

Department of Health

health

# Diversity planning and practice in Home and Community Care services in Victoria

Working with HACC Access  
and Support services

September 2013



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# Abbreviations

A&S	Access and Support
ACAS	Aged Care Assessment Services
ACCO	Aboriginal Community Controlled Organisation
ASM	Active Service Model
CALD	culturally and linguistically diverse
GLBTI	gay, lesbian, bisexual, transgender and intersex
HACC	Home and Community Care
HAS	HACC Assessment Service
HDA	HACC diversity adviser
MDS	minimum data set
OHS	occupational health and safety
PCP	Primary Care Partnership
region	Department of Health region
SCTT	Service coordination tool templates

# Terminology

The term 'person' is generally used throughout this document. Person means the care recipient and in HACC this refers to older and frail people with moderate, severe or profound disabilities and younger people with moderate, severe or profound disabilities and their unpaid carers.

The term 'carer' refers to unpaid carers such as relatives, friends, neighbours or community members who look after the person. Some people may not have a carer and others may have many carers.

As a general rule, 'organisation' is used in preference to 'agency'. Agency is used where it refers to a document title such as 'agency diversity plan' or in a direct quotation.

The term 'generic' is used in preference to 'mainstream' and refers to organisations and workers who provide services to the broad range of populations within their catchment area. Generic workers include practitioners, clinicians, allied health staff, assessors, community care workers, case workers and so forth.

Aboriginal refers to people who identify as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander.

# Introduction

A new Home and Community Care (HACC) funded activity, **Access and Support (A&S)**, has been developed by the Victorian Department of Health HACC program so that the service system can better respond to disadvantage as a product of people's diversity.

The A&S activity sits under the banner of diversity planning and practice within the HACC program, which aims to improve access to services for HACC eligible people with complex needs due to diversity.

Organisations are designated to be funded for the A&S activity as negotiated with the Department of Health. A&S funding is used to employ A&S workers. The goal of the A&S positions is to provide direct support to HACC eligible people with complex needs due to diversity in order to achieve improved access to services and to achieve improved outcomes. Being from a diverse group does not in itself mean that a person may require the assistance of an A&S worker, as many people with diverse characteristics are able to access services.

A&S workers focus on people whose diversity characteristics are a barrier to accessing or using HACC and related services. A&S auspice organisations and their A&S workers link with the local service system and service providers to work together towards positive outcomes for HACC eligible people with complex needs due to diversity, and their carers.

## Aim

The aim of this document is to provide information about the role to HACC and other organisations that are not funded for the HACC A&S activity (referred to as generic organisations).

Managers, assessors and practitioners are encouraged to read this document to understand how workers in generic organisations can interact with A&S workers, and to understand their respective roles and responsibilities.

# Context

## The HACC program

The HACC program provides funding for services that support older and frail people with moderate, severe or profound disabilities and younger people with moderate, severe or profound disabilities and their unpaid carers. HACC services provide basic support and maintenance to people living at home to help avoid premature or inappropriate admission to long-term residential care.

The HACC program has a focus on five special-needs groups that may experience particular difficulty in gaining access to HACC services. The groups are:

- people from Aboriginal and Torres Strait Islander backgrounds
- people from culturally and linguistically diverse (CALD) backgrounds
- people with dementia
- people living in rural and remote areas
- people experiencing financial disadvantage (including people who experience or are at risk of homelessness).

The HACC program has implemented a range of policies and quality improvement initiatives including diversity planning and practice, the Active Service Model (ASM), the HACC assessment framework and service coordination. The A&S funded activity is part of this quality improvement context.

## What is diversity?

Diversity is a concept that recognises that each person is unique and has different beliefs, values, preferences and life experiences.

For some people these differences may result in barriers to accessing or using services. For example, barriers such as a lack of confidence, a lack of information or a belief that a service will not respond to their needs may impede a person's willingness or ability to access a service.

The HACC program has made a commitment to respect the diversity of the Victorian population and to work to remove perceived or actual barriers to access to necessary care and support for those who require it so that they can remain living independently in their homes and communities.

Diversity practice includes the HACC special needs groups and the characteristics within and across these groups. Diversity practice also addresses other characteristics that may be a barrier to accessing services such as age, socioeconomic status, gender, faith, spirituality and those who identify as gay, lesbian, bisexual, transgender or intersex (GLBTI).

