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## CONFERENCE ABSTRACT

# The HOP Pilot: A collaboration to develop an integrated person-centred model for vulnerable people to feel safe accessing health support

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**Introduction:** Using a partner-development framework, 29 government, private, educational, and not-for-profit organisations, across two West Australian Local Governments, developed a person-centred model to tackle barriers experienced by vulnerable community members for accessing treatment and health programs.

**Target group:** “Vulnerable” is a broad term that includes disability, mental health issues, Aboriginal, other cultural diversity, elderly, and low socio-economic status. Those with the highest health needs are often least likely to access services. Challenges for engagement include ignorance, lack of understanding by both service-providers and consumers, and absence of inter-sectoral collaboration. Trust and relationship-building can take years.

**Stakeholders:** As the pilot timeframe was short, the insights of identified community champions and those working closely with vulnerable communities were sought to facilitate a supportive person-centred model, tailored to identified local needs. Partners included State and Local Government departments, not-for-profit agencies, universities, and the private sector. (Links for partner details are available at: <https://cihealth.com.au/the-hop-healthy-outreach-program/>)

**Collaborative Development of Participant Journey Model:** The HOP, chosen for its lively sound rather than the acronym of Healthy Outreach Program, was resourced by the Western Australian Primary Health Alliance (WAPHA) to adapt Cockburn Integrated Health’s existing healthy lifestyle service to meet the needs of neighbouring local government areas. The partnering process was:

Review of extant models > snowball organisation recruitment > one-to-one stakeholder interviews > mapping of strengths, gaps and opportunities > draft for proposed participant journey model > a full-day workshop to finalise the model, culminating in program-naming and signing of “The Coalition of the Willing”.

**Results of Collaboration:** Consultation and collaboration elucidated several service gaps and barriers to engagement. In many cases, immediate solutions were discovered through coordinated networking. For example, one park’s usual activities of fights, drug deals, and drinking were replaced for one day a week with exercise sessions, on-demand psychological help, and displays created by supervised nutrition students with free (donated) fruit and customised resources. By offering health-enablers in settings already attended by vulnerable people, a supportive environment became accessible. Peer mentors and outreach workers (known as “HOP Guides”) received interactive training to augment engagement and sustained participation. A recommendation for choice inspired a hierarchy for levels of health assessment and commitment

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to participation: HOP to Good, HOP to Better, and HOP to Best. Resource-sharing of a colour-in wellness wheel allowed an icebreaking, appealing self-assessment tool.

**Learning:** Tailoring and integration of services to meet local needs, peer mentorship, and dedicated networking opportunities were similar to the five-year-old Cockburn service. Differences included greater vulnerabilities and higher needs of HOP participants, short timeframe of the pilot, and HOP Guide training. The dedicated coordinator role was deemed essential to the partnership success. The inclusive consultation process resulted in a sense of ownership for participating stakeholders and is recommended as a framework for similar partnership development initiatives.

**Next Steps:** Two-and-a half-years post-workshop, in March 2023, HOP partners will be re-interviewed to assess sustained outcomes of the pilot program. These strengths will be disseminated to interested parties to inform future program planning.