general practice providers to care for families that are often seen to be "too difficult"

Development and implementation of shared assessment tools and referral criteria

Implementation of family assessment and engagement tools that can be used over the long-term to monitor the health and wellbeing of family members

Transferability: The integrated care model uses design elements that were adapted from other international projects and which can be implemented in other health and social care settings. The model may also be transferable to other vulnerable population groups including aged care.

Conclusions: The development of a trusting relationship between HHAN care coordinators, service providers and their clients has been an integral component of the success of the Healthy Homes and Neighbourhoods Program.

Discussion: The HHAN initiative demonstrates the benefits of integrating services with the social care, education and local government sectors to address the social determinants of health as they affect families

Lessons Learned: The development of trust between agencies, clinicians and patients is essential for the development and implantation of integrated care initiatives

Keywords: whole of system; interagency; vulnerable families

International Journal of Integrated Care

Ettema, R et al 2018 Towards Evidence Based Integrated Care. *International Journal of Integrated Care*, 18(S2): A293, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s2293

POSTER ABSTRACT

Towards Evidence Based Integrated Care

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

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Introduction: Both in literature and in practice there is debate about defining Integrated Care. The WHO for example, defines Integrated Care as a process, not covering the perspective of cost- effectiveness. From the perspective of research into evidence in Integrated Care this is rather awkward. Triple aim focusses on 1 quality of life of citizens; 2 quality and continuity of care and, 3 cost effective care. Integrated Care is aimed at well-organized, cost-effective processes of care delivery, provided by committed professionals which must be able to count on well-established evidence for the care interventions they provide in integrated trajectories to their patients. Research should support them both with evidence for effective interventions and evidence for effective application. A basis for thorough research in Integrated Care is narrowed by a lack of a comprehensive definition.

Theory/Methods: Since Integrated Care is considered as sets of complex interventions targeting triple aim, we compared definitions of Integrated Care reported in literature with a definition of complex interventions and a model for evidence based developing, testing and implementing complex interventions. This definition and the accompanied model are issued by the British Medical Research Council MRC in 2008 and are nowadays worldwide established.

During the session at the conference, after a short introduction, we will discuss our proposal with the participants for improving a new definition of evidence based integrated care.

Results: Our preparation resulted in a proposal for a definition for 'Evidence Based Integrated Care' which covers defining the care problem with the underlying working mechanisms and the test acceptance by patients and care providers. Furthermore, it covers test effect of both the concept of interventions and the cost effectiveness in the context were the complex interventions are provided, the organization of the complex interventions in the trajectory and the quality of life and societal participation of citizens or patients.

Discussions: On one hand, the perspective of the content of the interventions moves mostly in the domain of healthcare research. On the other hand, the perspective of the organisation of Integrated Care process is predominantly moving in the domains of social sciences and healthcare business research. In order to achieve triple aim care and welfare, a third perspective of directing the content of the interventions and the way of organising the

Integrated Care process is necessary. Unfortunately, this remains rather underexposed in research.

Conclusions: In order to meet triple aim, research in Integrated Care should focus on three perspectives at ones:

the content of the interventions;

the organisation of the Integrated Care process;

to strengthen both, creating synergy between content and context.

Lessons learned: By directing content and context, research in Integrated Care will make a vital contribution to accomplishing triple aim Integrated Care.

Limitations: This is a theoretical exercise for starting a discussion for establishing a research basis, needed for focussing research in Integrated Care.

Suggestions for future research: Developing research methods for Integrated Care research covering the perspectives of content context and the direction of these.

Keywords: research; evidence based

International Journal of Integrated Care

Moradi Cheme, B et al 2018 Health and Social Care influences on Long Hospital Length of Stay (LOS): A Critical Realist Study in a large metropolitan hospital. *International Journal of Integrated Care*, 18(S2): A56, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s2056

CONFERENCE ABSTRACT

Health and Social Care influences on Long Hospital Length of Stay (LOS): A Critical Realist Study in a large metropolitan hospital

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

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Introduction: Theory-driven design of integrated care interventions requires that research first be undertaken of the pre-existing system performance and factors that might be amendable to improvement. One indicator of health and social care system performance is hospital length of stay (LOS). LOS is one of the single most important indicators of hospital performance and health care delivery. LOS is an important measure of resource utilization with strong associations between LOS and hospital costs. The cost of long LOS has a significant impact on individual hospital budgets as well as being an overall burden on health systems. Consequently studies of LOS are essential for management and financing of hospitals and health systems.

Patient pre-existing comorbidities, socioeconomic situation and base-line care-demands all have significant impacts on length of stay. Thus LOS not only evaluates bed management and the efficiency of hospital internal systems, but also the performance of pre-admission and post-discharge community-based health and social care systems. The study of long hospital LOS should therefore also examine the impact, and potential for modification, of complex health and social care, service, policy and system factors. The aim of this study is to determine the underlying internal and external health and social care factors that impact on the phenomenon of long length of stay in a major metropolitan hospital.