By taking into account the diversity characteristics of individuals and communities, HACC services can better respond to the needs of individuals and communities.

It is also important to recognise that diversity is not a static concept. The characteristics and needs of each group or person may change over time. For example, population demographics may change or people may become more experienced and confident service users so they no longer require assistance in accessing services, or carer's needs or circumstances may change.

All HACC funded organisations are required to provide person centred service responses to HACC eligible people, taking into consideration their diversity characteristics.



## Diversity planning and practice

Diversity planning and practice is core business for all HACC funded organisations. Diversity planning and practice requires population planning to identify the characteristics of the HACC target population in a catchment area, and then working out what this means for the way organisations deliver their services.

The Department of Health has developed a new HACC diversity adviser (HDA) role to help implement diversity planning and practice on a regional catchment basis with the Department of Health and sector stakeholders.

The HDA has a key role at the systemic level in facilitating change, communicating key diversity planning and practice concepts and providing implementation support for diversity planning and practice.

For further information about the HDA role contact the relevant Department of Health region.

## Active Service Model

The Victorian HACC ASM was introduced in 2009 and aims to improve the health and wellbeing of frail older people and people with a disability through a person-centred and capacity-building approach.<sup>1</sup>

Although not everyone using HACC services is able to live independently, and the level of involvement in decision making and performing tasks will vary with each person, the ASM aims to ensure that people are supported to stay active, involved in their communities and doing as much for themselves as possible.

## HACC assessment framework

The *Victorian HACC assessment framework (2007)* sets out the program policy for assessment as a HACC-funded activity. It details the requirements for delivering a Living at Home Assessment, which includes home-based holistic assessment of need and service specific assessments as key components.

The goal of the framework is to support and build good practice in conducting Living at Home Assessments. This requires designated HACC assessment services to build alliances with other key assessment providers to ensure a coordinated and streamlined approach to assessment and care planning. The framework is available at <[www.health.vic.gov.au/hacc/assessment](http://www.health.vic.gov.au/hacc/assessment)>.

## Service coordination

The Victorian Government is committed to an integrated health and human service system to provide Victorians with a streamlined and coordinated approach to their care.

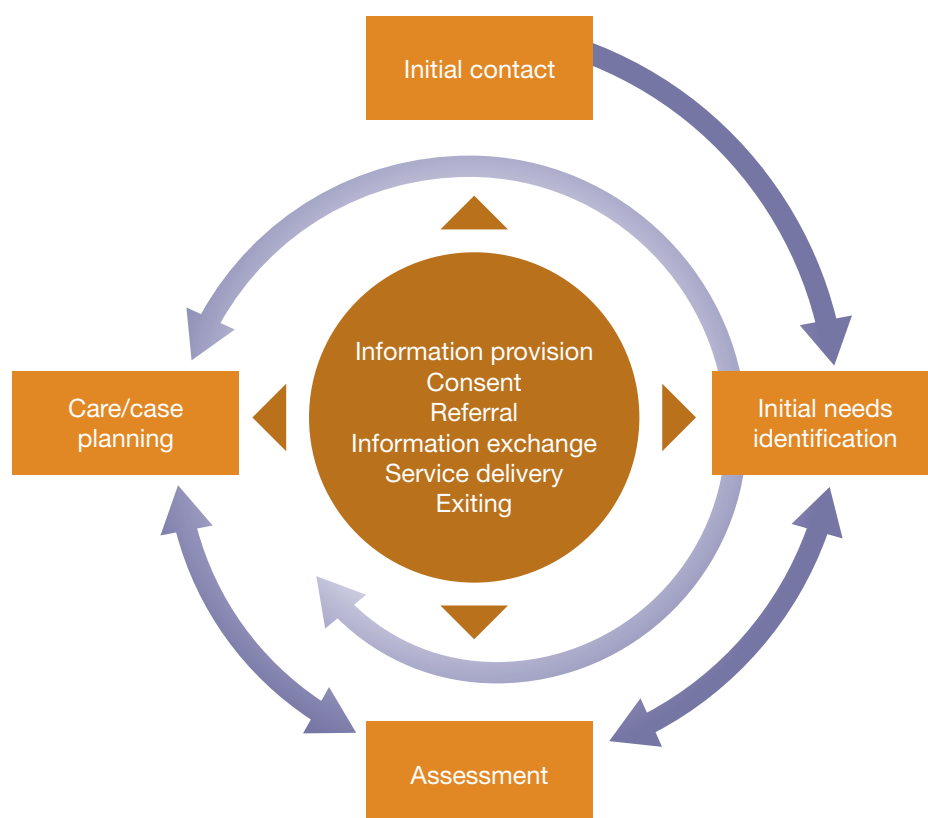
*Better access to services: a policy and operational framework* describes the rationale behind the introduction of service coordination in Victoria and the principles and key elements of the service coordination framework.

