EMR HACC Access & Support Pilot Project

Project Report

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and
Plexus Consulting
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Sharon Porteous
Project Coordinator

Abbreviations

ABS	Australian Bureau of Statistics
AGWS	Australian Greek Welfare Society
ASPP	Access and Support Pilot Project
ASW	Access and Support Worker
BATS	Better Access To Services
CALD	Culturally and Linguistically Diverse
CCSSCI	Chinese Community Social Services Centre Incorporated
CEGS	Culturally Equitable Gateways Strategy
DHS	Department of Human Services
EMR	Eastern Metropolitan Region
ESO	Ethno-specific Organisation
HACC	Home and Community Care
IEPCP	Inner East Primary Care Partnership
INI	Initial Needs Identification
LGA	Local Government Area
MDS	Minimum Data Set
MIC	Migrant Information Centre
PAG	Planned Activity Group
PCP	Primary Care Partnership
SCTT	Service Coordination Template Tool

1   Executive Summary

The Access and Support Pilot Project focused on the culturally and linguistically diverse (CALD) population eligible to use Home and Community Care (HACC) services and alleviating difficulties experienced in the past by such clients in firstly accessing HACC services and then remaining engaged with those services.

The **key stakeholders** for this project were:

- Department of Human Services (Eastern Metropolitan Region and Central Office);
- Inner East Primary Care Partnership (IEPCP);
- Migrant Information Centre (Eastern Melbourne) (MIC);
- Local Government HACC services – Cities of Manningham, Monash and Whitehorse;
- Ethno-specific Organisations - Australian Greek Welfare Society (AGWS), the Chinese Community Social Service Centre Incorporated (CCSSCI), Co.As.It. and Fronditha Care.

The **purpose** of the project was to develop and pilot a model for providing access and support services for CALD clients to improve access to and outcomes of Home and Community Care services.

The **model** developed was based on the premise that ethno-specific and multicultural organisations play an important role in linking their communities into the service system and supporting them to gain access to a range of needed services through the HACC Program or through other programs. The role of the **Access and Support Worker** (ASW) was the key element in the model to provide the support required and act as a cultural bridge between the client and Councils' HACC services.

There were five ASWs involved in the project – one at each of the four Ethno-specific Organisations and the Project Coordinator based at the MIC. Key stakeholders were consulted in the development of the **model** which was based on the service coordination processes - initial contact and needs identification, assessment and care planning, and service delivery (see p. 26 of the report for more detail).

The Project specifically targeted the Chinese, Greek and Italian communities but also had some capacity to accept clients from smaller CALD communities.

Overall, the project was **successful** in meeting the objectives with the access and support requirements of CALD communities defined and a model developed that outlined the roles and responsibilities of organisations involved and protocols and pathways for the provision of access and support. The model was piloted with a small sample of clients in three local government areas - Manningham, Monash and Whitehorse. A total of 10 CALD HACC referrals received an assessment and HACC services with the support of an Access and Support Worker (4 of these 10 were HACC eligible couples). The clients came from the three target communities – China, Greece and Italy – as well as Laos, Sri Lanka and Uzbekistan. The project did have some difficulty sourcing referrals initially although the target of 2 or 3 clients per ASW was met (between 10 and 15 in total).

The project was **evaluated** externally by Plexus Consulting. The model was found to have operated as intended. Two improvements identified by the evaluation would be a greater focus on the service delivery phase of the model and for the ASWs to have a more proactive role. Further thought has to be given to the most appropriate funding and administrative models and the most appropriate target group.

2   Learnings

Drawing on the knowledge gained throughout the Project and the findings of the evaluation, the Steering Committee identified a number of learnings from the Project about the provision of access and support to people from CALD backgrounds to engage with HACC services:

- There was an immediate benefit in **relationship building** between key stakeholders with a high level of commitment and goodwill to see the project through to its completion.

- It is important to achieve commitment and understanding with **workers at grassroots level** about this kind of service at both local government and ethno-specific organisations to optimise its success.

- **Positive service outcomes** resulted for clients who received support from an Access and Support Worker.

- Regarding the **Access and Support Worker role**:

  - A more **proactive** and troubleshooting approach to the role, particularly in the service delivery phase, could provide even greater support to CALD clients accessing HACC services.

  - The ASW role provided **continuity** for the client, improving the likelihood of ongoing use of HACC services. This continuity is very important to clients.

  - **Smaller communities** would benefit from an ASW role at a multicultural organisation.

  - The pilot did not prove or disprove whether ASWs should provide **interpreting** for clients, it depended on the individual situation.

- The access and support service could be **activated at any stage of the process (multi-points entry)** not just at initial intake.

- Regarding the **identification of potential clients**:

  - **Criteria** to identify potential clients for access and support could be more clearly defined.

  - The **source of referrals** could be expanded to include existing and discontinued clients returning to HACC as well as new clients.

  - Ethnic groups and individuals with **less well established support networks** seemed to gain most benefit from this type of service.

  - **Cultural factors** such as the level of confidence dealing with bureaucratic processes impact on the need for this type of service.

- A **coordinating role** for this type of service is important and should be undertaken by a neutral agency.

Section A:
Project Coordinator's Report

3   Introduction

The Access and Support Pilot Project focused on the culturally and linguistically diverse (CALD) population eligible to use Home and Community Care (HACC) services. The project aimed to alleviate difficulties experienced in the past by such clients in firstly accessing HACC services and then remaining engaged with those services through the development and piloting of an access and support model. The model is based on the premise that ethno-specific and multicultural organisations play an important role in linking their communities into the service system and supporting them to gain access to a range of needed services through the HACC Program or through other programs.

The Project was a joint initiative between the Department of Human Services (DHS), Inner East Primary Care Partnership (IEPCP), and the Migrant Information Centre (Eastern Melbourne) (MIC). Other key stakeholders were local government Home and Community Care (HACC) services in the City Councils of Manningham, Monash and Whitehorse, together with the Australian Greek Welfare Society (AGWS), the Chinese Community Social Service Centre Incorporated (CCSSCI), Co.As.It. and Fronditha Care.

This document outlines the context for the development of this project, its scope and implementation, the evaluation process and findings. The purpose of this document is to act as a record of the process involved in the development of an Access and Support model, its implementation and outcomes.

4   Background

4.1   Policy context

At the <u>Victorian level</u> this project is underpinned by Ministerial Priority 2 which was a priority in the 2003-2006 triennium and continues to be a priority in 2006-2009. This priority states that:

> *The quantity and quality of HACC Basic services for people from CALD backgrounds should be increased. Work should continue to develop linkages and raise cultural awareness between mainstream, multi-cultural and ethno-specific organisations (DHS 2006a, p.2).*

At a <u>regional level</u> the three goals of the EMR HACC CALD Strategic Plan launched by DHS in May 2006 (Effective Change 2005) are relevant to this project:

- *Improve access to HACC services for CALD communities (p.19);*
- *Build partnerships and resource the service system (p.25);*
- *Enhance the region's understanding of the issues facing CALD communities (p.28).*

Specific recommendations outlined in the strategic plan that underpin this project include:

- *Develop partnerships to facilitate culturally appropriate and sensitive assessment and care coordination for CALD clients (p.19);*
- *Develop a pilot in assessment and care coordination processes between local government and ethno-specific organisations (p.20);*
- *Establish assessment and care coordination processes between ethno-specific organisations and local government, including a process to identify tasks, roles and responsibilities (p.29);*
- *Ensure assessment and care coordination processes are culturally sensitive and appropriate (p.29);*

In addition, the model for this project is based on the elements of **service coordination** outlined in the 2001 *Better Access to Services* (BATS) Policy and Operational Framework developed by the Department of Human Services. This policy and framework aimed to *place consumers at the centre of service delivery and to ensure that they have access to the services they need, opportunities for early intervention and health promotion and improved health and care outcomes* (DHS 2001, p.1). Of particular relevance to the Access and Support Pilot Project is the principle of partnership and collaboration with other agencies as well as specific consumer responsiveness principles related to people from CALD backgrounds including sensitivity to age, religion, gender and language; respecting diversity and taking individual needs into account; and providing assessment that meets the consumer's individual circumstances, for example, using an interpreter (DHS 2001, p.9). The *Victorian Service Coordination Practice Manual* has recently been released by Primary Care Partnerships in Victoria and incorporates the BATS policy and framework defining each element of service coordination and providing the resources and tools to support organisations to implement service coordination in Victoria.

4.2   CEGS

In 2003 one of the key initiatives in Victoria to fulfil the aims of Ministerial Priority 2 was the Culturally Equitable Gateways Strategy (CEGS). Originally a three year program, CEGS aimed to expand the use of core HACC services provided by Local Government to people aged 65 and over from CALD backgrounds (Howe & Warren 2005, p.49). Funding was provided to migrant resource centres, ethno-specific organisations, Ethnic Communities Council of Victoria (ECCV) and local government organisations to run specific projects that focused on service access, culturally sensitive assessment, and building relationships between ethno-specific and multi-cultural organisations and local government (DHS 2007). CEGS highlighted the key role ethno-specific and multicultural organisations play in supporting HACC clients from CALD backgrounds through the processes of access, assessment and service provision (DHS 2007). It also highlighted the benefits of stronger partnerships between these organisations and local government, linking closely with the aims of service coordination (Howe & Warren 2005).

In the Eastern Metropolitan Region (EMR) CEGS was based in the same local government areas targeted for this project – Manningham, Monash and Whitehorse. CEGS workers in local government and ethno-specific organisations in the region were members of the Access and Support Pilot Project Reference Group providing advice to the project and assisting with the implementation of the model at the organisational level. In addition the ethno-specific CEGS workers took on the role of Access and Support Worker for clients in the project. The one exception was Co.As.It. which had not previously been involved in CEGS in the EMR.

4.3   A New Assessment Framework for Victoria – Supported Access

The HACC program in Victoria has recently finalised its new *Framework for Assessment* which sets out program policy for Assessment as a HACC funded activity. This framework was based on *Strategic Directions in Assessment, Victorian Home and Community Care Program, Final Report* (Howe & Warren 2005) as well as the advice of the HACC Assessment Reference Group and consultation with HACC organisations. The main goal of the new framework is to:

> *…support and build good practice in delivering Living at Home Assessments and to support designated HACC Assessment Services to build alliances with other key providers of assessment such ACAS, Community Health and agencies providing Supported Access.*
>
> ***Supported Access*** *describes the role that ethno-specific, multicultural and Aboriginal organisations play in supporting clients to access mainstream services* (DHS 2007, p.1*).*

A key development in the new framework is the recognition given to ethno-specific and multicultural organisations for the work they already do in supporting HACC clients through assessment and service provision.

At the commencement of the Access and Support Pilot Project the new assessment framework was still in draft format and *Supported Access* (or Access and Support) was not clearly defined. This project informed the broader statewide project in clarifying the role of organisations providing Supported Access, and the relationship between agencies providing assessment and agencies providing Supported Access. Supported Access is separated from Care Coordination as it is a different type of activity focussing on supporting individuals in the short-term rather than coordinating services between organisations.

4.4   Other research

Some research has been conducted in the area of satisfaction with HACC services by CALD communities and culturally sensitive assessments which are relevant to consider with the results of the Access and Support Pilot Project.

EMR CEGS 2005

In 2005, research was conducted under the CEGS banner in Monash, Whitehorse and Manningham. Fifteen CALD HACC clients were surveyed after they ceased or refused HACC services to determine the reasons why (Duffell, Francise, Crameri & Dalrymple 2006). This research found:

- A high level of satisfaction with assessment, including that it was sensitive to cultural and religious needs;
- Half of the services were terminated because they were no longer needed and half because of dissatisfaction or they did not start;
- The percentage of clients that were dissatisfied or did not start was slightly higher for CALD than non-CALD clients;
- Issues included – didn't like the meals, lack of interaction of workers, lack of communication, standard of cleaning, different expectations of the service.

Although this research relates to only a small number of clients, it indicates that there was overall satisfaction with assessment but not necessarily with services for a range of reasons.

CITY OF PORT PHILLIP 2006

In 2006 the City of Port Phillip trialled culturally sensitive assessments with the Greek, Polish, Jewish and Russian communities as part of CEGS. Similar to the Access and Support Pilot Project, they had two models of providing assessment – one where the Assessment Officer and ethno-specific organisation attended, and one with an interpreter as well. The aim of the project was to build partnerships and develop a new model of assessment. Unlike the Access and Support Pilot Project, the focus of the City of Port Phillip project was assessment rather than support.

The City of Port Phillip project found that 93% of people assessed received services and 77% of those continued with the service after 6 months. The most popular services were home care and personal care and the least popular were delivered meals and respite care. They also found:

- The roles of workers should be clarified at the start of the process;
- There were improvements in the skills of Council workers in undertaking culturally appropriate assessment because of the training and mentoring ESO workers provided;
- The ESO worker should have skills in HACC basic assessment;
- The ESO worker should be appropriately accredited if they acted as an interpreter;
- It was a positive experience for Council workers and they felt that better outcomes were achieved for the client as their cultural needs were taken into consideration;
- Defining the cultural context of the individual being assessed is important such as their migration history, past experiences in birth country, reasons why they left;
- Workers need to follow up clients if services are initially refused.