Theory/Methods: Critical realism will provide the methodological underpinning for this mixed method study. Critical realism seeks to understand the underlying mechanisms and structures that are generating the observed phenomenon. The study will use a concurrent triangulated design that will contribute to explanatory theory building and subsequent design of interventions. The quantitative study will use longitudinal administrative data from the study hospital and supporting health district electronic medical records. Study variables will include: LOS, diagnosis and procedures, patient demographics, and various referral and discharge parameters. Statistical analysis will use exploratory data analysis, regression and time-trend methods. The qualitative study will use critical realist interview methods, purposeful selection of key staff and patients, and realist grounded theory approaches to analysis and development of realist theoretical propositions.

Results: Quantitative data collection has commenced. Quantitative analysis will be used to concurrently to inform the qualitative interview questions. Interviews are expected to commence in early February 2018. Preliminary findings will be presented. We will identify underlying structures and mechanisms contributing to long LOS and develop realist MCO theoretical propositions in the form mechanism (M), context (C), Outcome (O).

Discussions: We will demonstrate the use of critical realist research methods to study health and social care factors impacting on hospital LOS. The findings will be used to develop realist theoretical propositions that can be used to design service, policy and system-wide interventions.

Conclusions: We anticipate that we will demonstrate that system-wide health and social care factors impact on the phenomenon of long hospital LOS. We will be able to propose interventions that will include the development of integrated care approaches in both the health and social care sectors.

Keywords: length of stay; mixed method research; critical realism

International Journal of Integrated Care

Ratcliff, S et al 2018 Housing and Health as partners in a place-based hub. *International Journal of Integrated Care*, 18(S2): A325, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s2325

POSTER ABSTRACT

Housing and Health as partners in a place-based hub

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

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Introduction: RedLink is an interagency hub in a suburb of inner Sydney. We will describe the collaborative partnership between NSW Housing and Sydney Local Health District, and non-governmental organisations.

Short description of practice change implemented: Traditionally poor communication and working in silos can act as a barrier to good care for individuals and families, especially those with complex needs. The initiative has been running since July 2015 and during this period RedLink has developed a collaborative and flexible model of service delivery that has evolved in line with clients' own identified goals with the aim to achieve long term change.

Aim and theory of change: Long term relationships are built with the community through a range of community activities and engagement strategies to improve community wellbeing. The model provides a service to residents and their extended families, respects the culture of the community, and empowers families to find their own solutions that work for them.

Targeted population and stakeholders: Clients using the service have complex needs, including psychological trauma, mental health, substance abuse, chronic health problems, child protection and parenting issues.

Service providers within Health, Housing and non-government agencies are encouraged to deliver services through non-standard methods of intervention at the local level.

Highlights: At RedLink, there are no wrong doors. Services collaborating in the RedLink space exercise flexibility to ensure that clients do not "fall between the cracks".

With no one service automatically assuming leadership of cases, RedLink use a unique triage system and model of service delivery. Service delivery may change over time depending on clients' relationships with the service or changing goals.

This approach has enabled the Redfern community to work alongside services, government and business to achieve long term sustainable change. Community ownership is at the centre of everything that we do, including the sustainability and governance of RedLink.

Comments on sustainability: The success of this initiative has created ongoing momentum and motivation for collaborating partners to continue to deliver non-standard methods of intervention in a place-based hub. Four Health District teams now deliver services from the hub, in partnership with the other agencies co-located in the space.

Transferability: The model at RedLink was established in conjunction with the local residents. It could be transferred to other areas and is currently being explored in another suburb in Sydney.

Conclusions: By allowing client control of the direction and pace of service delivery, trust has been established between the community and service providers. Building trust with vulnerable community members is essential, and this has had an impact on the wider community. Extended family members are now self-referring to services, addressing the wider health and social needs of families and the community.

Discussion: Building relationships and trust with vulnerable groups to address social determinants of health is crucial to encourage engagement in traditional health systems, and to address wider health needs of families and the community.

Lessons learned: The need for collaborative interagency practice in partnership with the community is essential if the needs of vulnerable community members are to be addressed.

Keywords: place-based; social determinants of health; housing; vulnerable populations

International Journal of Integrated Care

Raymond, D et al 2018 A qualitative study into health and social needs and barriers to service access for families residing in a suburb of Sydney with high rates of disadvantage. *International Journal of Integrated Care*, 18(S2): A106, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s2106

CONFERENCE ABSTRACT

A qualitative study into health and social needs and barriers to service access for families residing in a suburb of Sydney with high rates of disadvantage

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

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Introduction: The Healthy Homes and Neighbourhoods HHAN Integrated Care Program utilises a care coordination model to enhance access to and engagement with health and social services for vulnerable families. HHAN services families throughout inner west Sydney, with a particular focus on areas identified to be of heightened disadvantage through geospatial epidemiological studies. Two place-based initiatives PBI have been established in these areas of vulnerability – one of which is located in Riverwood. This study aims to identify barriers and enablers to service access and engagement in order to inform the delivery of HHAN's Riverwood PBI. Both service providers and community members were consulted in order to identify the health and social needs and current gaps in service provision in this area. The study also aims to encourage consumer participation in the health service planning process with a particular emphasis on engaging the most vulnerable community members.