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<sup>1</sup> State of Victoria, Department of Health, Victorian HACC Program Active Service Model Project, [http://www.health.vic.gov.au/hacc/downloads/pdf/asm\\_project\\_factsheet.pdf](http://www.health.vic.gov.au/hacc/downloads/pdf/asm_project_factsheet.pdf).

Service coordination places people at the centre of service delivery to ensure they have access to the services they need, opportunities for early intervention, opportunities for health promotion and improved health outcomes.

**Figure 1: Service coordination framework**



For further information see <[www.health.vic.gov.au/pcps/coordination](http://www.health.vic.gov.au/pcps/coordination)>.

# Overview of the Access and Support service

The A&S service aims to achieve improved access for people eligible for the service through providing episodic support at key stages of the care pathway as the person navigates the service system.

A&S workers are generally located at HACC funded organisations with demonstrated strong links with a targeted diverse population group. The target group and catchment of the A&S service is determined by the auspice organisation in negotiation with the Department of Health.

The A&S role is predominantly a direct support role designed to assist people to access services. The A&S role uses a person centred care and self advocacy approach to work with the person for an average of eight weeks to support them to link with generic organisations. Support is provided at key stages of the care pathway, from the point of case finding, through initial contact, initial needs identification, assessment and care planning, so that the person can successfully access and use generic HACC services.

The A&S role develops links and establishes trust with the relevant target group communities, individuals and their carers and promotes HACC services to them.

The success of the A&S service will be defined by the ability and confidence of the person using the A&S service to independently engage with HACC services on an ongoing basis, following the A&S worker's initial support. The measurable outcomes will be access to a broad range of HACC services as evidenced by the HACC minimum data set (MDS) data and activity reporting.

The A&S role also provides secondary consultation to generic services about approaches with particular groups, communities and individuals experiencing barriers to access.

The nature of the A&S service means that A&S organisations should actively engage with the range of HACC and other service providers in their catchment to ensure effective working relationships.

# Benefits of the Access and Support service

## For people accessing A&S services

The benefits include improved:

- access to HACC and other services for the person and their carer
- service responses that respect their diversity
- knowledge of the service system and increased ability to access services
- opportunities for the person to improve their health and wellbeing
- support to remain living safely and independently in the community.

## For HACC service providers

The benefits for generic services include:

- improved uptake of services by people from diverse groups and with diverse characteristics
- people with diverse needs being better informed about HACC services and what may or may not be provided
- support from the A&S worker for the person with diverse needs through the needs identification, assessment and care planning processes
- access to information and secondary consultation relating to a person's or community's diversity.

The benefits for A&S organisations include:

- an opportunity to provide information about HACC and the local service system to specific community groups and to follow through with A&S support for people eligible for the service
- provision of in-depth support to people who may otherwise not receive a HACC service.

## For the service system

Benefits for the service system include:

- information sharing about diversity at peer networks to inform service responses
- improved access for diverse groups or individuals in accordance with HACC diversity plans.

# Access and Support eligibility and priority

To access the A&S service, a person must be eligible for HACC services and have access barriers due to diversity.

