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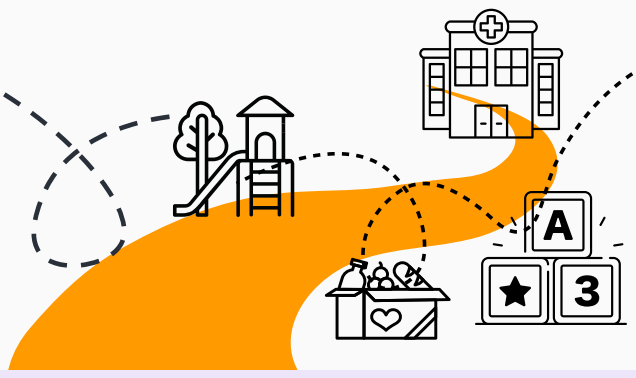


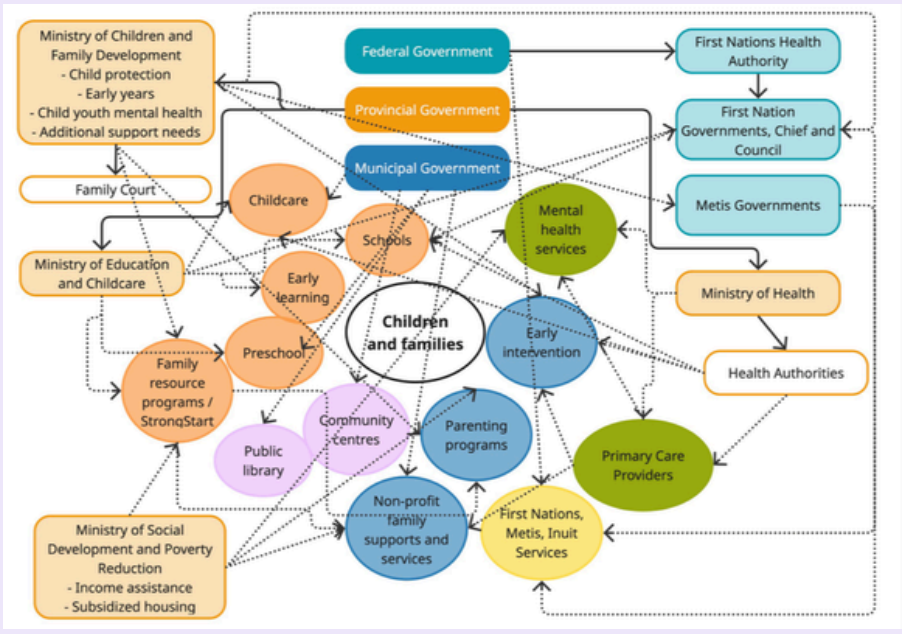
Coordinating Care for Young Children in Rural BC

Why was this research done?

We wanted to **understand how care coordination happens (how it's generated) or doesn't (how it's constrained) for young children (aged 0 to 8) and their families experiencing social and economic barriers in rural primary health care settings**.

Why does this matter?

- Accessing services that support a child's development and help address social and economic risk factors has lifelong impacts on health.
- There are many different agencies responsible for delivering these services. It's a complex system.
- **Care coordination** is a specific approach that helps organize activities and share information with those who need it. This helps to ensure families get the support they need at the right time.



- Care coordination can increase satisfaction with services, improve healthcare outcomes, and help access services at the right time, but **not everyone receives effective care coordination**.
- Families experiencing social or economic barriers may have limited access to care coordination.
- Care coordination is further complicated in rural communities.

What did we do?

We conducted an **in-depth case study** in a primary health care setting in a **rural community of northern BC.** The study focused on **families with children aged 0–8 who were experiencing social or economic barriers.**

To understand care coordination, we gathered information from multiple sources and people.

This helped us build a picture of how care is coordinated for young children and their families in rural communities.

Organizational Documents

We reviewed organizational documents to understand how historical and current policies talk about care coordination and the activities that are expected.

Retrospective Chart Review

We analyzed medical charts for children age 0 to 8 to learn what care coordination activities and interactions are documented between services.

Semi-structured Interviews

We interviewed parents / caregivers and service providers to learn about individual experiences and events related to care coordination.

What did we learn?

Our study examined how care coordination is **generated** and **constrained.**

- **Care coordination is a cycle:** 1) a family meets a service provider, 2) they spot a need, 3) they discuss and make a plan, and 4) they share information and organize to carry out the plan.
- **Both service providers and families must stay engaged.** If either the family or provider becomes less involved at any step, the cycle can break down.
- **Engagement in care coordination is multi-dimensional.** For care coordination to work well, people need to be engaged in four ways:
  - **Emotional engagement:** Caring about the process and feeling interested or motivated.
  - **Cognitive engagement:** Thinking about what needs to happen, knowing what to do, and solving problems.
  - **Behavioural engagement:** Showing involvement through actions like following through.
  - **Social engagement:** Building relationships and working well with others.
- **Each type of engagement is helped or blocked by mechanisms.** Mechanisms are the "behind-the-scenes" things that shape what people do, and they work differently depending on the conditions or structures around them (such as staffing, system rules, policies, and tools).
- Many mechanisms were present, but **moral empowerment drove engagement.** When families and providers were supported to act on what they knew was right (moral empowerment), they remained engaged across all four dimensions, even in tough rural conditions.
- **Moral empowerment doesn't happen on its own.** The system must create conditions that support it, such as clear roles, flexible policies, strong relationships, and leadership approaches that make people feel safe, trusted, and able to act on what they know is right.

Have questions? Email: seed@unbc.ca

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