

CONFERENCE ABSTRACT

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

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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