HACC eligibility alone does not make someone eligible for A&S. People who are eligible for A&S include those who, due to their diversity:

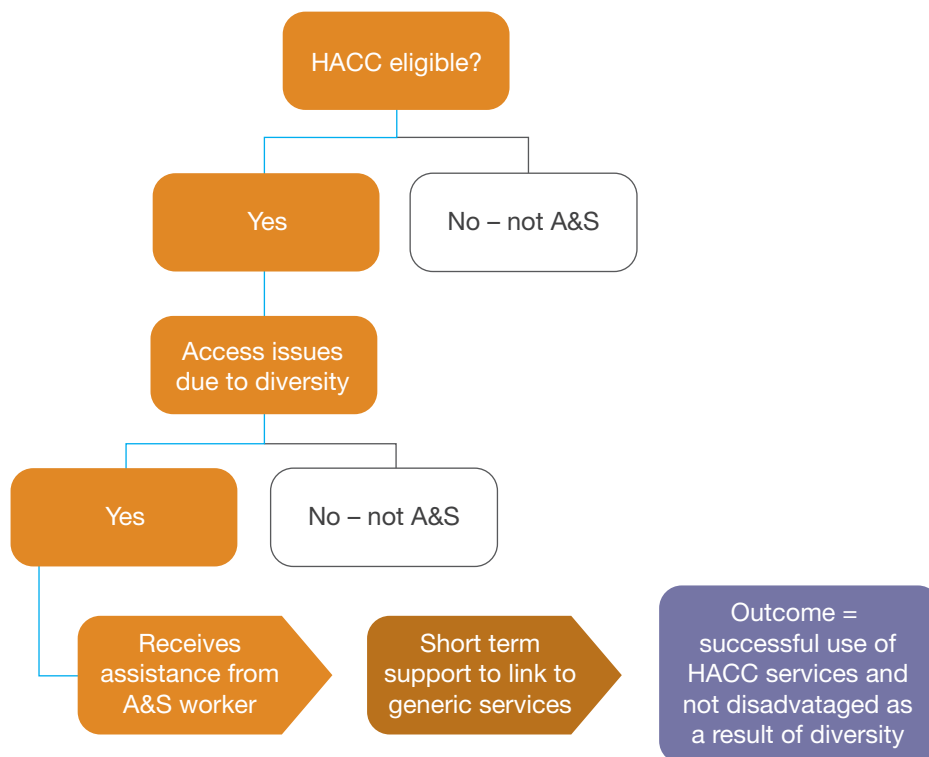
- are unsure about how to communicate their need for assistance
- have little or no knowledge about community services such as HACC
- have little or no experience in using community services such as HACC
- are not aware of their eligibility for HACC services or lack confidence to find out if or how HACC services could potentially help them
- are concerned that services may not understand their needs or respect their preferences
- do not understand how HACC services might assist them to remain living independently.

For example, a frail older person may be eligible for HACC services, is from a CALD background and speaks English as a second language. However, they do not have any access issues as a result of their diversity and therefore are not eligible for A&S support.

Some people may have a relatively low level of care needs, while other people may have a high level of care needs. Regardless of their level of need, to receive support from an A&S worker the person must be experiencing barriers to accessing HACC services as a result of their diversity. If a person has high needs but no barriers to access because of their diversity, it is not the role of an A&S worker to assist them.

High care needs. No access or service delivery issues due to diversity. <b>Not eligible for A&amp;S.</b>	High care needs. Has access or service delivery issues due to diversity. <b>Eligible for A&amp;S.</b>
Low care needs. No access or service delivery issues due to diversity. <b>Not eligible for A&amp;S.</b>	Low care needs. Has access or service delivery issues due to diversity. <b>Eligible for A&amp;S.</b>

Figure 2: Eligibility for A&S



## Priority for services

It is the responsibility of the A&S organisation to determine the person's eligibility and priority for the A&S service.

Similarly it is the responsibility of the generic service provider to determine the person's eligibility and priority for the generic service. When determining priority it is imperative the service provider considers the added impact of a person's cultural or diversity related situation.

Where the A&S and the generic organisation workers disagree about a person's HACC eligibility then the two organisations should work collaboratively in the best interests of the person and their carer to find an acceptable solution.

Some A&S clients will have broader needs that cannot be met by referral to a single HACC organisation. In these circumstances the A&S worker should consider referring the person to a HACC Assessment Service (HAS) for a Living at Home Assessment and assistance with care coordination as appropriate.