Overall, the City of Port Phillip project highlighted the common interests that workers from both Council and ESOs have and that they and HACC clients can benefit from collaborating with each other (Buddhadasa 2006).

4.5   Statistics

HACC SERVICE USAGE

Reports regarding HACC service usage have shown that people from CALD backgrounds are less likely to use HACC basic services than people from non-CALD backgrounds. For example, the 2002 – 2003 HACC minimum data set (MDS) shows that CALD clients are much less likely to use home care. For every 1000 people aged over 65 years who speak English at home, 112 received Home Care compared to 63 in 1000 for non-English speaking people (DHS 2004). This data also shows that CALD clients are slightly more likely to use planned activity groups, slightly less likely to use personal care and respite care and far less likely to use other services such as meals, nursing, property maintenance and allied health. It should be noted that this data is not as reliable as more recent data due to lower compliance from organisations, lower quality of data and fewer checks to validate data provided.

Conversely, data from the HACC MDS for the 2005/06 financial year indicates 27% of HACC users in the EMR were born in a non-English speaking country and 17% speak a language other than English (Chea 2007). These figures include HACC services provided by ethno-specific organisations and mainstream organisations, which would skew the data more favourably towards CALD usage.

It is apparent that the data around HACC service usage for CALD populations is not necessarily conclusive and requires more analysis as there are discrepancies between data based on country of birth and data based on language. Data collected at the time of referral may not always reflect the ethnicity of a client. For example, if a non-English speaking client speaks English their language may be recorded as English and no other language is indicated.

REGIONAL DEMOGRAPHIC DATA

Recent demographic data for the region indicates that the number of eligible HACC clients from non-English speaking backgrounds is continuing to increase.

By 2011 it is forecast that 25% of the population aged 65 years and over in Victoria will be from non-English speaking countries as opposed to 16% in 1996 (Howe & Warren 2005).

Census data from 2001 and 2006 (ABS 2001; ABS 2006) indicates there has been an increase in the number of HACC eligible CALD clients in the three local government areas targeted in this project. Tables 1 and 2 below summarise this data for country of birth and language spoken. (Note that data for country of birth is for 60 years and over and 65 years and over for language)

Table 1: Percentage of population aged 60 years and over born in a non-English speaking country (ABS 2001; ABS 2006)

	2001 Census	2006 Census
Manningham	35.53%	38.96%
Monash	28.99%	36.69%
Whitehorse	20.18%	26.69%

Table 2: Percentage of population aged 65 years and over that speak a language other than English (ABS 2001; ABS 2006)

	2001 Census	2006 Census
Manningham	35.12%	36.44%
Monash	27.16%	31.97%
Whitehorse	19.53%	22.17%

English proficiency may be one of the indicators for Access and Support for HACC referrals from CALD backgrounds. Table 3 indicates the percentage of the population aged 65 years and over from each of the targeted LGA's that speak English *not well* or *not at all.* A slight increase from 2001 to 2006 is indicated for Monash and Whitehorse and a slight decrease for Manningham.

Table 3: Percentage of population aged 65 years and over that speak English not well or not at all (ABS 2001; ABS 2006)

	2001 Census	2006 Census
Manningham	12.96%	12.50%
Monash	11.54%	12.63%
Whitehorse	7.83%	8.61%

5 Purpose & Objectives

The purpose of the project was to develop and pilot a model for providing access and support services for culturally and linguistically diverse clients to improve access to and outcomes of Home and Community Care services.

The project focussed on supporting clients through the processes of:

- Accessing HACC, including initial contact, initial needs identification, assessment, care planning and referral processes;
- Remaining engaged with HACC services such as understanding their perceptions about the service, clarifying expectations of what the services offer and the responsiveness of the service to client needs.

The **specific objectives** of the project were to:

- Identify the nature of access and support requirements for CALD communities to utilise HACC basic services;
- Work with Ethno-specific Organisations and Local Government to identify and develop a shared understanding of an access and support pathway that leads to agreed protocols between service providers (building on current Statewide protocols);
- Define the role and responsibility of an Access and Support Worker (ASW) in the CALD HACC setting;
- Pilot the access and support model for a small sample of clients in the Cities of Manningham, Monash and Whitehorse;
- Evaluate the pilot model.

6 Key Stakeholders

The key stakeholders for this project were:

- DHS (EMR and Central Office);
- Inner East Primary Care Partnership;
- Migrant Information Centre (Eastern Melbourne);
- Local Government HACC services;
- Ethno-specific Organisations.

7 Scope

7.1 Local Government Areas

The project involved three of the four local governments that received CEGS funding in the Inner East Primary Care Partnership catchment area:

- City of Manningham;
- City of Monash;
- City of Whitehorse.

7.2 Ethno-specific Organisations

The project also involved four ethno-specific community service organisations:

- Australian Greek Welfare Society (AGWS);
- Chinese Community Social Services Centre Incorporated (CCSSCI);
- Co.As.It.;
- Fronditha Care.

The size and organised nature of the Chinese, Greek and Italian ethnic groups made them the preferred groups to be involved in the project. These Ethno-specific Organisations were HACC funded, were involved in the CEGS project and had workers available to work with the project. Other smaller CALD groups were represented in the Project by the Migrant Information Centre.

7.3 Number of clients

It was expected that a maximum of 15 clients would be involved in the project – 2 or 3 for each ethno-specific organisation and 2 or 3 from smaller CALD communities. All clients had to reside in the Manningham, Monash or Whitehorse local government areas.

7.4 Client Eligibility

Apart from residing in Manningham, Monash or Whitehorse, prospective clients had to meet three other key criteria to be eligible for the project:

- Eligible for HACC services – frail older people (65 years plus) or younger people with disabilities (18 to 65 years);
- From a CALD background – born in a non-English speaking country or born in Australia but their main language is not English;
- Are not currently receiving or previously received HACC services, i.e. new clients to HACC.

7.5　Types of services

The project was focussed on access to the following **HACC basic services** provided by local government:

- Home Care;
- Personal Care;
- Respite Care;
- Food Services;
- Property Maintenance;
- Spring Cleaning.

7.6　Duration of project

The Project was originally funded for 12 months from August 2006. The first phase of the project from August 2006 to March 2007 was for establishment, consultation, development of the pilot model and training of workers. The second phase of the project commenced in April 2007 and involved implementation of the model. This second phase was originally scheduled to end in June 2007 but was extended due to low referral numbers and the extension of the CEGS project until December 2007. As a result, referrals were accepted until mid-August 2007 and the evaluation phase occurred in September and October 2007.

8 Methodology

The project was based on an **action-research** model. Key stakeholders were identified and involved in the process of developing an access and support model. All stakeholders were consulted to identify existing processes and seek their views about what type of access and support model could be developed. It was important to strike a balance between stakeholders' opinions and to reach agreement about a suitable pilot model. The key stakeholders were also asked to participate in a Reference Group that acted in a consultative and advisory capacity throughout the project.

8.1 Evaluation

An independent evaluator was appointed for the project and focussed on:

- The partnership developed to implement the project, including the model and protocols developed, and the non-client related benefits;
- The role and activities of the Access and Support Workers;
- The processes involved in establishing and implementing the project;
- Service utilisation following client assessment.

As the client numbers for the project were low the evaluation focussed on qualitative rather than quantitative data.

8.2 Outcomes

The outcomes for this project were:

- An overall project report including a formal independent evaluation and report.
- Development of an Access and Support Model.

9 Specific project elements

9.1 Steering Committee and Reference Group

A project **Steering Committee** was established to provide overall project management. The Steering Committee was made up of representatives from DHS, Inner East PCP and the MIC. The Steering Committee met intermittently to resolve strategic issues on an as-required basis.

In addition, a **Reference Group** of interested stakeholders met bimonthly. The role of the Reference Group was to add value to the project and ensure a smooth implementation of the model by acting in a consultative and advisory capacity. The Reference Group was made up of representatives from Local Government, Ethno-specific Organisations, DHS, MIC and Inner East PCP.

The **terms of reference** of the Reference Group were to:

- Provide a constructively critical overview of the project;
- Advise on matters of project implementation;
- Inform the Steering Committee early of any problems that may arise;
- Inform the Steering Committee in a timely manner of any suggested improvements that could add value to the project;
- Be available for informal consultation by the Steering Committee and the Project Coordinator;
- Take all necessary steps to ensure the smooth operation of the project within their organisations;
- Advise on developing and scoping the pilot model.

The Reference Group was chaired by the Service Coordination Program Manager of the Inner East PCP and the Project Coordinator prepared the agenda and minutes.

[see Appendix A for a full membership list of the Steering Committee and Reference Group]

9.2 Project Coordinator

The Project Coordinator was based at the Migrant Information Centre as the MIC has strong working relationships with both Ethno-specific Organisations and Local Government in the EMR and is geographically central. This position was 0.6 EFT.

The role of the Project Coordinator was to oversee the project, including coordination and liaison with Access and Support Workers, the Ethno-specific Organisations, Council HACC Services and the CALD HACC clients in the target group. The Project Coordinator was also responsible for providing Access & Support for 2 to 3 clients from smaller ethnic groups.

[See Appendix B for a Position Description]

9.3   Access & Support Workers

There were five Access & Support Workers (ASWs) involved in the project – one at each of the four Ethno-specific Organisations covering the three main target communities (Chinese, Greek and Italian) and the Project Coordinator based at the MIC, who was responsible for clients from smaller CALD communities.

The ASWs provided the hands-on element of the project acting as a cultural bridge between Council HACC Services and the client. A more detailed description of the ASWs role can be found in the section of this report regarding the pilot model.

10   Project Contacts

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11 The Access and Support Model

11.1 Development of the model

The first four months of the project were spent developing and refining a model of access and support to be piloted for the remainder of the project. The process involved interviews with key stakeholders to determine current practices, processes and protocols and the subsequent drafting of a model for consideration by the Reference Group.

INTERVIEWS WITH KEY STAKEHOLDERS

Key stakeholders were asked about the following:

- Current referral processes and practices – what happens at intake;
- What type of model they would prefer in relation to the five steps of service coordination;
- What role they think the ASW should have;
- How they think the role of the ASW fits into the service coordination steps;
- Perceived gaps and current needs of their community;
- Any concerns they have in implementing access and support.

A summary of the outcomes of key stakeholder interviews for each step of service coordination can be found in Appendix C. In general Local Government organisations viewed the Access and Support Worker role as:

- Neutral;
- Facilitating better communication between Council and CALD clients;
- A cultural resource providing information on culturally appropriate care and linking to ethno-specific services.

Councils also preferred a partnership approach.

Alternatively, Ethno-specific Organisations saw the role as:

- A cultural resource;
- Providing support to both Council and client;
- Ensuring a smooth process and raising any issues or concerns early;

Ethno-specific Organisations were split on whether the ASW role should include interpreting. There were concerns that the role would be used as a language tool only. One ethno-specific organisation also wanted the role to be one of advocacy but others felt it should be termed more as *supportive*.

REFERENCE GROUP CONSULTATION

The Reference Group was consulted about the model twice during the development phase. A brainstorm session was held with the Reference Group before interviews were completed for members to raise any concerns about the boundaries of the model, key components and potential limitations. The Reference Group discussed each of the service coordination steps with regard to how access and support could be provided. A summary of the points raised can be found in Appendix D. The Reference Group was also consulted after the model was drafted and distributed for comment. Members discussed the model in small groups and

then summarized issues in the larger group. A summary of the points raised at that meeting can be found in Appendix E.

The development of the model phase of the project was critical to its success as the pilot phase was more likely to be implemented smoothly if stakeholders felt their views, opinions and practices were taken into account. There were some tensions between Local Government organisations and Ethno-specific Organisations around the role of the ASW, the most appropriate model and the terminology to be used. For example, terms such as *lead agency* and *joint assessment* were particularly sensitive and avoided. It should also be noted that organisations from similar areas did not necessarily agree on everything – there was disagreement between local government organisations and between Ethno-specific Organisations on some points which had to be resolved. Given that there were three local government organisations, four Ethno-specific Organisations, DHS, MIC and the IEPCP involved, the cooperation achieved and the outcome of an agreed model should not be underestimated.

11.2   The model

The following five elements of service coordination underpin the model for the Access and Support Pilot Project:

- Initial contact
- Initial needs identification
- Assessment
- Care planning
- Service delivery

The Access and Support model outlines the activities involved at each of these elements from a local government and ethno-specific organisation perspective. The model takes into account the variety of situations that may present in the process of referring and assessing a person from a CALD background for HACC services. The model incorporates two scenarios for assessment – one where the ASW can act as an interpreter in addition to their role as ASW and one where a separate accredited interpreter is required to attend the assessment. These two scenarios were incorporated because local government organisations differed as to whether they preferred to use formal accredited interpreters or informal interpreters in the assessment process. A copy of the final model established for this project is on the next page. Modifications to this model made over the course of the project are discussed in the evaluation report. In addition to the model, two protocols were drawn up – one for referral and one for exit. These outlined the agreed processes to make a referral to each Council involved in the project and to exit clients after services had commenced, including a thank you letter to be sent to clients in their own language. Copies of these protocols are in Appendices F and G.

