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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**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.

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**Keywords:** integrated care; place based initiative; community engagement