# Working with people who are receiving the Access and Support service

If a person is receiving an A&S service it indicates that they have particular service and support needs due to their diversity characteristics. Generic organisations should therefore be aware of the sensitivities related to each individual and cultural group. For example, an Aboriginal person may: walk away if they perceive a barrier to access; not fully disclose their needs or circumstances until they feel comfortable in sharing information in a culturally sensitive environment; feel 'shame' that their family isn't helping them with daily living tasks; and prefer a person from their community and of their gender to support them as they navigate the service system. Likewise, CALD people may prefer to have a person from their respective community to support them as they navigate the service system. Additionally, a GLBTI person is likely to look for indications that the service welcomes GLBTI people.

It is important that generic service providers use the information and expertise of A&S workers to ensure the experience is a positive one for the person and their carer, respects and reflects their diversity, and helps to build their confidence in using generic services.

In many diverse communities there may be an expectation that the A&S worker is available to assist with all of the person's needs because the worker is from the same community. Generic service providers need to be aware of the demands of the community on their respective community organisation and A&S worker, and to recognise that caring for community members is everybody's business. Benefits to the community are greatly increased when the community sees the generic worker and the A&S worker combining their efforts to improve community and individuals outcomes.

It is also important to understand there are differences within and across communities and cultural groups. For example, not all Aboriginal or CALD people will require A&S assistance or wish to use an Aboriginal or CALD specific service. They may prefer to directly access a generic service and receive generic organisation HACC services. It is important that generic workers find out from the person what their preferences are.

# Organisations working together

Generic organisations' workers and A&S workers are required to work collaboratively. It is important to understand that the generic worker and the A&S worker have an equal working relationship. Each will have varying skills, qualifications and knowledge of the community and diversity issues. Each worker will use their specific expertise when supporting the person to access and receive services. Each worker should endeavour to understand the other worker's role and the service their organisation provides.

## Community engagement

A&S workers promote HACC and provide information to targeted communities, individuals and their carers, including explaining the way the service system works, the ASM approach and how people can access services. For example, A&S workers facilitate information sessions, send out information bulletins and/or provide information in an appropriate format and language about HACC services to a particular group. A&S workers can therefore support generic organisations to provide information to diverse groups.

## Assertive outreach

A&S workers use assertive outreach approaches to actively seek out and engage with people in their own environment, rather than waiting for a person to request a service or for another organisation to make a referral.

A&S workers use an early intervention approach to consult, engage and develop trusting relationships with potential HACC eligible people. A&S workers can therefore assist generic organisations to engage with people who may otherwise not access their services.

## Secondary consultation

Secondary consultation is where a generic service provider contacts the A&S worker to seek information and advice on working with a particular person (with their consent) or community group. For example, the service provider may request information on how to provide culturally appropriate services to an Aboriginal or CALD community or individual. Secondary consultation is the opportunity to provide and share information and expertise to inform service provision. Secondary consultation may result in a joint home visit, depending on the person's circumstances.

## Service coordination pathway

A&S workers provide support for individuals at each stage of the service coordination pathway. This aspect accounts for approximately 70 per cent of the A&S worker's time. It is not the role of the A&S worker to provide the service on behalf of the generic organisation. The role of the A&S worker and generic worker is summarised in Table 1.



**Table 1: Worker roles and responsibilities**

Service coordination pathway	Role of A&S worker	Role of generic worker
Initial contact	<p>In many cases the A&amp;S worker will be the first point of contact the person or carer has with the service system</p> <ul style="list-style-type: none"> <li>• Undertake initial contact by finding out basic information about the person and their carer (such as the items on the <i>Service coordination tool templates (SCTT) Consumer information form</i>)</li> <li>• Determine eligibility for the HACC A&amp;S service</li> <li>• Provide information to the person and carer about services</li> <li>• Work out with the person and carer what they would like to do next</li> </ul>	<p>Where a person or carer makes contact but is hesitant about following through</p> <ul style="list-style-type: none"> <li>• Consider eligibility for the HACC A&amp;S service</li> <li>• Inform the person that the A&amp;S service may be able to assist them</li> <li>• With the person's consent, contact the A&amp;S worker to discuss options</li> </ul>
Initial needs identification	<ul style="list-style-type: none"> <li>• Follow on from initial contact to start the initial needs identification process</li> <li>• Seek to understand the person's needs and preferences through a diversity lens, to assist in linking the person to appropriate services</li> <li>• Contact the relevant service provider, with the person's consent, to find out information and to brief them about the person's need for HACC services and diversity issues. For example, their need for an interpreter and cultural considerations</li> <li>• Use the <i>SCTT Consumer information form</i> and the <i>SCTT Summary and referral information form</i> to make the referral to the generic service provider for assessment for services and include reasons for prioritising the referral</li> </ul>	<ul style="list-style-type: none"> <li>• Actively engage and build rapport with the A&amp;S worker</li> <li>• Determine the person's eligibility and priority for services</li> <li>• Seek out relevant materials on the person's specific cultural group, either from the specialist organisation or ask the A&amp;S worker for information sources</li> <li>• Be guided by the A&amp;S worker on how to work with the person and carer</li> <li>• If required, organise an interpreter as per usual policy and practice. Brief the interpreter about the presence of the A&amp;S role in the process</li> <li>• Actively engage and build rapport with the person and their carer/family as appropriate and support the care relationship (HAS – refer to the HAS guide, sections 11.2 and 11.3)</li> <li>• Seek to understand the person's and carer's needs and preferences through a diversity lens</li> <li>• Complete the initial needs identification as commenced by the A&amp;S worker</li> <li>• Complete additional SCTT templates as relevant and in accordance with the usual initial needs identification practice of their organisation</li> </ul>