Figure 1: Access and Support Pilot Program Model

Access and Support Pilot Program Model

Initial Contact and Initial Needs Identification

CALD client contacts council intake worker

Client calls council to enquire about HACC services

Initial contact is made. The intake worker would then proceed with the initial needs identification (complete ScoTT form) with the assistance of a telephone interpreter if necessary

Intake worker to identify the relevant CALD clients who could benefit from the support of an Access and Support Worker (ASW)

Intake/council worker would then seek verbal consent from the client if they would like additional assistance of an ASW.

If consent is not granted, service continues as usual

If consent is granted, the intake/council worker will then refer the client to the relevant ASW, briefing them on the client's background and how they can assist this client. The SCTT form is then faxed to the ASW

CALD client contacts Ethno-specific CSO

Client calls ethno-specific organisation. While client may highlight a range of different needs, ethnic worker identifies that they may benefit from HACC services

ASW would then explain what HACC services are including the benefits and potential limitations of the service

ASW would then complete the SCoTT form (pages 1-4 plus consent) and fax it through to the intake worker

Assessment and Care Planning

Assessment officer and ASW to negotiate with the client an appropriate date/time for the assessment (via conference call)*
Scenario 1. If necessary, the ASW will interpret during the conference call.
Scenario 2. If necessary, an accredited interpreter is utilised during the conference call.

 * Within this phone conversation, the ASW may talk the client through the assessment process and see if they have any concerns/questions, and to clarify what they want to discuss. It may also be beneficial to ask whether any family members will be attending the assessment. If clarification is required the ASW may make a follow-up call.

Assessment
Scenario 1. Assessment officer and ASW attend assessment together
Scenario 2. Assessment officer, ASW and an interpreter attend assessment together

Eligible

Ineligible

Client is eligible

If the client's needs are straightforward, eligibility is confirmed and a care plan is discussed with the client. If the client has additional needs, appropriate referrals are made and documented in the care plan. The ASW may have some important knowledge of culture specific programmes or services that may benefit the client.

Eligible but undecided

If the client is eligible but unsure if they actually want HACC services, the ASW will follow up with a phone call to touch base with the client. The role of the ASW might be to answer any queries, talk through any misunderstandings or simply ensure that the client has understood everything in order that they have enough information to make a decision.

Eligible but complex

If the client's needs are more complex, the ASW and assessment officer will meet after the assessment to discuss the needs of the client and appropriate actions to be taken.

Client is not eligible

The client is not eligible for HACC services however appropriate referrals are made.

ASW to conduct a casual phone interview. This is to gauge how the client felt during the process (from initial contact to assessment), and to follow up on any CALD referrals.

Following all eligible assessments

Following all assessments, the assessment officer and ASW will discuss different options for a more thorough care plan. This may include culture-specific referrals.

Service Delivery

Prior to services commencing

Scenario 1. The assessment officer calls the client - with the assistance of the ASW, if necessary - to confirm the appropriate care plan (including any further referrals), and to organise a date for services to commence.

Scenario 2. The Assessment officer calls the client with the assistance of an interpreter, to confirm the appropriate care plan (including any further referrals), and to organise a date for services to commence.

The Assessment Officer to inform the ASW about the general care plan, what services are being provided, and when the services will commence.

After services have commenced

Once services have commenced and completed one full cycle (e.g. visits for home and personal care), the ASW will make contact with the client to see how the service is going and if there is anything they would like to feedback to council. (feedback will be directed to different contacts depending on its nature)

One month later, the ASW will call the client to check once again on how services are going. At this point a **casual phone interview** is conducted. Key purpose of the interview is to ascertain the following information:

- How the client felt about the HACC process (from initial contact through to service delivery)
- Did they feel that their needs (cultural and general) were taken into consideration
- To outline / describe the value of the role of the ASW throughout the process
- To what extent did the services provided meet their expectations
- What is their level of satisfaction with the current services
- Do they think they will continue with the services

11.3 Roles

In addition to the Access and Support Model, a second document was drawn up to clarify the roles of Access and Support Workers and Council. It was agreed that the main role of the ASW was to provide a support to Council and CALD clients, facilitating communication and cultural understanding between both. The ASW would:

- Act as a cultural bridge between CALD communities and mainstream services;
- Raise awareness about any cultural factors that may impact on the client's satisfaction or uptake of services by talking through misunderstandings and feeding important information back to Council;
- Act as a cultural resource – picking up on cues and drawing on their own cultural understandings;
- Reiterate Council policy particularly around the limitations of HACC services such as service frequency and occupational health and safety issues;

The Council would:

- Contribute to training ASWs including understanding HACC policy, procedures, assessment, scope and limitations of the service;
- Maintain regular communication with ASWs.

A copy of the role clarifications document can be found in Appendix H.

12 Implementation of the Pilot

Implementation of the Access and Support Pilot Project involved training of the workers involved, setting up record keeping and evaluation procedures to document issues and client contacts, proceeding with referrals, and resolving any issues or concerns as they came about.

12.1 Training

Some training was required for ASWs on HACC and assessment while Council workers required briefing about the project.

Training of ASWs included:

- An overview of HACC services including benefits and limitations, client numbers and priorities;
- An outline of current practice in assessment;
- Role plays to highlight issues that may present during assessment;
- A further run through of the model, protocols and forms for the project.

As most ASWs were also CEGS workers, they were already familiar with HACC but some may not have been involved in assessments.

Council workers were briefed on:

- The scope of the project including its aims and how it would be implemented;
- The Access and Support model and roles of ASWs and Council;
- The project evaluation and importance of documenting issues.

12.2 Sourcing Referrals

The target number of clients for the project was small with each ASW expected to have 2 to 3 clients. Referrals to the project were accepted from the end of March and it was assumed that, given the small number required, ESOs would have referrals ready to commence immediately. Some project promotion was undertaken initially by contacting ethno-specific Planned Activity Groups in the target areas and promoting the project at the HACC CALD Network meeting. By early May it was clear that this assumption was not correct with only two clients participating in the Project.

A Steering Committee Meeting was held on 14 May to discuss the low referrals and a possible extension of the project with the outcome that it was agreed to extend the Project to the December, allowing more time for referrals until mid-August and to do some promotion to potential clients and service providers. The Project extension coincided with the extension of the CEGS project to December 2007.

Further project promotion was undertaken after the extension of the Project was granted. A separate project brochure was not developed as it was determined that it would be best to promote Access and Support as part of HACC. Promotion included fliers to General Practices in the Whitehorse and Great South Eastern Divisions of General Practice and contact with organisations likely to make referrals such as the Aged Care Assessment Service, Royal District Nursing Service and Community Health Services. Ethno-specific Organisations were also encouraged to promote the project through other avenues. For

example, AGWS promoted the project through Greek radio and other ESOs made contact with senior citizen groups either directly or indirectly, such as through presidents network meetings.

12.3 Information, documentation and record keeping

A range of documents were used to assist with the implementation of the project. These are listed below and copies can be found in the Appendices as indicated:

- *Summary Project Outline* – targeted at service providers and workers as a brief outline of the project's scope [Appendix I];
- *Telephone Blurb for Prospective Clients* – provided brief information to intake workers at local government organisations to provide over the phone to potential clients [Appendix J];
- *Information for Clients* – Information for clients once participating in the project, translated into Chinese, Greek & Italian [Appendix K];
- *ASW Client Related Activities Record Sheet* – For ASWs to record contact with clients [Appendix L];
- *Thank You Letter* – to provide information to clients about the Council contact for their services once exited from the project, translated into Chinese, Greek & Italian [Appendix G].

These documents were prepared in consultation with the Reference Group. As this was a pilot project it was deemed important to record and document contacts with potential referrals and clients as well as the issues raised and reasons for decisions that were made. All participants in the project were asked to document such activities, including ASWs, intake workers, CEGS workers and the Project Coordinator.

12.4 Evaluation

Several documents were also developed with the evaluator to assist with data collection for the project:

- *Client Follow Up Interview* – a series of questions for ASWs to ask their clients after receiving services for one month [Appendix M];
- *Demographics Data Collection Sheet* – to assist with the collection of demographic and service information about clients collated by the relevant local government organisation [Appendix N].

Details of the evaluation are reported in Section B of this report.

13 Project development and implementation issues

As the Access and Support Pilot Project was evaluated by an external evaluator this section of the report only briefly outlines some of the issues raised during the implementation phase of the project.

13.1 General

- A key positive was the partnership and collaboration achieved with the organisations involved in the EMR pilot. Stakeholders worked together to establish the model and resolve issues cooperatively.

- The timing of implementation of the ASPP impacted on the project. The implementation was originally scheduled for March to June 2007, with similar timing to CEGS. This was too short and involved CEGS workers whose roles were also to finish with the Project in June 2007. Once CEGS and the Project were extended there was more time to promote the project and make referrals and less uncertainty for workers. Nevertheless, the implementation of the model was then disjointed due to the change in dates.

13.2 Initial contact and needs identification

- The Project had some difficulty sourcing referrals with only 2 clients achieved by mid-May. There was an underlying assumption that referrals were readily available via Ethno-specific Organisations but this was not necessarily the case. This raises a question about whether the referral process affected referrals and acceptance of the support available.

- Project promotion – the client target for the Project was 10 to 15 clients. To avoid creating expectations that could not be met, the Project was not promoted separately to the target groups. Questions were raised throughout the Project as to whether Access and Support should be promoted separately to HACC.

- The fact that referrals were low may indicate that not all people from CALD backgrounds need this type of support. The table below shows referral data obtained from the three participating local government areas from 1 April and 30 June 2007.

Table 4: Council HACC Referrals 1 April to 30 June 2007

LGA	Total HACC eligible referrals	HACC eligible referrals from non-English speaking countries	% of referrals from non-English speaking countries	No. of referrals declined participation in ASPP*
Manningham	167	76	45.5%	48
Monash	228	47	20.9%	Unknown
Whitehorse	286	65	22.8%	31

*Some CALD referrals could not decline as they were not formally asked to participate in the project.

- Manningham Council collected data on the reasons why CALD referrals did not wish to participate in the Project. The two main reasons given were *Have good English* (19) and *Family support* (14).

- Identification of possible clients could have been enhanced with the development of clear <u>criteria</u> about who would benefit from Access and Support. Indicators such as level of English proficiency, availability of family support, past access to services, and whether the person is from a smaller or larger community could form the basis of such criteria.

- Successful implementation requires specific <u>training of intake workers</u> at local government organisations to identify potential clients who could benefit and to *sell* Access and Support to them. Also requires regular communication between Project Worker and Intake Workers to monitor referrals.

13.3 Assessment and Care Planning

- <u>Assessment time</u> – The model specified that assessment times should be set cooperatively between client, Council and ESO. Council process differs to the model in that assessments are scheduled at intake when referrals are made. While there is some flexibility with this, a change to assessment time will often mean a delay in the client being assessed.

- <u>Interpreting</u> – From the Project's inception the issue of whether bilingual ASWs should act as interpreters was raised. Some Councils agreed that ASWs could also act as interpreters with the benefit that another person was not required at the assessment. Alternatively some ASWs were not comfortable acting as interpreter because of the risk of relying on the ASW for their language skills only rather than their role in supporting the client to access services.

- <u>Assessment</u> – In most cases the assessment process went well for Access and Support clients. The number of people at the assessment did not seem to affect the success of the assessment. ASWs generally felt they contributed to the process as did Council Assessment Officers.

- <u>Communication with Council post assessment</u> – follow up communication was minimal from Council once the assessment occurred. It was sometimes difficult to obtain copies of the Care Plan and the ASW was often required to initiate communication to find out when services were to commence or other changes were made. Intake, assessment, coordination and rostering are all done by different people at Council. ASWs required more clarification about these roles to understand the Council process better. From Council perspective, the ASW role adds another layer of communication, complicating their process to assess referrals and organise services.

13.4 Service Provision

- <u>Communication with Council</u>– as indicated above it was sometimes difficult to communicate any concerns about services due to a lack of understanding about the different roles of Council workers and the appropriate person to contact. From the client's perspective it was easier for the ASW to make this contact and resolve issues.

- It was important to keep in <u>regular contact with clients</u> regarding how services were going and any issues or concerns they had. Clients did not necessarily raise concerns with Council unless prompted and Council required enough notice to make changes to services.

13.5 Cessation of Access and Support

- There was an ongoing issue of when to cease the role of ASW and how to hand over to Council. Concerns were raised about client dependency on the support role and the tendency of CALD clients to continue contact with the ESO even after formal contact had ceased. The project's exit protocol encouraged clients to access other services from the ESO although these were unlikely to involve the specific ASW. Workers from ESOs were concerned that their clients would continue to contact them because they were familiar even after formal services provided through the project had ceased.

