

## CONFERENCE ABSTRACT

# Designing initiatives for vulnerable families: from theory to design in Sydney, Australia

17<sup>th</sup> International Conference on Integrated Care, Dublin, 08-10 May 2017

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**Introduction:** Inequities in the health and wellbeing of Australian children and families who live in disadvantaged communities are growing despite a range of government initiatives designed to alleviate the impact of disadvantage and social exclusion (1). Increased understanding of the complex and inter-related issues that contribute to poor outcomes for vulnerable disadvantaged families have prompted concern from researchers and service providers about the often fragmented and inefficient service response. This has prompted an increased national policy commitment to community-led, multi-disciplinary, cross-sector integrated service delivery (1). The aim of the study was to use previously described realist causal and program theory to inform collaborative design of initiatives for vulnerable families

**Theory/Methods:** Previously developed realist causal and program theory were used to inform the collaborative design of initiatives for vulnerable families (2). The collaborative design included: identification of outcomes and contextual factors, consultation forums, interagency planning, and development of a service proposal.

**Results:** The Design proposed initiatives and service activities that:

Are sustainable with an exit strategy or have the scope to be absorbed into the current service budget

Build partnerships with the Medicare Local (primary health networks), Local Government, Government and non-Government agencies

Provide for capacity building within SLHD services, families and communities, and partner agencies

Establish organisational structures and processes that provide options for future growth and organisational change.

The Design Elements included: Perinatal coordination, Sustained home visiting, Integrated service model development, two place-based hubs, Health Promotion and strengthened research and analysis capability.

**Discussion:** We have used critical realist meta-theory to assist in the translation of previously reported empirical explanatory theory building to theory driven interventions. Local quantitative and qualitative studies were used together with consultation forums and collaborative design approaches. In applying the realist programme theory to the local situation the analysis took into account: the role of the local agencies; evidence of program effectiveness; determinants and outcomes for local children and their families; the current deployment of service resources; and insights from front-line staff and interagency partners.

**Conclusions:** We demonstrate here the design of interventions for vulnerable families in Sydney utilising translational research from previous realist causal and program theory building to operational service design.

**Lessons learned:** In undertaking this study we identified the importance of our earlier hierarchal program analysis for identifying the elements for the full design. The application of theory added rigour to the design of integrated care initiatives.

**Limitations:** The analysis and design elements remained health sector focused despite the collective approach to planning.

**Suggestions for future research:** Further local qualitative studies should be undertaken to examine the barriers and enablers to achieving a balanced interagency design.

**References:**

- 1- Grace R. Hard-to-reach or not reaching far enough? Supporting vulnerable families through a coordinated care approach. A review of the literature to support the Healthy Homes and Neighborhoods Project 2015.
- 2- Eastwood JG, Kemp BA, Jalaludin BB. Realist theory construction for a mixed method multilevel study of neighbourhood context and postnatal depression. SpringerPlus. 2016;5:1081.

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**Keywords:** key words: critical realism; evaluation; methodology; interagency

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