Service coordination pathway	Role of A&S worker	Role of generic worker
Assessment	<p>The A&amp;S worker does not undertake the assessment but is a key part of the process</p> <ul style="list-style-type: none"> <li>• Generally build rapport with assessors or practitioners conducting assessments from relevant agencies</li> <li>• Arrange a pre-meeting or telephone contact with the assessor prior to the assessment to plan the assessment visit, including the need for interpreter</li> <li>• Explain the assessment process to the person, build trust and encourage accurate responses to assessment items</li> <li>• Discuss in advance the types of questions/ information that may be sought during the assessment and remind the person and carer about the assessment visit</li> <li>• Ensure the assessor is aware of cultural or other diversity considerations and that the diversity characteristics are central to the assessment process</li> <li>• Facilitate introductions and attend the assessment visit to support the person and carer</li> <li>• Assist the person to respond to questions during assessment</li> <li>• Debrief the person and carer following the assessment to ensure they are confident and satisfied with the assessment process and are an active partner in the decision-making process</li> <li>• Brief the assessor at the new service provider organisation about service users/ communities and diversity issues</li> </ul>	<p>It is the service provider's/HAS's role to arrange and conduct the assessment</p> <ul style="list-style-type: none"> <li>• Generally build rapport with the A&amp;S worker/s within the catchment area prior to the assessment</li> <li>• Liaise with the A&amp;S regarding arrangements for the assessment (including timeframes) and invite the A&amp;S worker to attend the assessment</li> <li>• Understand the person's and carer's needs and preferences through a diversity lens; for example, providing a male assessor for a male Aboriginal community member</li> <li>• Discuss with the A&amp;S worker about the types of questions that will be asked at the assessment</li> <li>• Be guided by the A&amp;S worker about diversity issues and a person centred response that may arise from these questions</li> <li>• Support the care relationship</li> <li>• Actively engage and build rapport with the person, and be mindful of conducting a culturally sensitive assessment (HAS should be competent in conducting a culturally sensitive Living at Home Assessment – refer to the HAS guide, sections 11.2 and 11.3)</li> <li>• If required, organise an interpreter as per usual policy and practice. Brief the interpreter about the presence of the A&amp;S role in the assessment process</li> </ul>

