

## CONFERENCE ABSTRACT

### Integration of health and social care for children with complex health conditions: an assessment of the policy and organisational context in Europe.

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**Introduction:** Across Europe, little is known about the policy, organisational and practical aspects of integrated health and social care for children with complex care needs (CCN) in Europe. This growing population of children typically have varying and extensive needs, that often require a coordinated and integrated response from multiple care providers.

**Aim:** This study is part of a large EU funded project on children's primary health care, Models of Child Health Appraised (MOCHA). This study seeks to examine the legal, policy and organisational structures for social care services for CCN in 30 European countries and to explore how they interface with primary care.

**Method:** Using a network of child health and social care experts (Country Agents) across 30 EU countries, a standard set of questions were asked on the legal, policy and organisational structure for the delivery of social care services to these children and their families. The questions included a case vignette which sought to explore how both their health and social care needs were met in each country. Quantitative responses were analysed using descriptive statistics and qualitative responses were analysed using a thematic framework approach.

**Results:** While some countries deliver social care through government agencies, many outsource services to non-profit and commercial organisations. Just over one-third of the countries surveyed have an established policy framework with specific recommendations on the integration of social care services with health care for children. Ongoing work will explore if this improved practice. Just under one third of the countries surveyed have a care coordinator in place for children with CCN; this role is identified as a positive facilitator of optimum care delivery.

**Discussion:** The diversity of social care structures across the EU illustrates the challenge in trying to develop a model that can be applied across multiple countries. Further work in this project will explore optimum pathways for care delivery at the social healthcare interface.

**Conclusions:** The results of this study suggest that meeting the wider needs (social care needs) of CCN requires a care coordination/management approach based on the wider needs of children so that they can lead an "ordinary life".

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**Lessons learned:** Social care delivery is not uniform across the countries, however, the case vignette approach ensured some uniformity in response which was helpful in validating results.

**Limitations:** The absence of national outcome data on social care needs for children with CCN in the participating countries adds to the complexity of comparing the effectiveness of country wide approaches to supporting this group of children and their families.

**Suggestions for future work:** While most children with CCN require additional health and social care interventions, others may have complex social care needs without a complex health condition, for example, children who have child welfare and child protection requirements. The role of primary care in identifying and/or meeting these needs requires further exploration.

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**Keywords:** primary care; children; complex conditions

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