



Defining the Barriers to Health and Social Care for Vulnerable Clients:

An Exploratory Study of Contexts Underlying
an integrated Care Initiative
Sydney, Australia

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Introduction: Vulnerable Families



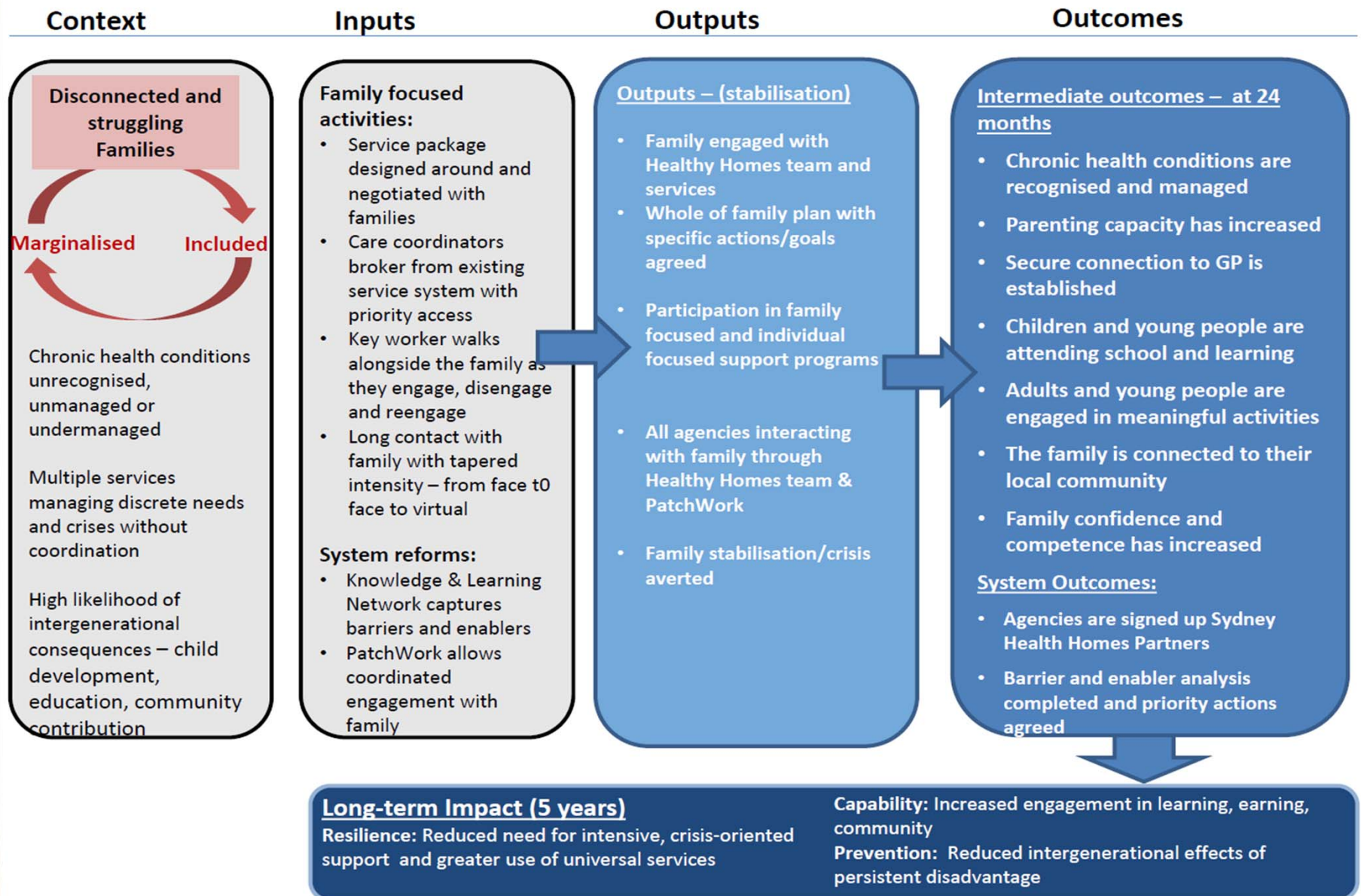
- Social disadvantage – Impaired ability to access resources and participate in economic and social aspects of society
- May suffer trans-generational disadvantage and psychological trauma
- Can be invisible to health and social services and policy makers
- Vulnerable to fragmented care
- Complex and enduring needs

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.