Section B:
Independent Evaluator's Report

14 Evaluation methodology

The objectives for the Access and Support Pilot were:

- Identify the nature of Access and Support requirements for CALD communities to utilise HACC basic services;
- Work with ethno-specific organisations and local government to identify and develop a shared understanding of an access and support pathway that leads to agreed protocols between service providers (building on current Statewide protocols)
- Define the role and responsibility of the Access and Support Worker in the CALD/HACC setting
- Pilot the access and support model for a small sample of clients in the Cities of Manningham, Whitehorse and Monash
- Evaluate the pilot model.

14.1 Evaluation focus

The evaluation focus and methods were negotiated in a Steering Committee meeting held in December 2006 and a Reference Group meeting in February 2007.

The agreed evaluation focus was on the evaluation of **the model**. This implies:

- an emphasis on processes and what is learnt about successful processes
- a sensitivity to the evolutionary process of model development
- an emphasis on description of what is implemented and why
- documentation of relatively standardised aspects of the model including protocols, pathways, resources and instruments developed
- consideration and documentation of relatively non-standardised aspects of care that may influence or determine outcomes including:
    - o particular personal skills and approaches of the Access and Support Workers
    - o the nature of the relationship between the program, services and the ethno-specific service organisations.

The analysis of process was guided by the framework illustrated in Figure 2. The diagram illustrates four components of any program *as implemented* that need to be considered in identifying success factors and/or barriers to success. These are:

1. The planned program model (in this case as illustrated in Figure 1, p 27)
2. Variations from the model to accommodate the needs of individual clients (reflects the skills and approach of workers and the flexibility of the model)
3. Planned departures from the model or refinements of the model in order to accommodate the needs of particular client groups
4. Implementation issues – failures to implement the model as planned.

Some key findings related to each of these quadrants are presented in section 16, 'Interpretation of evaluation findings'.

Figure 2: Four quadrants of program effectiveness
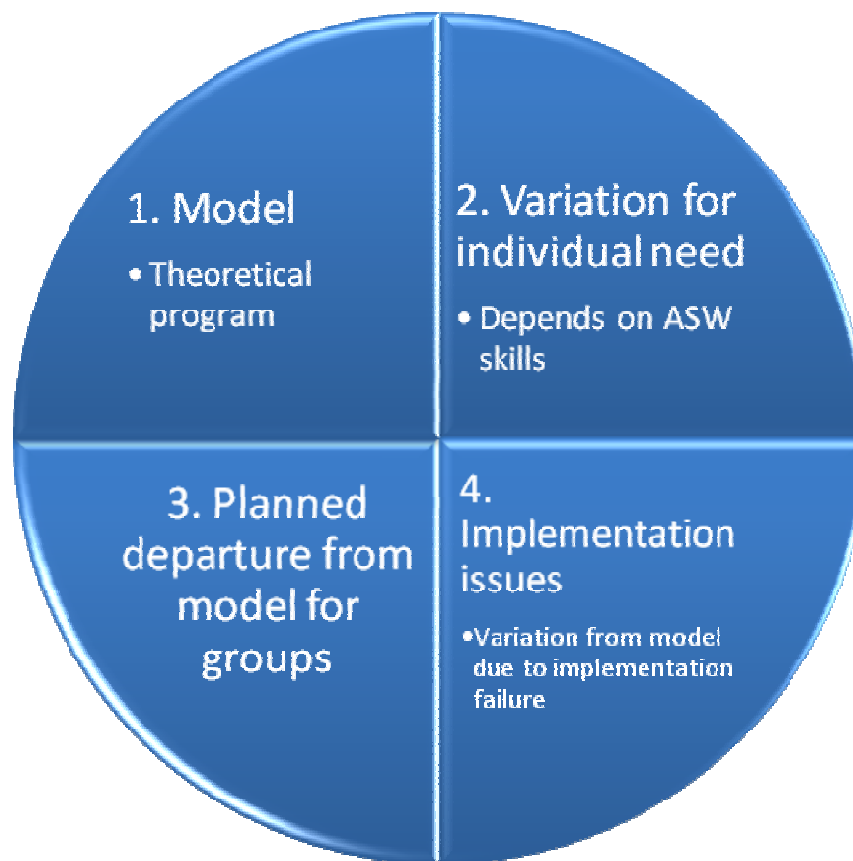
14.2 Challenges arising from the program timeframe

The Project timeframes were very tight which posed difficulties for the evaluation in several areas:

- There was a relatively long set-up period involving: defining and refining the model; establishing processes; training ASWs and HACC service personnel. This limited the active period of program implementation.
- There was no time to revise and develop the model based on early experiences. This meant that while some needed improvements were identified quite early there was no opportunity to implement these.
- There was limited time to assess the success of the program in supporting clients to remain engaged with services which is one of the two main purposes of the program.
- There was artificiality involved in the recruitment process as HACC services and ESOs sought to recruit participants for the pilot, in some cases even when they were unsure of the need.

14.3   Data collection methods

Given the small numbers of clients who participated in the project and the focus on process issues a critical component of the evaluation was participation in Reference Group and Steering Committee meetings. These involved detailed discussion of implementation issues especially related to client identification and recruitment. The main results of these discussions are presented in section 13 (p 33).

In addition the main data collection methods are outlined in Table 5.

Table 5: Data collection methods

Data collection method	Description/comments
Document analysis	Collection and analysis of all drafts of documents and meeting minutes. The analysis of these documents and the evolving history of the pilot are presented in detail in the Project Coordinator's sections of this report (sections 3 to 13).
Interviews with ASWs	All of the ASWs participated in a detailed phone interview with the evaluator. The main issues covered are listed in Appendix O.
ASW follow-up interviews with clients	The ASWs completed follow-up interviews with all but one of the participating clients. The interview was conducted approximately four to six weeks after the commencement of HACC services.
ASW activity records	ASWs completed record sheets of all contacts with clients (Appendix L). These included the date, mode and main purpose of the contact as well as any issues that arose.
Potential demand analysis	A data collection exercise undertaken by the HACC services and the Project Coordinator reported in section 13.2, p 33.
Workshops at Reference Group and Steering Committees	Attended and participated in discussions at seven Reference Group and Steering Committee meetings including facilitating a review of the model with the Reference Group in February 2007 and an 'interpretation and recommendations' workshop with the Reference Group in October 2007 (section 16.5, p 51). The latter involved a presentation of most of the evaluation results.

15 Evaluation findings

15.1 Key figures

The key statistics for the project were:

- 10 clients participated in the program with 4 of these couples where both partners were HACC eligible (the targeted number of clients was 10 to 15)
- There were an additional 8 assessments attended by an ASW that didn't continue
- There were an additional 10 referrals to the project that did not proceed mostly due to ineligibility or they refused assistance
- 4 of the 5 ASWs had clients in the project
- 5 of the 10 clients who participated were existing clients/contacts of the ESOs.

15.2 Access and support worker records

ASWs kept two main forms of records: a) a demographic summary including a summary of HACC and other services provided, and b) a record of all contacts with or on behalf of clients including date, mode, purpose and issues that arose [see Appendices N and M].

Table 6 lists the services provided to clients or organised for clients where these have been recorded.

Table 6: Types of services provided

Service type	Service frequency
Application for half price taxi card	
Food services	5 times per week
Home care	1 hr per fortnight
Home care	1.5 hrs per fortnight
Home care	Started about 6 weeks ago they have had 3 sessions. Fortnightly service
Home care	Once per fortnight
Home care	Fortnightly
Home care	Fortnightly - not sure how many times altogether
Home care	1 hr monthly
Home maintenance	
Meals-on-wheels	
Modifications	Had rails put in the toilet and outside
Nurse	To do blood pressure etc.
OT assessment for rails	Done 6/6/07
Regular cleaning	About 4 times for 1.5 hrs

Table 7 presents a break down of the time allocations by the two ASWs who had the largest number of clients. For both ASWs the average number of contacts (26.7 for ASW 1 and 10.5

for ASW 2) was significantly greater than originally anticipated as was the average amount of time (highlighted with square).

Table 7: Time allocations by two ASWs

ASW 1		Cli1	Cli2	Cli3	Total	Average	Average hours
Email	Number	4	6	4	14	4.7	
	Time (mins)	0	5	0	5	1.7	0.0
Letter	Number			1	1	0.3	
	Time (mins)			0	0	0.0	0.0
Phone	Number	26	13	22	61	20.3	
	Time (mins)	270	90	205	565	188.3	3.1
Visit	Number	1	2	1	4	1.3	
	Time (mins)	75	85	75	235	78.3	1.3
Total	**Number**	**31**	**21**	**28**	**80**	**26.7**	
	Time (mins)	**345**	**180**	**280**	**805**	**268.3**	**4.5**

ASW 2		Cli4	Cli5	Cli6	Cli7	Total	Average	Average hours
Email	Number	1	1	2		4	1	
	Time (mins)	2	5	4		11	2.75	0.0
Letter	Number	1	1	1	1	4	1	
	Time (mins)	3	3	3	3	12	3	0.1
Phone	Number	2	8	9	4	23	5.75	
	Time (mins)	35	53	82	90	260	65	1.1
Visit	Number	1	1	1	1	4	1	
	Time (mins)	90	90	90	45	315	78.75	1.3
Total	**Number**	**7**	**13**	**15**	**7**	**42**	**10.5**	
	Time (mins)	**115**	**191**	**192**	**148**	**646**	**161.5**	**2.7**

There were a number of differences between the two ASWs that relate to the differences seen in Table 7, these include:

- ASW 1 interpreted the role more proactively and had a greater number of contacts after the commencement of services (see Case Study 1)
- ASW 1 was working with clients in multiple languages and usually required an interpreter thus increasing time requirements. ASW 2 worked with her own cultural group and frequently didn't require an interpreter
- Several of ASW 2's clients were existing clients of the organisation therefore it is probable some contacts were not classified as part of this project
- ASW 1 was the Project Coordinator and had more time committed to this project.

Despite these caveats it is probable that the average time spent by ASW 1 gives a good indication of the time required to work proactively and in a problem-solving manner after the commencement of services (i.e. 4 to 5 hours per client) till six weeks post commencement of services.

Case Study 1

The following series of excerpts from one of the ASWs notes illustrates a problem solving approach subsequent to service commencement. This level of activity after commencement of services is not detailed in the model and was the exception rather than the rule among ASWs.

Phone to client: Client had some concerns but couldn't express in English, ASW to call back with interpreter

Phone to client and son: Client feels worker is too old and too close to her own age – feels embarrassed having her clean the house for her. Also only spending about 1 hour and not doing dusting. ASW clarified that workers can't do the dusting. ASW said would contact council about concerns

Phone council: Next home care booked for Fri 29 June. Would organise replacement for that session, probably a temp and may need to be on another day. Would change carer for future. If client changes days available that would help in organising someone else.

15.3   Interviews with ASWs

The evaluator interviewed each of the ASWs and a guide to the issues addressed is provided as Appendix O. This is only a rough guide as the interviews were only loosely structured and issues that arose were explored in greater detail as required.

All of the interviewees were able to identify clients who had benefited from their involvement, even those who didn't have any clients among the 10 in the project (i.e. clients who were assessed but didn't continue e.g. Case Study 4, p 49).

The ASWs feedback has been incorporated into the case studies and into the summary of findings in relation to the four quadrants of the evaluation framework (sections 16.1 to 16.4). The ASWs were also involved in the 'interpretation and recommendations workshop' reported in section 16.5.

15.4   ASW follow-up interviews with clients

ASWs conducted follow-up interviews with nine of the ten program participants approximately four to six weeks after commencement of HACC services. The interview guide is in Appendix M.

The following tables present client feedback on the HACC services provided, the ASW role (Table 9) and any general comments they wished to make (Table 10).

Table 8 presents satisfaction ratings and comments on each HACC service provided. Some clients received more than one service and provided ratings for each. Only two clients were dissatisfied with the services provided although two others indicated that there had been problems initially that had been solved with the assistance of the ASW.

Table 8: Satisfaction with HACC services provided

Service satisfaction	Service comments
Dissatisfied	Quality of services: only provided 1/2 hr service; did mopping first; seems in a hurry; put cloth in basin causing client to clean the basin again
Dissatisfied	Cleaning shower- still needs more cleaning after they have been
Satisfied (2)	*No comment provided*
Satisfied	Change linen
Satisfied	Only concerned about the time problem - would prefer a regular day and time
Satisfied	The client would prefer to have a Mandarin speaking worker; heavy duty cleaning is preferable
Satisfied	Mopping
Very satisfied (2)	*No comment provided*
Very satisfied	They come and clean, professional, no issues
Very satisfied	Whenever the worker comes in they ask me first what to do and happy with the way it works
Very satisfied	Good work
Very satisfied	Nice people

Table 9: Client comments about support offered by ASW

Client comments about the assistance offered by ASW
The ASW is a supportive person. The presence of the ASW made the granddaughter and client more comfortable. Also the grand-daughter was more confident to ask some questions with the assistance of the ASW.
The ASW speaks the same language as the client and understands her needs
ASW speaks the same language. The client trusted the ASW would organise services to meet her needs
Helped with understanding the process involved i.e. assessment process and assisting us with interpreting during the interview/assessment by Council worker
Very good
I think so. I can ring you to sort out any problems with the council. It is not always easy to telephone the council
The ASW provided a lot of support. Although the interpreter was present. The ASW made the client feel comfortable to speak up. The client was also confident in asking the question with the assistance of the ASW.

