The Broker:

bridging the gap between the bureaucratic and the local in supporting older rural people

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Dr Peter Orpin

University Department of Rural Health
UNIVERSITY OF TASMANIA

Rural Service Useage

Levels of primary care services use reduces with increasing rurality and remoteness [1,2]

- Largely attributed to issues of supply and access: but,
- Some evidence that more reluctant help-seeking also a factor[3,4,5]
  - Stoicism and self-reliance
  - Lower priorities put on health maintenance
  - Stigma (mental health)
  - Cultural barriers (Indigenous)
  - These barriers are compounded in a service environment which is increasing complex and difficult to understand and navigate
- Addressing low take-up means addressing not only supply but also reluctant help-seeking and low help-accepting.

The Broker

This presentation draws on two case studies to argue for the importance of having, and resourcing, individuals who are able, and prepared, to take on the role of general mediator between the client and the service bureaucracy; to act as:

- Broker
- Connection-maker
- interpreter
- pilot guide, and/or
- mediator

- Georg Simmel (1858-1918 Sociology founding father) identified the crucial role of the such people in bridging social and cultural gaps in his 1908 essay 'The Stranger'

The Stranger

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- He (sic) is fixed within a certain spatial circle – or within a group . . . . but his position within it is fundamentally affected by the fact that he does not belong in it initially and that he brings qualities into it that are not, and cannot be, indigenous to it.' Georg Simmel 1908 in Levine D (ed) 1971 *On individuality and social forms Selected writings.* Chicago: University of Chicago Press
- That is:
  - Is 'in' but not fully 'of' the group
  - Has some ease within, and understanding of, more than one place/group/system but enough distance from either to allow for some objectivity
  - Is able to act as a link/broker/interpreter between groups and individuals and systems.

Case Study 1: Rural Dementia Carers

- Semi-structured interviews with 18 carers of people with dementia (PWD) living outside of major regional centres
  - Dr Peter Orpin, Dr Christine Stirling, Prof. Andrew Robinson, Sharon Hetherington. Funded by Faculty of Health Science
- Research Question: To what extent are informal (family, friends and community) services and supports filling gaps in formal (professional) dementia services?
- Findings:
  - informal and informal supports are not in any substantial sense, substitutable for each other - because of highly demanding nature of the dementia condition and the care relationship
  - Major services and support issues relate primarily to difficulties in navigating a ‘confusion’ of formal services and supports rather than any shortfall their number or quality.

A Confusion of Services

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- Highest priority on support with the practical day-to-day management of the PWD and the home – met best by practical and experienced primary care/support providers - medical specialists low priority
- Good range and number of supports and services but **highly fragmented, uncoordinated and confusing** – multiple agencies, programs and providers , tightly defined scopes of practice, changing personnel, episodic discontinuity.
- High and continual demands on carers limited time, energy and attention (especially spousal carers) leave little spare for learning to navigate the system and coordinate care.

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N, caring for her husband, is confused by the number of people knocking on her door

‘[I don’t know] who they are . . . and they’ll come and knock at the door and say I’m X, I could be. . . . really anybody, you know. [I] just let them in and hope for the best because I presume they’d been sent, you know.’

A daughter speaks on behalf of her carer mother who herself has memory loss:

‘It’s probably been coming up to a dozen,. . . . The other difficulty is that the organisations all have very similar names, so I don’t even remember now who H works for, it’s Community something. . . . . and they are very similar, and it’s very difficult to pinpoint who is exactly doing what. There’s not one group called Domestic Assistance, and one group called Showering People and whatever. ‘

An anchor point

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- Most carers able to name one individual on whom they rely for a anchor point in a sea of confusion.
- He/she is the first person to whom the carer turns when facing difficulties or needing help to access the system – regardless of their substantive role.
- They are generally an in-the-home, hands-on provider – not necessarily a qualified health professional and rarely their GP.
- They are valued primarily for:
  - their general 'street smarts' and experience with dementia, and the system, rather than their formal professional training or primary service responsibility – is as likely to be a day respite provider as a specialist dementia nurse.
  - The quality of the relationship and trust they have developed with the carer and PWD – that requires a continuity of involvement

No, the only person I can trust in this whole thing, in the support systems I have, is J from . . . . ., I know if there's a real problem I can lean on her and I can say "J this is a problem please set in motion whatever is necessary" and she will.'(Husband caring for wife)

And a phone call, or whatever, is all I need to, you know, and they say, 'If it's available, or something, we'll find it out for you'. (Son caring for father)

She's more - Yes, R is more than home help. She's actually a companion. And R is just marvellous with her. (Husband caring for wife)

Well, one of the major, well the major person actually was MW. She was very good to Mum and Dad when Dad was still alive, and when he died she was absolutely wonderful to my mother and to me. So I don't know what we would have done without her at the time. (Daughter caring for mother)

Case Study 2: Disengagement in Ageing

- ARC Linkage Grant 'Community Engagement for Productive Ageing' Team led by Prof. Judi Walker. Industry partners HACC and TasCOSS
- Interviews with 69 older (65+) rural people (ORP) and 32 service providers across three rural LGAs in Tasmania and 11 state level senior bureaucrats
- Aims:
  - To understand the mechanisms behind age-related disconnection and disengagement
  - To develop a framework to inform policies and interventions to protect social engagement in ageing.
- Finding (amongst many others):
  - Ageing is associated with a reduction in the number and range of social connections and engagements
  - Addressing this appropriately and effectively at a policy and service level is a challenging task.

A Policy and Service Design Challenge

- Some level of social dis-engagement appear volitional and functional – husbanding of declining energy and capacity (Socio-emotional Selectivity theory[6])
- Age related change normalised and stoically accepted. Combined with hyper-vigilance for threats to independence and self-reliance = **reluctant help-seeking**
- ORP's patterns of social connection are a highly individual, personal and private matter – nobody else's business, especially not governments'
- Social engagement cannot be addressed in terms of the individual but only in terms of the complex (current and historical) relationship between an individual and their social (family and community) and spatial (place) location

Making the connections: A framework for supporting social engagement among ORP

Knowing **WHEN and HOW** to intervene requires:

- Having and taking time to develop a personal relationship with ORP
  - A focus on relationship building not simply delivering a given service
- Patient and flexibly responsive approach to practice
  - A focus on identifying, understanding, and finding an avenue for addressing, need – not a solution/service looking for a problem/client
- Knowing and understanding context – the individual, the place, the history, the dynamic
- Building, utilising and supplementing local capacity – social entrepreneurship:
  - the individual
  - the community
- A community-like model of ‘looking out for’

The Broker: making it work

Already found informally in local community practice and formally in some programs such 'Rural Alive and Well' (addressing farm suicide)

- Not simply an adjunct or context for the 'real' work of delivering a defined service but **work in and of itself**
- Difficult to measure and be accountable for:
  - Doesn't fit neatly with occasion of service measures
  - Sometime requires operating at the margins of formal program funding and regulatory frameworks and scopes of professional practice
  - Therefore an additional, unacknowledged, unaccounted and unfunded workload for many rural practitioners
- Most feasible for the 'stranger':
  - To some extent locally embedded; but,
  - Operating between not within.

Some Essential Characteristics

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- Primary Role is making the connections
  - With individuals
  - Between individuals and other individuals, services and community
- Relationship based – ‘knowing’, trust
- Scope to work responsively and flexibly – accountability not in terms of occasions of service
- Good understanding of:
  - The individual;
  - The system;
  - The community; but,
  - Stand apart from all to some degree.
- Focus on the higher level principles of professional and ethical practice rather than the detail of regulatory frameworks.