Theory/methods: This qualitative project utilised interviews, a community forum and focus groups. Service provider interviews were undertaken to identify the viewpoints of key organisations related to service access and engagement. Community members were recruited via multilevel community engagements strategies and promotion through direct and indirect contact. A community forum investigated barriers and enablers to accessing services from the perspectives of families. Follow-up focus groups were held to address particular issues raised at the forum and to cater to particular language groups. Emerging key themes were identified, summarised and analysed.

Results: Service provider consultation identified both intrinsic and extrinsic factors affecting service access and engagement. The major extrinsic factors included issues with health district and local boundaries, unclear referral pathways and a lack of targeted local health services. Intrinsic factors identified were mistrust of services, negative interactions with services and low health literacy. Preliminary results from community consultation suggest a

lack of local services, accessibility issues with existing services, lack of culturally appropriate services and inadequate transport options were key barriers for community members.

Discussions; The health and social service system is complex and difficult for both service providers and clients to navigate. Examining the issue of service access requires consideration of a broad range of factors including the perspective of service providers and the community and also reviewing systemic and process factors. This assessment of the service landscape will enable HHAN to establish a PBI that adequately responds to community and service needs in this suburb of significant family disadvantage.

Conclusions: Multiple extrinsic and intrinsic factors complicate access to and engagement in services in the Riverwood area. This highlights the need for integrated PBIs such as HHAN to target the needs of disadvantaged communities.

Lessons learned: A broad framework is required to gain a comprehensive understanding of access to and engagement with services that examines the interplay of individual factors, social issues, process and systemic factors.

Limitations:The transferability of these findings outside of the Riverwood context is unknown.

Future research: Further research will focus on evaluation of the Riverwood PBI in order to determine if identified needs and gaps are being adequately addressed.

Keywords: integrated care; place based initiative; community engagement

International Journal of Integrated Care

Raymond, D et al 2018 Developing new pathways to Health and Social Care for vulnerable clients in targeted Primary Schools in Sydney, Australia. *International Journal of Integrated Care*, 18(S2): A323, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s2323

POSTER ABSTRACT

Developing new pathways to Health and Social Care for vulnerable clients in targeted Primary Schools in Sydney, Australia

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

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Introduction: Healthy Homes and Neighbourhoods HHAN is an integrated care program that supports families in inner west Sydney where adults have complex health and social needs, often impacting on the parent's ability to provide a safe and supportive environment for their children. HHAN provides care coordination and activities that promote inter- and intra-agency integration. Referral pathways from local schools are targeted in one suburb with significant family disadvantage.

Practice change implemented: Following a service provider consultation with schools and other agencies to identify community barriers and enablers, the HHAN social worker established a preferred pathway relationship with target schools. This prioritised clinical pathway featured service delivery of long term care coordination, whole of family focus, flexible home and community visits, fast track Paediatric outreach clinic and consistent collaboration with the schools.

Aim and theory of change: To establish new service partnerships that facilitate whole-of-family access to health and social services and result in improved outcomes for families with complex needs who are disconnected from key services.

Targeted population and stakeholders: Children and families with complex health and social needs who attend either of two public primary schools in a suburb of significant family disadvantage are targeted in this initiative. Important stakeholders who need to be engaged to ensure success of the pathway include school staff, health service staff, local social service providers, and the broader community.

Timeline: Stakeholder engagement commenced in October 2015 and is ongoing. The referral pathway commenced in late 2015.

Highlights: This is a unique care coordination pathway linking professionals from the health, social and education sectors to provide whole-of-family care to families with complex needs.

Data from Patient Reported Outcome Measures provide a baseline description of the issues that families are facing. Independentqualitative interviews conducted with referred families have shown that the intervention enabled the families to make improvements in their access

to services and health and wellbeing outcomes. Trust between service providers, particularly education and healthcare providers, has developed over time.

Sustainability: HHAN is a permanently funded program and the pathways established enable health and other community partners to better "join up" and access this target group.

Transferability: Other community agencies are exploring similar models where education and social care services are partnered. Key lessons from the evaluation of this pathway could be applied to other models.

Conclusion: Qualitative and quantitative data collected demonstrate improvements in families' health experience, independence and quality of life following referral to HHAN care coordination via this pathway.

Discussion: Establishing this pathway successfully has challenged partners to develop a new model using creative, non-standard methods of intervention. The families seen have multiple complex needs and face many barriers to care. The qualitative findings and case studies indicate the importance of integrated care initiatives such as HHAN.

Lessons Learned: The establishment of this pathway has created a bridge between Health and Department of Education leaders and the broader service system to assist vulnerable families. Enabling systems now exist which encourage ongoing integration and communication between professionals.

Keywords: vulnerable; pathways; education; health; collaboration