Table 9 indicates a high level of satisfaction with the ASW. It was considered particularly beneficial where the ASW spoke the same language as the client. Three clients reported increased comfort or confidence as a result of the ASWs involvement.

Table 10 reiterates some of these comments though some clients indicated some ongoing issues particularly related to the language spoken by the HACC workers.

Table 10: Other comments by clients

Other comments by clients
It is helpful to have the assistance of the ASW to access future services (e.g. assisted transport and social support)
Cantonese speaking worker provided, however the quality of services was disappointing
The Home Support Worker speaks Italian
It would be better if the worker speaks Cantonese
It would help if a Mandarin speaking carer could be provided; the carer provided limited household tasks whereas the client would prefer help with heavy duty cleaning tasks
Its not bad - the work is good - the main thing is to have the same person come at the same time - we can get to know each other better and that makes it easier
Only need to vacuum once a month as not very dirty - need kitchen and toilet done each time
Only to sort out the day and time of service - prefer regular day after 11.00 am
The ASW understood the clients needs and concerns and encouraged the client to retain services
The ASW spoke the same language as the client and supported the client to access the service
To organise a Cantonese speaking worker with Monash Council
Whatever cleaning needs to be done - they do whatever I want
Would like another Cantonese/Mandarin speaking worker

15.5   Pulling the data together – case studies

Following are two Case Studies drawn from a combination of the ASW interviews and client interviews. They illustrate some of the ways in which clients have benefited from ASW involvement.

Case Study 2

This case study illustrates the value of a proactive ASW during the period when services are being introduced and established

- Sri Lankan lady requiring cleaning services
- During start-up process there were issues with carers not arriving and then varied carers and times
- Hard to contact council to discuss this but ASW worked it out

"I can ring you to sort out any problems with the council. It is not always easy to telephone the council"

"The main thing is to have the same person come at the same time - we can get to know each other better and that makes it easier"

"Without [ASW]s help I wouldn't have been able to arrange things"

Case Study 3

This case study illustrates the value of a proactive approach before the client is assessed for services and the opportunities that may arise from the existing relationship between ESOs and clients who could benefit from HACC services.

- This lady currently attended a Planned Activity Group (PAG) at one of the ethno-specific organisations – the service realised she was eligible for meals on wheels
- Initially the lady declined – the ASW called the family to find out why and found she didn't really understand food services and that it was not just about meals
- ASW contacted council and arranged assessment. At assessment picked up that she needed home care, personal care and respite as well
- Continuing with all services
- Helps family a lot as they can do shopping etc. when the carer is in the house

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While case studies 2 and 3 illustrate the importance of the ASW being proactive at different points in the process, case study 4 (in the following section, p 49) relates to a lady who did not end up receiving services but where the participation of the ASW in the process of assessment and discussions with the family was still of considerable importance. This case is not included among the 10 who proceeded with services but clearly illustrates the potential value of ASW involvement in the assessment and planning process even when the client doesn't end up receiving council HACC services.

16   Interpretation of evaluation findings

This section highlights some of the key findings related to the four quadrants of the framework presented in Figure 2. The findings listed are interpretations of the data presented in the previous section. This section also reports on a workshop held with the Reference Group to discuss some of the major findings of the evaluation and to develop recommendations in relation to three key questions raised by these findings.

## 16.1   Findings in relation to the program model
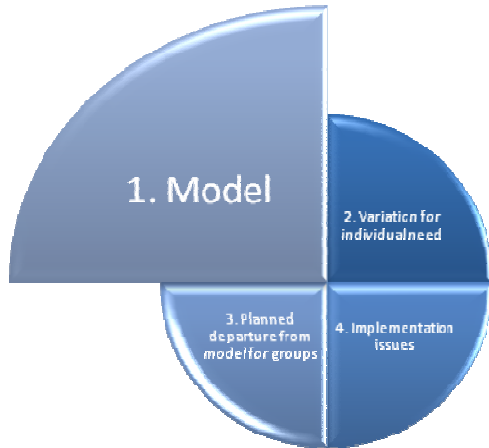
Some of the main findings related to the model developed and piloted were:

- Insufficient emphasis on proactive follow-up and problem solving

- Probably too much emphasis on recruiting clients at a point in time where they could not know whether they could benefit from ASW assistance or not

- Alternate point of entry required for existing HACC clients who come across problems

- Model appeared to be most successful for clients referred to HACC services by ESOs.

In general it is likely that the focus on a) clients who had never previously received HACC services, and b) recruitment if clients at the time of intake, made it more difficult to recruit clients as it is this group who are least likely to know what assistance they may require. On the other hand clients who experience problems with HACC service delivery and who are considering ceasing services and clients who have previously used and ceased HACC services are more likely to welcome assistance in assuring the cultural appropriateness of services.

16.2 Findings in relation to responsiveness to client need and ASW skills/approaches
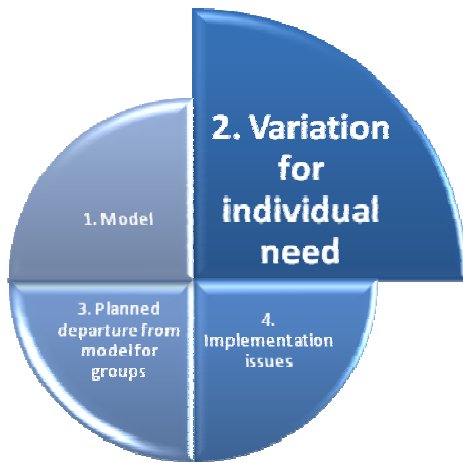
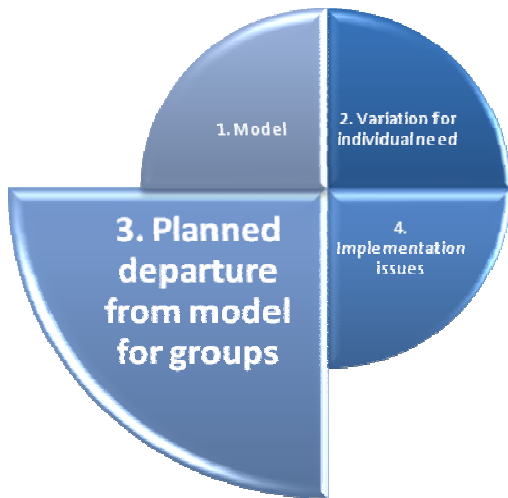Some of the main findings related to the ability of ASWs to adapt the program to individual needs were:

- ASWs followed clients up with support and assistance even when they ended up not being suitable for HACC services (see Case study 4)

- Some ASWs stuck closely to the model whereas others took a highly proactive approach in following up the commencement of services and client satisfaction with services

- ASWs identified and referred for non-HACC services for several clients.

Case Study 4

One ASW reported involvement with a client who was referred by the HACC service for assistance. The person had dementia and ended up being unable to receive services due to aggressive behaviour towards care workers. The ASW obtained consent to talk to the client's GP and has been providing ongoing support to the person's spouse and family in their attempts to obtain the services required. Also the Council intake worker maintained involvement by referring the client to respite services.

The main difference between the approaches adopted by different ASWs relate to how close they stuck to the model as documented in Figure 1, which emphasises front-end processes (intake and assessment). Some ASWs took a more proactive approach in the period immediately after services had commenced, usually this led to the identification of some problems that were then solved leading to successful outcomes (i.e. client satisfaction with services and intent to continue with services).

16.3   Findings in relation to specific groups

Some of the main findings related to adapting the model to the needs of particular groups were:

- The discussion in the 'Interpretation and Recommendations Workshop' (The 'Interpretation and Recommendations Workshop', p.51) suggested that it would be worthwhile exploring whether there are differences between different ethnic populations in terms of their need for support. Areas for exploration might include: the support needs of very established vs more recently arrived ethnic groups, differences in geographical areas with different socio-economic profiles.

16.4   Findings in relation to implementation issues
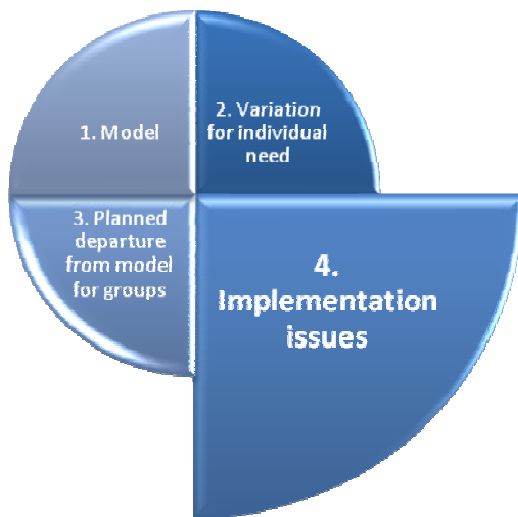
Some of the main findings related to implementation issues were:

- Difficulties recruiting sufficient clients in part due to issues with the model (recruiting first time clients at a point in time where they would find it hard to know what help they needed) and in part due to the artificial need to get numbers for the pilot

- ASWs felt that they were underutilised in the assessment process on occasions. This occurred with and without the presence of an additional interpreter

- Council intake workers felt pressured to recruit and in some cases resented having to give a hard sell to clients who weren't interested.

Most of the implementation issues that arose probably related to the model design issues discussed previously.

There were differing experiences among key workers in relation to assessments where they were acting as an interpreter (scenario 1 in the model) and assessments where there was a separate interpreter. One ASW found that she was sidelined in the assessment where there was an interpreter but was more active in the assessments where she acted as the

interpreter. However, another ASW found that where she was required to act as an interpreter this limited her involvement in the assessment and she was treated by the assessment officer as just an interpreter. She found she was able to have a greater contribution where she wasn't required to act as an interpreter. These conflicting experiences suggest that it is probably the culture of the particular Council and the approach of the individual assessment officer, as well as how the ASW perceives their role, that determines the level of involvement of the ASW in the assessment, not whether the ASW is also acting as an interpreter or not.

16.5 The 'Interpretation and Recommendations Workshop'

In October 2007 a workshop was held with the Reference Group at which the main evaluation findings were presented and a number of questions proposed in relation to these findings. The three questions for discussion were:

- Is there really a need for this service? If so how can we recruit better?

    o Does identification of clients requiring services by Council intake workers require too great an act of imagination or assume consistency in the organisation that is not present?

    o Options:
        - Definitive recruitment criteria
        - Problem solving rather than 'up front' emphasis (i.e. decision to refer made later in the process)
        - Assertive outreach by ASWs

- Is the model right or does it have too much "up-front" emphasis and not enough emphasis on a) being proactive and b) ongoing problem solving?
    o Was the assumption that the initial assessment process was most important correct given that many clients at least commence services? This led to:
    o Clients who had previously received services not being recruited
    o Confusion in how proactive the ASW needed to be in chasing things up
        (NB this was also influenced by being a pilot project)
    o Are there other models that could be used instead of or as well as an up-front model
- What funding model is most appropriate for these services?

    o Is having funded positions leading to artificially identifying demand? or Are funded positions necessary to enable more assertive outreach and systems change?
    o Alternatively is some sort of unit costing model required to allow the service to be provided only as needed? How would this work?

The first two questions were discussed in parallel. It was agreed that:

- There probably is a need but it is hard for the target group of the pilot (first time clients at the point of intake) to know whether they could benefit from the assistance of the ASW or not. A mechanism for referring to ASWs to help with problem solving with clients who experience problems with services or discontinue services or with clients who are returning to services may lead to better targeting.

- It was suggested that it would be worthwhile exploring whether there are differences between different ethnic populations in terms of their need for support. Areas for exploration might include: the support needs of very established vs more recently arrived ethnic groups, differences in geographical areas with different socio-economic profiles. Opinions differed on the potential importance of these distinctions.

- The model should place greater emphasis on the point of service commencement and problem solving in the subsequent period.

- One point that related to all three questions was that it was considered that a significant period of time would probably be required to build up a natural understanding between ASWs, Council intake workers, assessment officers and service coordinators to arrive at a situation where ASW support was optimally understood, promoted and utilised.

- The Reference Group felt unable to comment on the funding model except to say that it needed to allow for some proactive relationship building and process development to occur between ESOs and Councils while avoiding the necessity to artificially recruit particular numbers of clients, especially in the early stages of the service. These requirements will need to be considered in the development of models for future trials.