Service coordination pathway	Role of A&S worker	Role of generic worker
Care planning	<p>The A&amp;S worker does not lead or develop the care plan but is a key part of the process</p> <ul style="list-style-type: none"> <li>• Support the person and their carer through the care planning and goal setting process</li> <li>• Support the assessor to explain occupational health and safety (OHS), fees, privacy and so forth</li> <li>• Assist the person and their carer to understand the care plan and what it will mean in practice</li> <li>• Actively engage with the assessor and provide advice to them on diversity considerations</li> <li>• Support the assessor to explain to the person who the service provider's key contact is and how to contact them</li> <li>• Support the assessor to discuss with the person how to request changes to their care plan should they wish to</li> <li>• Generally build the person's confidence and input to the care planning and decision-making process</li> </ul>	<ul style="list-style-type: none"> <li>• Lead and conduct the care planning process and subsequent reviews</li> <li>• Invite the A&amp;S worker to participate in the care planning process</li> <li>• Be guided by the A&amp;S worker on the person's diversity related issues and how to work with the person and carer</li> <li>• Discuss possible care and support options, including 'doing with' and not 'doing for' approach</li> <li>• Ensure the person and their carer are comfortable with the care/service plan and that it has taken account of their diversity characteristics and a wellness capacity building approach</li> <li>• Provide a copy of the support plan or service plan to the A&amp;S worker and the person</li> <li>• Advise the A&amp;S worker of the planned future date for care plan review</li> <li>• If referrals to other service providers are required, ensure the diversity needs and A&amp;S worker's involvement are identified in the referral</li> </ul>
Service provision	<ul style="list-style-type: none"> <li>• Attend the first occasion of actual service delivery (depending on the person's circumstances) and provide feedback on any issues of concern</li> <li>• Make follow up contact with the person (for example, a telephone call) to see if the care plan is being implemented to their satisfaction. The number of follow up contacts will depend on the person's circumstances</li> <li>• Ensure the person understands how to request changes to their care plan should they wish to</li> <li>• Discuss with the person that the A&amp;S role can attend a review meeting if required</li> <li>• Support the person in the review process</li> </ul>	<ul style="list-style-type: none"> <li>• Be guided by the A&amp;S worker on the person's diversity related issues and how to work with the person and carer</li> <li>• Contact the A&amp;S worker if the person is having difficulty with the service or leaves the service unexpectedly</li> <li>• Ensure the person and carer are aware of their service provider's key contact person</li> <li>• Invite the A&amp;S worker to participate in the care plan review process</li> <li>• Conduct the care plan review in collaboration with the A&amp;S worker and organise an interpreter if required</li> <li>• Provide a copy of the updated care plan to the A&amp;S worker</li> </ul>

Service coordination pathway	Role of A&S worker	Role of generic worker
Exit	<ul style="list-style-type: none"> <li>• Maintain contact with the service provider, person and carer until they build trust with the service provider (A&amp;S worker to determine timeframe)</li> <li>• Advise the service provider organisation that the A&amp;S role is completed and send the SCTT Information exchange form</li> <li>• Advise the person and carer that the A&amp;S role is complete and remind the person that they may recontact the A&amp;S worker if they have concerns in the future that they have been unable to work out with their service provider</li> <li>• Respond to any issues raised by the person or carer by supporting them to address the issue with the service provider organisation, or advising their manager of ongoing issues to be addressed at the management level between organisations</li> <li>• Contact the person three months after completing work with them to confirm that the service provision is proceeding as planned</li> </ul>	<ul style="list-style-type: none"> <li>• Inform the A&amp;S worker if the person ceases service provision</li> <li>• Discuss with the A&amp;S worker how to follow up if the person exits the service prematurely</li> </ul>

## Management roles and responsibilities

Line managers are responsible for providing the context within which HACC staff collaborate to provide positive outcomes for community members. This includes manager responsibility for planning, policies and procedures, supervision, professional development and support structures (see Table 2).

**Table 2: Management roles and responsibilities**

Role of A&S line manager	Role of generic line manager
<ul style="list-style-type: none"> <li>• Focus the A&amp;S role on diverse group(s) as per the agency diversity plan</li> <li>• Embed service coordination practices into the A&amp;S role</li> <li>• Gain an in-depth understanding of the A&amp;S role and the ASM</li> <li>• Actively engage in networks to ensure other organisations in the local service system understand the A&amp;S role and the issues of diverse groups</li> <li>• Develop a professional development plan with the A&amp;S worker to continue to develop their skills and experience. The professional development plan should include orientation to the service system, ASM and HACC processes such as the fees policy and OHS</li> </ul>	<ul style="list-style-type: none"> <li>• Through the diversity planning process, gain an understanding of the target populations in the catchment area compared with the characteristics of the organisation's HACC client population</li> <li>• Meet or make contact with the manager of each A&amp;S service in the catchment area to build an understanding of the service and respective roles and responsibilities</li> <li>• Support orientation of the A&amp;S worker and other strategies such as buddying and peer support</li> <li>• Embed service coordination practices into the service delivery roles</li> <li>• Ensure culturally sensitive implementation of the ASM for people with diverse needs</li> <li>• Actively engage in networks and seek to understand the diversity considerations of the catchment populations</li> <li>• Encourage and promote cultural awareness professional development for workers</li> <li>• Consider recruiting people from diverse backgrounds</li> </ul>