Theory of Change



Method

- Critical Realist Evaluation
- “What works for whom and why?”
- Study of the contexts, interventions, mechanisms, and outcomes (CIMO) underlying the program
- Phase 1: Contextual barriers to health and social care examined

Methods

- Purposive sampling was used to identify 12 clients and 21 professionals
- Semi-structured guided interviews
- All interviews were audio-recorded, transcribed and coded using NVivo v11 software.

Client Characteristics

- All female caregivers
- 3/12 grandmothers
- 9/12 birth parents
- All participants were either the index client or a support for a vulnerable person caring for children (newborn to teenagers).



Characteristics of Professionals Interviewed

Organisation	Number of participants (N = 21)
SLHD HHAN Team	4/21
NSW Family and Community Services (Including Housing and Child Protection)	4/21
NSW Education Department	2/21
Non Governmental Organisations	5/21

Professional Background	Number of Participants (N =21)
Nursing/Midwifery	4/21
Medicine	3/21
Social Worker	6/21
Specialist Case Worker or similar	6/21
Educator	2/21

Results: Contexts (Client related)

Financial stress from attending appointments

Drug/Alcohol

Housing insecurity

Food insecurity

Physical health issues

Grief reactions



Language barriers

Poor housing standards (mould, rats)

Children removed

Mental Health issues

Domestic violence

Visa issues

Distrust of professionals

Medicare ineligibility



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Results: Contexts (Professional or system related)