17 Conclusions and recommendations from the external evaluation

This section provides a concise summary of the main conclusions of the external evaluation and lists some recommendations which, while informed by input from the Reference Group, are opinions of the evaluator.

17.1 Conclusions

C1. The Project created much greater understanding between Council HACC services and Ethno-specific Organisations.

C2. The Project provided services that were of significant assistance to the clients who participated and, in at least some cases, probably made the difference between the client continuing with services or not continuing with services. In general better outcomes were associated with a more proactive approach by the ASW in the period immediately following the commencement of services (despite the fact that this was not emphasised in the model).

C3. On average the amount of time put into each case by the ASW was substantially more than originally expected. If the ASW role is pursued proactively (as per C2 above) it is likely that the total investment of time will average 5 hours per client or more.

C4. The project had difficulty recruiting the numbers targeted. It is probable that targeting the service at first time HACC users at the point of initial intake was a barrier to recruitment due to the difficulty for this client group of knowing whether they could benefit from the services or not.

C5. The presence or absence of an additional interpreter at the assessment did not determine the success of the ASW role in the assessment. The extent and success of the ASW contribution depended more on cultural and individual factors.

C6. The process led to the identification of additional needs and additional referrals in at least four of the 10 clients. Most of the other six had pre-existing relationships with ESOs. The model seems to be an effective process for identifying a broader range of needs than just the need for HACC services.

C7. As is usually the case with pilot projects there were aspects of the fact that the project was a trial that interfered with recruitment. These included:

- Clients needing to consent to participate in a pilot (which is a culturally unfamiliar concept to many)
- The fact that the service was only offered for a limited time
- Reluctance to change the model mid-trial
- A degree of artificiality in trying to get numbers rather than the service being driven by need.

17.2   Recommendations

Please note these recommendations are opinions of the evaluator and, while they have been discussed with program staff and are based on discussions with the Reference Group, they have no official status as views of any of the participating organisations.

R1. The model needs to be reconceptualised to place greater emphasis on the service commencement and delivery phase (page 29) and encourage proactive support by the ASW during this phase.

R2. The model should allow alternative entry points for problems that arise during service delivery or when a client discontinues services. Selection criteria should also encourage referrals for clients who have previously discontinued services.

R3. Efforts should be made to ensure that there is a more consistent understanding by all ASWs and all HACC assessment officers about the ASWs role and potential contribution to the assessment process.

R4. In the absence of any evidence to the contrary Councils should continue with their existing policies on interpreter use.

R5. Future trials should consider a mix of base and unit cost funding. The base funding is necessary to ensure ongoing investment in relationship building, training and the development of tools and processes. The unit cost component is necessary to allow flexibility and responsiveness to demand variations without creating pressures to artificially force throughput.

R6. Any future trial needs to allow a much longer operational period.

R7. Mechanisms for retaining the knowledge and experience acquired during this trial and continuing to develop the relationship between ethno-specific organisations and council HACC services should be explored.

18 References

ABS – See Australian Bureau of Statistics

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Section C: Appendices

Appendix A: Membership of the Access & Support Pilot Project Steering Committee and Reference Group

Appendix B: Position description Project Coordinator

Appendix C: Summary of interviews with key stakeholders regarding access and support model

Appendix D: Summary of points raised from discussion about the model at the Reference Group meeting held 11 December 2006

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Appendix F: Referral protocol

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Appendix H: Role clarifications

Appendix I: Summary project outline

Appendix J: Telephone blurb for prospective clients

Appendix K: Information for clients

Appendix L: ASW Client Related Activities Record Sheet

Appendix M: Form for ASW follow-up interview with client

Appendix N: Demographics data collection sheet

Appendix O: Questions for evaluation interviews with ASWs

APPENDIX A: Membership of the Access & Support Pilot Project Steering Committee and Reference Group:

		Steering Committee	Reference Group
Department of Human Services	David Hampton	✓	✓
	Annette Worthing	✓	✓
	Heather Russell	✓	✓
Migrant Information Centre	Wina Kung	✓	✓
	Jill Exon*	✓	✓
	Sharon Porteous	✓	✓
Inner East PCP	Jonathon Pietsch*	✓	✓
	Christopher Foley-Jones	✓	✓
City of Manningham	Tina Beltramin		✓
	Kathrine Hopgood		✓
City of Monash	Susan Wyatt		✓
	Marina Leckie		✓
City of Whitehorse	Jane Power		✓
	Kay Dalrymple		✓
Australian Greek Welfare Society (AGWS)	Stavroula Mavroudias		✓
	Antonios Maglis		✓
Chinese Community Social Services Centre Inc (CCSSCI)	Angela Ng		✓
	Lydia Chan		✓
Co.As.It.	Walter Petralia		✓
	Stella Tallorito		✓
Fronditha Care	Betty Haralambous		✓
	Maria Mavridis		✓

*Resigned through the course of the project.

APPENDIX B: Position description Project Coordinator

Migrant Information Centre (Eastern Melbourne)

EMR Access and Support Pilot Project
Project Worker Job Description

Position:	Project Coordinator
Employer:	Migrant Information Centre (Eastern Melbourne)
Contract:	Work 3 days per week (9 months)
Contact person:	Sue Herbst
Send Application To:	Sue Herbst Migrant Information Centre (Eastern Melbourne) Suite 2, 27 Bank Street, Box Hill 3128 Email: sherbst@miceastmelb.com.au

1. Summary of Position

Inner East Primary Care Partnership (IEPCP) received funding from the Department of Human Services (DHS) Eastern Metropolitan Region (EMR) to undertake a pilot project titled "Access and Support Pilot Project". The IEPCP together with the Migrant Information Centre (Eastern Melbourne) (MIC) have formed a partnership to implement the project. The aim of the project is to pilot a model to support people from a Culturally and Linguistically Diverse (CALD) background in the Inner Eastern Region to access Home and Community Care (HACC) basic services. We are seeking a project coordinator to assume responsibility for the development and implementation of the project.

Project Purpose:

The purpose of the project is to develop, pilot a model for providing access and support services for CALD clients to improve HACC service access and outcomes. The project will focus on:

- Access (Including Initial contact, referral processes, assessment and care planning)
- Retaining (Service expectation and service responsiveness)

Project objectives:

- Identify the activities included in providing access and support for CALD communities in order to assist them to use HACC basic services.
- Develop with stakeholders a shared understanding of a care pathway that leads to agreed protocol between service providers.
- Develop and pilot an "Access and Support" model for CALD clients in the Inner Eastern Region.
- Implement "Access and Support" model for CALD clients in the Inner Eastern Region.

- Evaluate the result of the pilot model (focus on partnership, access and support activities, pathway, process of the project and case studies).

2. Background of the Migrant Information Centre (Eastern Melbourne)

Migrant Information Centre (Eastern Melbourne) Ltd. was established in 1999 to support people from culturally and linguistically diverse backgrounds. Our work includes the provision of case work services to individuals and families to assist in their settlement in Australia, support to migrant community groups and working with local agencies to support the delivery of services to people from culturally and linguistically diverse backgrounds.

The centre's objectives include:

- providing a primary focus for settlement planning, co-ordination and delivery in the region with the objective of ensuring effective and culturally sensitive service provision to migrants by mainstream agencies,
- enhancing existing links with and between a range of service providing agencies in the region, and
- identifying service gaps and/or shortfalls in relation to migrants by mainstream agencies within the region and to provide advice and assistance related to appropriate service delivery in the development of new, alternative or additional services for migrants to bridge gaps and shortfalls.

The Centre is managed through a Board of Directors.

3. Key Result Areas of the Project

- Identify the activities included in providing access and support for CALD communities in order to assist them to use HACC basic services through:

    o Identify current practices of ethnic organisations in supporting CALD clients to access HACC basic services.

    o Work with Culturally Equitable Gateway Strategy (CEGS) workers to identify the current procedures for referring clients from ethno specific groups to the Councils.

- Develop an "Access and Support" model for CALD clients in the Inner Eastern Region which includes:

    o Defining roles of involving organisations – Councils and ethnic groups.
    o Develop with stakeholders a shared understanding of a care pathway that leads to agreed protocol between service providers.
    o Identifying existing protocols and develops new protocols and procedures if required.
- Pilot the "Access and Support" model with Councils and a number of ethnic communities. Key components of the model will include:
    o Identification of potential HACC eligible clients for the project through:
        - Working with the ethno specific organisation workers [in this project these workers will be called Access and Support Workers (A&SW)] to identify clients from their existing clientele, and/or
        - Working with CALD community leaders to identify CALD potential clients from smaller ethnic groups (e.g. senior citizens clubs).

- o   Working with the A&SW or community leader to refer potential clients to councils according to the protocol and procedures developed under the Model.
- o   Working with A&SW and/or community leaders support the clients to arrange a HACC assessment, provide feedback on the care plan and assist in reviewing the client's satisfaction level with HACC services.
- o   If the client successfully receives HACC services, to work with the A&SW to maintain contact with the individual client for 1-2 months after HACC services commence to assess usage and satisfaction with the service. If no HACC service is arranged for the client, reasons for not using the services to be documented.
- o   Document all aspects of the implementation of pilot model.
- Document the successful and non-successful strategies implemented and learning experiences under the pilot project.
- Work with the project evaluation consultant to evaluate the pilot model.

4. Key Selection Criteria

- Demonstrated understanding and knowledge of the HACC service system including assessment procedures and of the factors that are critical in developing, implementing and monitoring service delivery to people from culturally and linguistically diverse backgrounds.

- Excellent client service skills with demonstrated experience of working with HACC eligible people from a CALD background

- Excellent written skills.

- Highly developed analytical and consultation skills.

- Demonstrated knowledge and understanding of the experience of culturally and linguistically diverse communities.

- Demonstrated experience in maintaining effective partnerships across both the government and community sectors.

- Excellent communication and interpersonal skills

- Strong project management skills

- Sound organisational and time management skills.

- Ability to effectively use Microsoft Office.

5. Position Dimensions

- Position reports to the Migrant Information Centre (Eastern Melbourne) manager and the Access and Support Pilot Project Working Group. Verbal and written progress reports will be submitted to the Working Group bimonthly.

- Work in cooperation with staff and volunteers of the Migrant Information Centre (Eastern Melbourne) and Inner East PCP.

- An individual employment contract will be negotiated with the successful applicant.

- Recreation leave is for 4 weeks and sick leave for 10 days (per year) pro rata.

APPENDIX C: Summary of interviews with key stakeholders regarding access and support model:

Stages	Perceived Roles of ASW Council Perspective	Common Ground	Perceived Roles of ASW ESO Perspective
1. Initial Contact (If referred through ESA)	To encourage and support the client to contact council, or; Alternatively to make that initial contact on their behalf (depending on Language abilities)	Both agree on this	To encourage and support the client to contact council, or; Alternatively to make that initial contact on their behalf (depending on Language abilities)
1. Initial Contact (If through council originally)	Phone call received If intake worker identifies that the client could benefit from an ASW, they will ask their consent Council to do INI/SCTT ASW will contact client		Once council has conducted SCoTT form, inform ASW of key issues/things to know. ASW will then follow up with client from here
2. Initial Needs Identification	To conduct a general INI to get a rough idea about a client's eligibility No need to complete a SCoTT form	Conduct a general INI	To conduct a general INI to get a rough idea about a client's eligibility Some would prefer to not complete a SCoTT
2. Assessment	Would like the ASW present Neutral role to help with communication – clarify needs, problems, cultural misunderstandings Provide support for the client If complex needs, assist in care planning and assisting with appropriate referrals (might be language specific)	Generally happy to attend to provide assistance and support to clients Use of interpreters uncertain	One prefers to not attend assessment, but do follow up calls before and after Another are happy to attend A – to help facilitate communication and help each stakeholder better understand each other Would like to assist in the care planning process
3. Care Planning	One feels this is purely council's responsibility, Another is happy for input from the ASW in deciding on a care plan including any referrals	Level of involvement in CP is uncertain	2 prefer that interpreters are not used and one has a preference for interpreters
4. Service Delivery	To follow up with clients to see how they are going – any questions, info to relay back to council, enough information to make a decision about services?	Follow up with clients	To follow up with clients to see how they are going – any questions, info to relay back to council

APPENDIX D: Summary of points raised from discussion about the model at the Reference Group meeting held 11 December 2006

Initial Contact

POINTS RAISED FROM ETHNO-SPECIFIC ORGANISATIONS*:*

- Through CEGS, it was generally felt that referral and support was already taking place

- One of the key issues raised was around time restrictions where some groups identified the limitations of mainly having part-time workers, contacting clients can be very time consuming.

- Some felt that the existing protocols in place are effective and work well

- One group mentioned that referrals and support for clients was easier because relationships have already been established with the appropriate council/s. The benefits were that council knew who to contact when they had any concerns with a particular client, and the ethno-specific CSO were able to pass on any referrals

- How do CALD clients, who are not already linked with an ethnic group, know that they are able to access additional support from an ASW?

