

## **Ngaramadhi Space - An evaluation of a school-based integrated care (SBIC) program in metropolitan Sydney**

### **Authors:**

Rungan S<sup>1,2</sup>, Liu HM<sup>1,2</sup>, Smith-Merry J<sup>2</sup>, Eastwood J<sup>1,2</sup>

<sup>1</sup>Sydney Local Health District, <sup>2</sup>University of Sydney

### **Background:**

In New South Wales (NSW), children experience poor access to physical and mental health care, with an inequitable effect on Aboriginal children. Schools provide a safe, convenient and trusted environment for health service delivery.

Ngaramadhi Space (NS) is a school-based integrated care (SBIC) program co-designed with schools, community paediatrics and the Aboriginal community within metropolitan Sydney to improve access and engagement for students attending a specialised behavioural high school (Yudi Gunyi School). The model involves a multidisciplinary assessment with health, education and social care professionals.

### **Methods:**

A critical-realist, sequential three-phase mixed methods study was conducted.

#### Quantitative evaluation

Phase 1: NS population -demographics, clinic attendance, medical/psychosocial issues, recommendations, and behavioural changes.

Qualitative evaluation (thematic analysis mapped to the Integrated Person-Centred Health Service (IPCHS) framework)

Phase 2: semi-structured interviews with students and staff to understand the facilitators and barriers of the model.

Phase 3: semi-structured interviews with a Community of Practice to understand the factors related to implementation in other settings.

### **Results:**

Quantitative evaluation: Improved access to healthcare. Model acceptable with high attendance rate at NS. Significant improvements in teacher-reported behavioural scores after receiving the model.

Thematic qualitative analysis: aligned with IPCHS framework as follows -

Strategy 1: Engaging and empowering people and communities - community-driven models, improved access, positive outcomes, 'connection', and service provision for marginalised populations; Strategy 2: Strengthening governance and accountability – system integration and developing evidence base; Strategy 3: Reorienting the model of care - shifting healthcare to schools reduces inequity and provides culturally safe practice; Strategy 4: Coordinating services within and across sectors - integrating care and stable workforce; Strategy 5: Creating an enabling environment- leadership, stakeholder commitment, and adequate resourcing.

### **Conclusions:**

Our approach of co-design with schools and the Aboriginal community ensured that we provided a culturally safe way of improving access to health and social care for families with complex unmet needs. This NS model has since been adapted in 9 other high-risk schools within SLHD with over 50 similar models forming across NSW.

### **Disclosure of Interest Statement:**

None to declare