

POSTER ABSTRACT

An orientation model for implementing and sustaining integrated health and social care hubs for early childhood development.

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Evidence is emerging on the efficacy of Integrated Health and Social Care (IHSC) hubs to improve the early detection and intervention of developmental vulnerability in children from culturally and linguistically diverse and/or socioeconomically disadvantaged backgrounds. IHSC hub models typically involve co-located child and family health services and non-government organisations, which deliver a range of psychosocial services, for example playgroups, domestic violence support, mental health support, early childhood education. However, there remains a dearth of evidence on how to successfully implement and sustain the integration of health and social care. Our project aimed to evaluate the impact and implementation of IHSC hubs for migrant and refugee populations in three sites in New South Wales, Australia with high proportions of migrant and refugee communities. To help implement and sustain IHSC hubs, we developed an orientation model detailing the operational principles required for successful integration of IHSC hubs. This presentation is based on a qualitative exploration of the barriers and enablers to implementing IHSC hubs in three sites in New South Wales, Australia guided by the Consolidated Framework for Implementation Research. Development of the orientation model involved semistructured interviews and five workshops with 25 participants including clinicians, providers, and managers from child and family health services and non-government social services to understand their perspectives on the barriers and facilitators to implementing an IHSC hub. Important findings from this work included the need for tangible guidelines that detail the activities that best enable the successful integration of services within a hub model. Our orientation model details the operational principles of integrating health and social services for early childhood health. These include the setting up phase activities of buy-in which details approaches for developing a common agenda and partnership development, which outlines mechanisms for fostering collaboration between health and social services. Following this, our orientation model articulates the need to establish connecting support, including infrastructure governance and resources that support integration between services; ongoing integration activities such as the feedback mechanisms and ongoing communication channels necessary for successful integration; and activities that enhance a hubs relevance for the community it services. This model establishes key components for implementing IHSC hubs, which are

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garnering increasing attention in early childhood contexts globally. Future work will involve disseminating the orientation model broadly across child and family health and social services and evaluating the uptake of the model in broader contexts.