POINTS RAISED FROM LOCAL GOVERNMENT ORGANISATIONS:

- There were some concerns within this initial contact stage. She felt that in some cases they were unable to move past this stage particularly with some Greek and Italian clients who, once they realised service limitations (including service frequency and/or boundaries of what home care workers can and cannot do), were lost

- Client drop-out was seen as an issue among some ethnic groups due to unrealistic/high expectations. It was suggested that the role of the ASW could be to facilitate communication to help the client understand the limitations of the services and to encourage them to access services

- Other groups agreed that high expectations (mostly for home care) among Italian and Greek clients was a common issue

Initial Needs Identification and Assessment

- Concerns were expressed about having too many people present at assessment (i.e. assessment officer, ASW, interpreter, client and possibly additional family members)

- Some groups wanted to know more about council assessment procedures

- Some felt that there were so many steps involved even before a client reached the care planning stage and wondered how this process could be simplified

- The ASW would provide a way to help navigate the system

- A generic referral protocol can be included in the model.

- The role of ASW should not include interpreting.

- At what stage ethno specific CSOs bring their expertise

- When clients are referred from GP's how is it flagged to council that this client might require additional support

Care Planning

- At this stage ethnic groups did not generally receive/give feedback regarding care planning

- Council expressed concerns/expectations about needing to make final decisions particularly in regards to key decisions regarding service provision, especially related to OHS.

- Council wanted to see the role of the ASW to support clients. This included dealing with any misunderstandings (once a client is engaged), however also in clarifying any issues/concerns within the initial period.

- Ethno-specific worker perspective - the ASW could empower the client because they already have an established bond/relationship.

- It was suggested that the ASW would have more communication with the client but that it would be council who would converse with other agencies, Council and the ASW would also be in regular communication.

Service Delivery

- Council expressed concerns about clients developing a dependency on ASW. It should be clear from the start that the role of the ASW is only temporary and not ongoing.

- DHS outlined boundaries of the project in that the model should not include the practice of "joint assessment", but rather that it was necessary for council to conduct assessment.

APPENDIX E: Summary of points raised regarding draft of model at Reference Group meeting held 12 February 2007

Roles and Responsibilities

- Need to be clarified in training (with specific scenarios)
- Role of ASW should be neutral – how to convey this to client?

Referral

- External referrals
- No specific selection criteria for project – accept all referrals
- What happens if client refers friends / relatives to the ASW

Consent

- 2 aspects to the consent – referral & consent to an ASW – verbal is acceptable
- Important that protocol outlines why and how the ASW will be involved
- Should include information in client's own language about the project and how long ASW will be involved

Assessment and Interpreting

- Does the ASW and/or Council feel comfortable for ASW to interpret
- If ASW interprets their role needs to be clear
- Concerns about the number of people present at assessment
- Client's decision as to whether they want an interpreter or not
- Concerns that the assessment is prolonged (e.g. with Assessment officer, ASW & Interpreter)
- Need for Assessment Officer to adjust for the pilot project (changes to current practice)
- ASWs - flexible in piloting different models

Exit Model

- Necessary to have a protocol on what happens after the service has been delivered
- Translated information (as per consent) in client's own language – do externally and ASWs will check

Training

- Understanding of what HACC services are and eligibility for each LGA
- Address referral protocols
- About intake and assessment processes
- Include mock assessment scenarios - hands on training
- Roles of ASW & council workers clearly defined – understand boundaries
- Training for Assessment Officers (re: the project and their role)
- Debrief after first "real" assessment to reflect on process and make changes

Promotion

- Case finding – How to recruit clients and how to get them onboard

Documents to prepare

- Consent
- Use of Interpreter
- Closure / Exiting Protocol
- Referral Protocol

EMR HACC Access & Support Pilot Project

REFERRAL PROTOCOL

Enquiry is made to an ethno-specific organisation.

⇩

The ASW/CEGS worker is to complete the following sections of the SCTT form:

- Confidential Referral Cover Sheet
- Consumer Information
- Summary and referral Information

⇩

Once these documents have been completed, the ASW/CEGS worker - with the consent of the client - will **fax the SCTT form to the relevant council organisation.**

Faxed documentation will include:

- Completed sections of the SCTT form (pages 1-4 + consent as above)
- A fax coversheet addressed to 'Intake worker (HACC)'.

Council contact no's via fax:

City of Manningham	9841 5012
City of Monash	9518 3499
City of Whitehorse	9262 6422

⇩

Council/intake worker will then send through a fax to confirm that the referral has been received.

EMR HACC Access & Support Pilot Project

CLIENT EXITING PROTOCOL

(Revised July 2007)

At the completion of the project (end of September) or following the final client survey after services have commenced, the **client is exited from the project**.

The **client is sent a letter to thank them** for their involvement and participation in the project (see proforma letter over the page). The letter should reiterate the short-term nature of the pilot project, provide them with contact details for the relevant council worker if they have any questions or feedback in the future, and provide them with contact details of the ethno-specific organisation involved.

Following this letter, the **ASW will make a follow up call or visit** to ensure that the client understands who to contact if they have any questions or concerns in the future. The client should also be reminded that they may be contacted by the project evaluator in the near future.

(ON YOUR ORGANISATION'S LETTERHEAD)

5 December 2007

(Client Name)
(Client Address)

Dear (client name)

I am writing to thank you for your participation in the Eastern Region's Access & Support Pilot Project. As you may be aware, the Project is only short term and will finish in September 2007. An Evaluation report will be finalised by November 2007. Your participation has contributed significantly to this Project.

I also wish to advise you that my role as Access & Support Worker will now cease but all services you receive from the Council will continue.

If you wish to contact the Council regarding the services you are receiving you should telephone the *(name of Council contact)* on *(phone number)*. The Council is always happy to receive your call with any enquiries or comments you have or if your situation changes and you think you may need more assistance.

In addition, if you wish to contact *(name of your organisation)* about our services you may telephone *(name of person)* on *(phone number)*. Our full address details are also on this letter.

Thank you again.

Yours Sincerely,

(ASW Name)
Access & Support Worker
(Name of organisation)

EMR HACC Access & Support Pilot Model
ROLE CLARIFICATIONS

Project Aim: To pilot a model to support people from CALD backgrounds in accessing and remaining engaged in HACC basic services.

Additional benefits that were noted among the participating Council and Ethno-specific Organisations include:

- Better outcomes for CALD clients.
- Building stronger relationships between Council and Ethno-specific Organisations.
- Utilising the cultural, professional and language expertise of ethno-specific workers.
- Long term goal toward decreasing the number of clients who drop out from services prematurely.

Role Clarifications

Objective of the Access and Support Worker (ASW): To provide a supportive role to council and CALD clients by facilitating improved communication and cultural understanding between both stakeholders.

Nature of the ASW

- To act as a "bridge" in linking CALD communities into mainstream services.

- To raise awareness to any cultural factors that may impact on client satisfaction or the uptake of services by talking through any misunderstandings and feeding important information back to council.

- Act as a cultural resource – picking up on cues, drawing on own cultural understandings.

- To reiterate council policy, particularly around the limitations of HACC services including service frequency and OHS issues.

- Feed useful information back to council so issues can be addressed.

For the purpose of the Pilot Project, the Model incorporates two scenarios.

Scenario 1: ASW utilises their bilingual language skills when communicating with the client and/or council organisation.

Scenario 2: An accredited interpreter is used when communicating with the client (i.e. the ASW does not interpret).

Different scenarios are outlined where necessary.

Role / Duties of the ASW

1. Initial Contact & Initial Needs Identification

If a client initiates contact with an ethno-specific organisation:

- ASW to explain what HACC services are, including the benefits and potential limitations of the service.
- If the client is interested, the ASW to complete the SCTT form (Pages 1-4 plus consent[1]) and fax it through to the relevant intake/council worker.

2. Assessment & Care Planning

Prior to assessment

A time/date for the assessment is negotiated between council, ASW and client (via a conference call).

Scenario 1. ASW to interpret during the conference call.

Scenario 2. Accredited interpreter is utilised during the conference call.

Within this phone conversation, the ASW may inform the client of the assessment process and to see if they have any questions/concerns. It may also be beneficial to ask whether any family members will be attending the assessment. If further clarification is required, the ASW may need to make a follow-up call.

Assessment

ASW to attend the assessment meeting.

Scenario 1. ASW to interpret during the assessment.

Scenario 2. ASW to accompany assessment officer and accredited interpreter to the assessment.

If the client is not eligible for HACC services:

ASW to phone the client to follow up with any CALD referrals and to conduct a casual phone interview.

If the client is eligible for HACC services:

ASW to assist council in the development of the care plan (see below).

If the client is eligible but uncertain about whether to accept services, the ASW will make a follow-up call to the client. This might be to answer any questions, discuss any misunderstandings and to ensure that the client has enough information to make an informed decision.

Care Planning

ASW and assessment officer to discuss (over the phone or in person) the different options for the care plan (e.g. culture-specific referrals and/or cultural or religious considerations that may need to be written into the care plan).

While the council assessment officer will determine the client's eligibility, the ASW will have an important role in contributing to 'further referrals'. Such referrals are generally discussed

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[1] SCTT pages 1-4 include: Confidential Referral Cover Sheet, Consumer Information, and Summary and Referral Information

with the client in the assessment or alternatively, the client may be referred to the relevant ethno-specific organisation for culture-specific services, and/or services outside the scope of HACC. This is important in addressing the holistic needs of a client. Referrals are then documented in the care plan.

3. Service Delivery

Prior to Services Commencing

Scenario 1. Assessment officer and ASW (as the interpreter) using a conference call to contact the client confirming the appropriate care plan (including further referrals) and to arrange a date for the services to commence.

Scenario 2. Since communication is made with the client (via an interpreter), the assessment officer will then contact the ASW to inform them of the care plan, general services being delivered and a date for when services are to commence.

After services have commenced one full cycle (e.g. home and personal care visit)

- ASW to call the client to see how the services are going and if there is anything they would like to feedback to council.

- One month later the ASW will call the client to check, once again on how services are progressing. The ASW will also conduct a casual phone interview to ascertain information about the client's level of satisfaction with services, the general process and how they felt about the role of the ASW.

- Feedback /complaints will then be channelled back to council. Feedback will be directed to different contacts depending on the nature.

Role / Duties of Council

General

- To contribute in training for the ASW to ensure that workers:
- Are well equipped to deal with key issues that may arise.
- Have an understanding of HACC policy and procedure.
- Understand the scope and limitations of the service and how assessment is conducted.
- To maintain regular communication with the necessary ASWs.

Initial Contact

If a client is referred through an ethno-specific organisation:

Intake worker receives the client's SCTT form.

If client calls council to enquire about HACC services:

Intake worker to conduct the Initial Needs Identification and complete the SCTT form. A telephone interpreter should be used if necessary.

Intake/council worker would then identify the CALD clients who could benefit from the support of an ASW.

If the client is interested, the intake/council worker would then seek verbal consent from the client in agreeing to:

- Participate in the Access & Support Pilot Project
- The involvement of an ASW
- Sharing of information
- Choice of interpreter
- The possibility of the project evaluator making contact

If consent is granted the intake/council worker would then refer them on to the relevant ASW, briefing them on the client's background and faxing through the client's SCTT form.

Assessment and Care Planning

Assessment officer to negotiate with the ASW and client an appropriate date/time for the assessment (via a conference call).

Scenario 1. ASW to interpret during the conference call.

Scenario 2. Accredited interpreter is utilised during the conference call.

Assessment

The assessment officer to attend and conduct the assessment with the supported assistance of the ASW.

Scenario 1. ASW to interpret during the assessment.

Scenario 2. ASW to accompany assessment officer and accredited interpreter to the assessment (Assessment officer to pre-arrange an interpreter).

Based on the assessment outcome, eligibility is confirmed / declined.

Care Planning

Following all eligible assessments, the ASW and assessment officer to discuss (via phone conversation or in person) the need for any 'further referrals'. This may include internal or external referrals.

Further referrals are then written into the care plan.

Service Delivery

Scenario 1.　Assessment officer to call the client with the language assistance of the ASW on conference call to confirm the appropriate care plan - including further referrals - and to arrange a date for services to commence.

Scenario 2.　Assessment officer to call the client with the assistance of an accredited interpreter to inform them of the care plan, the general services being delivered and a date for when services are to commence.

- If the ASW has not been informed of the care plan (in the case of Scenario 2), the assessment officer will then call the ASW to inform them of the general care plan, the services being provided, and when services are expected to commence.

- After services have commenced, the relevant council workers (e.g. CEGS worker) will receive feedback/phone survey responses from the ASWs.

- Relevant council workers to address any concerns/issues that may arise with the client.

