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

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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.

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of disadvantage

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.