Lack of Medicare incentives for vulnerable

Lack of provision or referral to public services

Technology as a barrier

Lack of awareness of who to refer to

Frequent worker turnover

Culture of non-collaboration /rivalry



Large Physical distances to services

Red tape

Minimal interest in vulnerable clients

Time constraints

Assumptions about need; lack of community consultation

Exclusive referral criteria

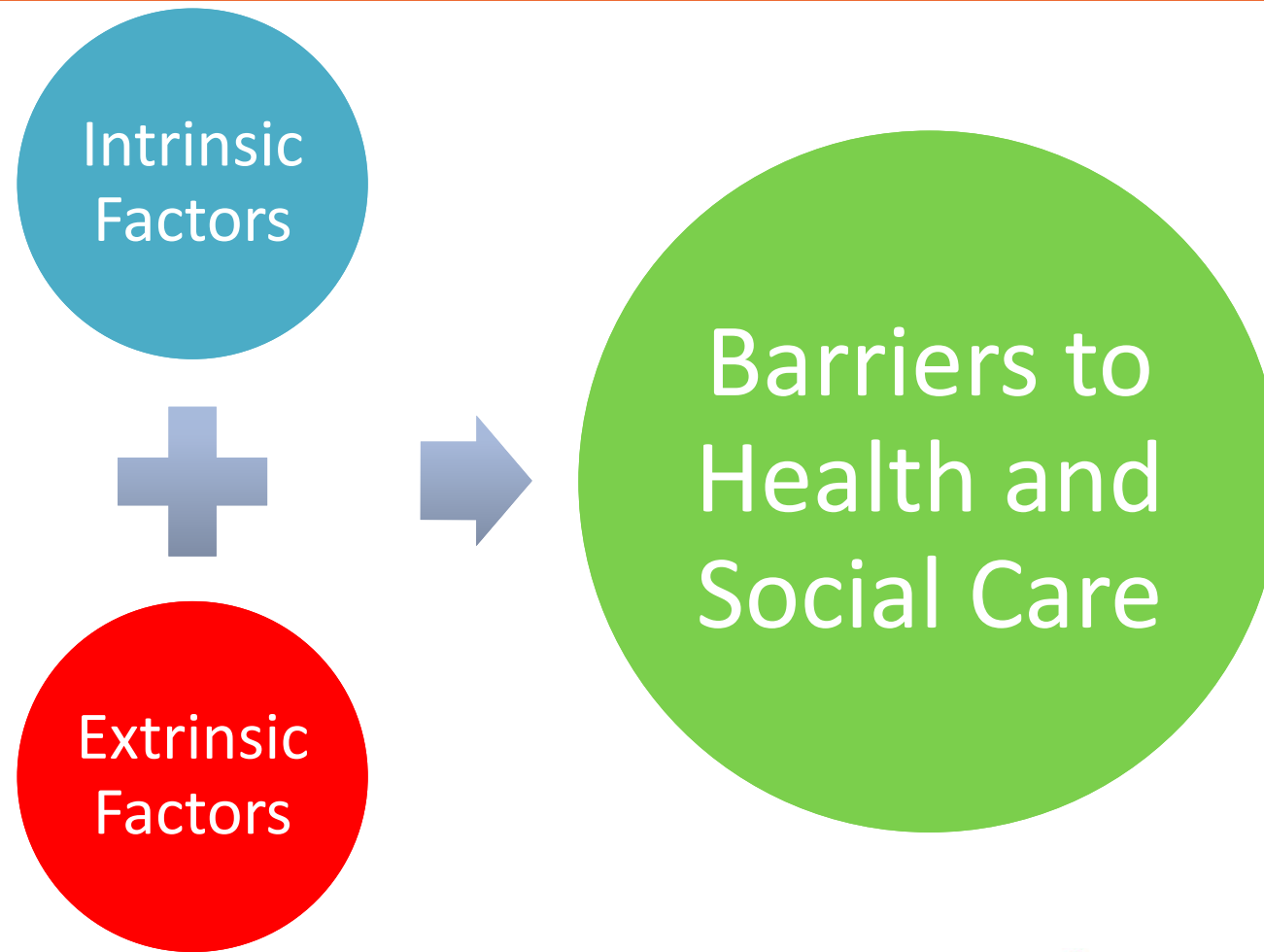
High rates of child removal in some communities

Lack of dialogue between agencies

Lack of trauma-informed training

Funding deficiencies

Results



Intrinsic Factors

- History of trauma/depression (often intergenerational)
- Competing priorities
- Distrust of services/professionals
- Concerns about confidentiality and disclosure

Extrinsic Factors

- Accessibility and Economic Barriers
- Misalignment of Service Provision with Client Needs
- Communication Issues

Accessibility and Economic Barriers

- Inequitable geographic coverage
- Physical barriers and transport issues
- Strict eligibility criteria (postcode)
- Opaque or difficult referral systems
- Long waiting times
- Lack of financial incentives for seeing vulnerable families in private system
- Direct and indirect costs to clients (childcare).



Misalignment of Service Provision with Client Needs

- Assumptions made about needs
- Unrealistic care plans given social circumstances,
- Paucity of culturally-appropriate and trauma-informed staff training
- Short-termism of professionals (resulting in unstable client-service and service-service relationships)
- Vulnerable families perceived as “too hard”.

Communication Issues

- Services unaware of each others existence or role
- Client misunderstanding of the role of different service providers
- Technological barriers (e.g. incompatible electronic referral systems).

Discussion

- Disadvantaged families are often characterised as “hard to reach” and that they don’t engage with services
- This implies that the fault (or blame) lies with these individuals and families.
- This study identifies pre-existing conditions within the Sydney health and social care system that act as barriers to families accessing care.

Discussion

- We found that it can be challenging for vulnerable clients to navigate Sydney health and social care systems
- Professionals (acting as agents for families) expressed frustration that attaining appropriate timely referrals and client care was difficult in the existing system.

Discussion

- The findings of this study present opportunities at both individual provider and system levels to enhance engagement.
- In particular, this study's findings highlight the necessity for integrated care initiatives, which encourage reorientation to address social determinants of health and create enabling systems for integration and communication between professionals and agencies.