EMR HACC Access & Support Pilot Project
SUMMARY PROJECT OUTLINE

The Access and Support Pilot Project is a joint initiative between the Department of Human Services (DHS), Inner East Primary Care Partnership (IEPCP), and the Migrant Information Centre (MIC). Other key stakeholders are local government Home and Community Care (HACC) services in the City of Councils of Manningham, Monash and Whitehorse, together with the Australian Greek Welfare Society (AGWS), the Chinese Community Social Service Centre Incorporated (CCSSCI), Co As It and Fronditha Care.

Introduction

This project focuses on the Culturally and Linguistically Diverse (CALD) population eligible to use HACC services and on alleviating difficulties experienced in the past by such clients in firstly accessing HACC services and then remaining engaged with those services. The project aims to support individuals rather than coordinate services between agencies by encouraging them to access HACC services, and in supporting clients through the process of assessment, care planning and service delivery.

Context

HACC organisations are required to facilitate access to services for all people within the target population. Equitable access to HACC services is recognised as a particular issue for CALD clients. Ethno-specific and multicultural organisations play an important role in linking their communities into the service system and supporting them to gain access to a range of needed services through the HACC Program or through other programs.

The Department of Human Services (DHS) Eastern Metropolitan Region (EMR) HACC CALD Strategic Plan recommends that assessment and care coordination processes be established between ethno-specific community service organisations (CSO) and local governments to ensure a culturally appropriate service response to CALD clients.

Purpose & Objectives

The purpose of this project is to develop and pilot a model for providing Access & Support services to CALD HACC clients.

The objectives of the project are to:

- Identify the nature of Access & Support requirements for CALD communities to utilise HACC basic services.
- Work with ethno-specific groups and local government to identify and develop a shared understanding of an access and support pathway that leads to agreed protocols between service providers.
- Define the role and responsibility of an ASW in the CALD HACC setting.
- Pilot the model for a small sample of clients in the Cities of Manningham, Monash and Whitehorse.
- Evaluate the pilot model.

Scope

This project involves three of the four councils in the IEPCP catchment area - the Cities of Manningham, Monash and Whitehorse. It also involves four ethno-specific community service organisations – the Australian Greek Welfare Society (AGWS), the Chinese Community Social Service Centre Incorporated (CCSSCI), Co As It and Fronditha Care.

It is expected that a maximum of 15 clients will be involved in the project – 2 or 3 referred by each ethno-specific organisation and 2 or 3 from other CALD communities. All clients should reside in Manningham, Monash or Whitehorse. Clients from the relevant CALD background who are eligible for HACC services are welcome to participate in the project.

Methodology

- The project will be based upon an action-research model.
- A project Steering Committee has been established to provide overall project management. In addition a Reference Group made up of interested stakeholders will meet regularly for consultation and advice.
- A Project Coordinator based with the Migrant Information Centre will oversee the project, including coordination and liaison with ASWs, the Ethno-specific Organisations, Council HACC Services and the CALD HACC clients in the target group. The Project Coordinator will also be responsible for providing Access & Support for clients from other ethnic groups.
- An ASW will be nominated by each ethno-specific organisation involved.
- The Access & Support model developed will be piloted and evaluated.

Evaluation

An independent evaluator has been appointed for the project. The evaluation will consider:

- The partnership developed to implement this project, including the pathway and protocols developed, and the non-client related benefits.
- The role and activities of the ASWs.
- Service utilisation following client assessment.

Duration of Project

The EMR HACC Access & Support Pilot Project commenced in December 2006. An ASW will be available to support HACC referrals and clients from April to September 2007. Evaluation and reporting will be completed by the end of November 2007.

Outcomes

The outcomes for this project will be:

- An overall project report.
- A formal independent evaluation and report.
- Development of an Access & Support model.

Project Contacts

Department of Human Services Eastern Metropolitan Region	David Hampton Manager - Aged Services 9843 6223 - david.hampton@dhs.vic.gov.au
Inner East Primary Care Partnership	Christopher Foley-Jones Service Coordination Program Manager 9285 4892 christopher.foley-jones@whitehorse.vic.gov.au
Migrant Information Centre	Wina Kung Aged Care & Disability Service Manager 9285 4888 - wkung@miceastmelb.com.au
Project Coordinator	Sharon Porteous 9285 4888 - sporteous@miceastmelb.com.au

EMR HACC Access & Support Pilot Project
TELEPHONE BLURB for PROSPECTIVE CLIENTS

As part of Home and Community Care Services that we have been discussing you may be interested in participating in a special program we have at the moment.

Target

This program is for people from **Chinese, Greek or Italian** backgrounds. It is only available to a small number of people as it is a PILOT project.

What will be provided?

We can offer some extra support for you to help you with getting Home and Community Care Services. A worker from your own background will visit you with the Council workers to help explain about these services. The worker will also help to ensure your cultural needs are taken into consideration.

Cost

There is no fee for the support worker to assist you.

Amount of Contact with support worker

This support worker will speak to you on the telephone two or three times and will visit you at least once. You can also contact them if you have any questions or concerns.

Time Frame

The support worker will assist you for about 6 weeks while you get started on Home and Community Care services. At the end of the six weeks the Council services will keep going but the support worker will not contact you any more.

Confidentiality

Information about your situation and personal details will be kept confidential by Council and the support worker.

Evaluation

As part of this special program an external evaluator may contact you to find out what you thought about having an extra support worker to assist you with getting Home and Community Care services from Council. They are interested in finding out about your experiences so that we can tell the government whether this program is a good idea for other people.

By participating in the program you are helping the community in the future.

Exiting

It is **your choice** at any stage of the project to not continue to participate in the Project.

Further information

If you want any more information or have any questions about the Access and Support Pilot Project please contact: Sharon Porteous, Project Worker, Migrant Information Centre. Ph: 9285 4888, Email sporteous@miceastmelb.com.au or Suite 2, 27 Bank St, Box Hill, 3128.

Access & Support Pilot Project
INFORMATION FOR CLIENTS

About the Project

The **Access & Support Pilot Project** is a project coordinated by the Inner East Primary Care Partnership and the Migrant Information Centre (Eastern Melbourne), involving three local councils and four Ethno-specific Organisations. The project aims to provide extra support to eligible people who are from a different language or cultural background to help them receive Home and Community Care (HACC) services and to continue to use those services. An external evaluator will evaluate the project.

Councils involved in the project are the City Councils of Manningham, Monash and Whitehorse. Ethno-specific Organisations involved in the project include the Australian Greek Welfare Society, Chinese Community Social Services Centre Incorporated, Co.As.It. and Fronditha Care.

The project will take a small number of clients from **Chinese, Italian** or **Greek** backgrounds and from smaller ethnic communities in the local council areas involved.

How the project can assist you

In consenting to participate in the project you are agreeing to the support of an **Access and Support Worker**. If you are from a Chinese, Italian or Greek background, the Access and Support Worker will be a worker from the same cultural or language background. The Access and Support Worker may be able to help you with:

- Information about Home and Community Care Services

- Ensuring that your general and cultural needs are taken into consideration

- Answering your questions or concerns about Home and Community Care Services

- Giving feedback to the council about your needs

- Referrals to other culturally specific services where needed

Your participation in this pilot project will help to improve services for the community in the future.

In giving your consent to participate in the project, you are agreeing to:

- The Access and Support Worker making contact with you

- Making a choice about whether you want an interpreter to assist you

- Sharing of information between relevant organisations

- The involvement of the Access and Support Worker

- The project evaluator making contact with you to ask you about your experiences of Home and Community Care Services with the support of the Access and Support Worker

In addition, it is **your choice** at any stage of the project to not continue to participate in the Project.

Cost

There is no fee for the Access and Support Worker to assist you.

Confidentiality

Information about your situation and personal details will be kept confidential by Council and the Access and Support Worker.

Length of the Project

The Access and Support Pilot Project is only a short-term project ending in September 2007. At the end of September 2007, the Home and Community Care Services you are receiving will continue. The only difference is that the Access and Support Worker will stop being a point of contact for you as part of this service. The Access and Support Worker will tell you when this will happen and you will have a council contact name and telephone number if you have any concerns about the services you receive.

Further information

If you want any more information or have any questions about the Access and Support Pilot Project please contact:

Sharon Porteous, Project Coordinator
Migrant Information Centre (Eastern Melbourne
Phone: 9285 4888
Fax: 9285 4882
Email: sporteous@miceastmelb.com.au
Address: Suite 2, Town Hall Hub, 27 Bank Street, Box Hill 3128

Your Access and Support Worker is:

Name:

Organisation:

Phone:

Email:

Address:

Usually the Access and Support Worker will make contact with you. You can also contact the Access and Support Worker if you have any questions or concerns about the services you are receiving.

We thank you for your participation.

EMR HACC Access & Support Pilot Project

ASW - CLIENT RELATED ACTIVITIES RECORD SHEET

Name of Worker: Sharon Porteous   **Organisation:** Migrant Information Centre

Name of Client:

Date	Type of contact (eg.phone, visit, letter, email)	Who contact was with (eg. Client, Council Assessment Officer, HACC worker, carer)	Tick if an interpreter was used in the contact	Nature of contact (Please include all contacts, for eg. initial contact, referral, completion of SCTT form, assessment, problem solving, follow-up call, phone calls to other organisations)	Comments (not necessary for every contact but please note any problems or issues that arise or positive outcomes)	Time Spent

APPENDIX M: Form for ASW follow-up interview with client

Access and Support Program – Client follow-up interview guide and recording sheet

This sheet is to be completed at a follow-up interview to be conducted by phone two weeks after the commencement of HACC services. The interview will be conducted by the ASW. Instructions to the interviewer are in italics.

Orientation questions

The purpose of these questions is to ensure that the client remembers the processes and relevant services.

1. Ask client if they remember you and the discussions you had about the services they would receive. Note what they remember as the services they would receive.

   _____

   _____

   (If necessary remind client about what was agreed)

2. Ask client what services they have actually received since the time of their assessment?

Service type:	Frequency or approximate number of times

3. Is this the first time you have receive these types of services or have you had similar services before? *(If 'yes' then ask them to describe previous services. If 'no' go to question 4)*

   _____

   _____

   3a. if they have had similar services before, have their experiences this time been any different? How?

   _____

   _____

   _____

Evaluative questions

4. For each service type received ask them to state how satisfied they were with the service using the rating scale provided and to describe any issues.

Satisfaction rating: *Very dissatisfied, dissatisfied, satisfied, very satisfied*

Service type:	Satisfaction	Issues/comments

5. Overall, did the services meet your expectations?   **Yes / No**
   (Note any comments they make)

   _____

   _____

Say to clients

For these next questions I need you to think about the process of organising these services for you including the meetings we had at the start to discuss your needs.

6. Do you think that your needs and wishes were considered in organising these services for you?   **Yes / No**
   (Note any comments they make)

   _____

   _____

7. Did it help having me involved in the process?   **Yes / No**
   (If 'yes' ask them to explain how. If no ask them why not.)

   _____

   _____

Questions about future intent

8. Are there any problems or issues that we can help with? Yes / No
   (Note any comments they make)

   _____

9. Do you think you will continue with these services?   Yes / No
   (Note any comments they make)

   _____

   _____

EMR HACC Access & Support Pilot Project

DEMOGRAPHICS DATA COLLECTION SHEET

This sheet is for the collection of descriptive data on participants in the Access and Support Pilot Project. Please complete the information after the client has received four weeks of services and forward to Sharon Porteous, Project Coordinator, via email at sporteous@miceastmelb.com.au. Any queries may be directed to the Sharon at the Migrant Information Centre on 9285 4888. Identifiable information will be deleted before this data is forwarded to the Project Evaluator.

Demographic information

This data is to be copied from the HACC minimum data set.

Name:	
Gender:	
Age:	
Postcode:	
Referral source:	
Country of birth:	
Preferred language:	
Living arrangements:	
Accommodation setting:	
Carer availability:	
Carer residency status:	
Relationship of carer to client:	

HACC services provided

Date of assessment: _____   Date services commenced: _____

Please briefly note all services provided for four weeks after the services commenced (add more rows if required):

Date	Services provided

ASW:

LGA:

Access and support workers – interview questions

1. How many clients have you assisted in this project?

2. Approximately how many clients have been identified as possibly able to benefit but that have chosen not to take up the service? What are the sorts of reasons they have chosen not to take it up?

3. Can you think of a client where you think your role has made a significant difference to the process or outcome of introducing HACC services? How has your role made a difference?

4. Can you think of a second example?

5. Can you think of an example where a client has been referred for assistance with introduction of HACC services but where you have also identified additional needs that you have been able to assist them with? (May be the same client as in the previous examples?)

6. Are there any examples where the ASW role hasn't really worked or added anything for the client? If so what was it about that situation that made it so?

7. How well have the steps in the process worked:

    a. Identification of clients

    b. Joint assessment (where relevant) and care planning

    c. Introduction of services

    d. Support during initial stages of receiving services

    e. Follow-up check

    f. Discharging client from service?

8. Has their been any variation in how successful your collaboration with HACC services has been?

9. Has providing the service produced any benefits for your agency? Any problems?

10. Do you have any other thoughts how this or a similar service should be organised in the future?