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Conclusion

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.

Thank you

- Questions?



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Extra Slides



Participant Characteristics

- **Clients:** all female caregivers, 3/12 grandmothers, 9/12 birth parents.
- Caring for children aged newborn to teenagers.
- **Professionals:** Variety of backgrounds, mainly social workers/healthcare workers.
- 4/21 HHAN, 4/21 local health district or general practice, 4/21 NSW Department of Family and Community Services (Housing and Child Protection), 2/21 NSW Education services, 5/21 partner NGOs.



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Methods

- Clients: “Can you tell me a little bit about your situation and why you think you were referred to HHAN Care Coordination?”, “Have you found it easy to get the help you need?”
- Professionals “Do you think that vulnerable clients are able to access the care they need?” “What do you think are the barriers optimal to health and social care?”
- As research progressed, more targeted questions based on previous responses

Results: Intrinsic Factors

“..If I had to go to someone. (not that I

“So a lot of our clients, especially if

““We had a lot of issues with...children who need dental care and, you know, some of the families, their priority; it is to help their child but they can't actually get them to the Dental Hospital, even though it's close, but that's because themselves, they're having a really hard time and they need support... some of them need hand-holding and confidence is a huge problem; like we see parents when they first come here, they're quite withdrawn and hollow and it's like an institution...”

– Preschool teacher

- Competing priorities
- Distrust of services/professionals
- Concerns about confidentiality and disclosure

“...And I guess it also takes time, you can't just expect people to trust you overnight, and trust you with everything...” –

Client



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Results: Accessibility/Economic

"... these little things like paediatrician and it's not little but seriously \$280 for a consultation..... So all the GP does is refer you – I don't know if she's the only GP that does it or someone else but they're all specialists and they just cost my shopping like one weeks shopping every time."

– Client

"I've had the experience of ringing (for a service) and being asked what side of the street they

Economic Barriers

providers) are not comfortable with (vulnerable patients) they actually take a lot of time and they are not really very give patients even though they are coming back and they're bulk billing and often they don't turn up you know any times....Do they really use these appointments for patients which we don't get paid for?" – Doctor

train line and there's sort of a bus which doesn't come very often..."

– Client

lack of Medicare incentive

Perceived or real costs for services – Clients not referred to bulk-billing providers

Indirect costs to attend services – Childcare, transport costs

"..A young mother, had a six month old baby, she had depression, anxiety and suffered from domestic violence....because she had to look after her baby, she couldn't actually go to the psychiatrist herself...is there any service that can help her to look after her baby so she can actually work on her issues?" - Case Worker



Results: Misalignment of Service Provision with Client Needs

Misalignment of Service Provision with Client Needs

Assumptions about needs, rather than consultation

Care plans not realistic given client's social circumstances

Frequent turnover of case workers/healthcare staff → Unstable service relationships

"..That's the main thing, instead of just assuming what people need, actually ask them what they're after and people end up getting a lot further in actually helping someone and in the right way" – Client

"..Sometimes you see the discharge summary, with a follow-up appointment at 9am... you know the carer's been up with them all night and that appointment is just not going to happen" – Clinical Nurse Consultant

"One of my patients who's really difficult was doing great when he had a case worker.... Four months later he just DNAs again, I can't get hold of him and it's because the case worker changed... I would have loved them to call me and let me know...then the patient ends up in Concord and then it can take six months to recover from those sort of setbacks" – GP

Results: Communication Issues

"..XX (An NGO) just received referrals and they don't take referrals by fax...they want you to do an online form and it's not... doesn't even integrate with our software and we're told that sending things electronically is not safe. It can be very frustrating." – Doctor

"..As GPs, there's a lack of understanding what services are out there and what they will do." – GP

Clients misunderstand services of different service providers

Technological barriers impeding communication e.g. incompatible electronic referral systems

"..This patient told me 'I am seeing M and they're helping me sort that out'...I kept asking 'who is M and where are they from?'.. But the patient wasn't sure" – Case worker

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.