# Outcomes

The collaborative working relationship has been successful when:

- HACCC eligible people who experience barriers to access HACCC services as a result of their diversity are identified, particularly those who are most disadvantaged
- a person centred approach is used to understand the person's needs and their barriers to accessing services so that the person is supported to live independently with support from family and/or services
- the person has an understanding of the service system
- the person has been supported through the key stages of the care pathway, resulting in services that accommodate their diversity needs
- there are positive working relationships that lead to a successful linking of the person to the generic service provider
- the generic service provider is confident in providing services to the person that meet the person's diverse needs or characteristics
- the A&S worker can confidently close the file for the person because support from the A&S worker is no longer required
- there is a change in referral patterns showing an uptake of services by people from diversity groups, as indicated by MDS data.

# What is out of scope of the Access and Support role

- An A&S worker provides short term support – the role does not provide ongoing support, case management, care coordination or social work type activities.
- An A&S worker is not responsible for assisting with problems that would usually be resolved by a HACC coordinator, team leader, assessor or community care worker, or that are usually the responsibility of another program area (for example, Aged Care Assessment Service, Community Aged Care Package or disability support package) or welfare worker, social worker or ongoing support worker.
- An A&S worker is not a transport service and would not usually transport a person to health appointments. This need would be considered during the assessment and care planning process (other programs of the organisation or another person in the organisation may be able to provide transport).
- An A&S worker is not a 'key worker' or 'care coordinator' as defined in the *Service coordination practice manual* or *SCTT user guide*, and is not a lead worker in developing a shared support plan. This is because the A&S is a short-term, direct support role designed to assist people to access services – it is not a case worker or care coordination role with responsibility for arranging, coordinating or monitoring service provision.
- An A&S worker is not responsible for 'managing' a person who is placed on a waiting list for access to services from a generic organisation. However, the A&S worker may maintain contact with the person during the waiting period.
- An A&S worker does not undertake systemic advocacy (that is, working across the service system with a range of organisations to make changes), however an A&S worker does assist in promoting understanding of diversity considerations for particular individuals or groups.
- An A&S worker would not usually attend management level planning or management networking meetings (such as HACC manager forums). This is beyond their direct support role. However, they may periodically attend meetings as a delegate for their manager.
- An A&S worker does not provide interpreter services.

# Access and Support role in practice – examples

## Example 1: Council referral including secondary consultation

A person may be referred to the A&S worker by another (external) organisation. For example, the other organisation has identified a person who is hesitant to access services and requires the support of an A&S worker, and/or a person is already receiving services and the other organisation requires A&S advice (secondary consultation) on how to support the person to access additional services.

### **Initial contact, initial needs identification, assessment, care planning**

An elderly CALD couple comprises a man with multiple chronic conditions, including early stage dementia and behaviours of concern, and a frail woman. They live in a rural area and have few family contacts. The couple are receiving home care from their local council. However, the community care workers are becoming increasingly concerned about the situation. The community care workers are unsure how to discuss the dementia issues from a cultural perspective, the type of support strategies that will be appropriate, and how to best support the care relationship.

With the elderly couple's consent the council contacts the local A&S worker and discusses the situation. The A&S worker agrees to attend a visit with the council staff to the couple's home to meet them and provide information and participate in a review of their needs.

As the assessment and care plan are already completed and home care has been provided for some time, the purpose of the visit is to review the current arrangements and focus on any changed needs as a result of the progression of the man's dementia and its impact on the living situation and care relationship. The man has limited participation in the review meeting. The woman expresses her concern about his increasing dementia and its impact on her capacity to maintain living in the community. As part of the new care plan the A&S worker telephones the woman over the next four weeks to discuss the situation and better understand her needs and preferences. The A&S worker subsequently introduces the woman to a dementia support group for carers, which in turn increases her confidence in using practical strategies at home. Over time the woman accepts more help and the man attends a dementia-specific planned activity group.

The A&S role is important in understanding the diverse needs of the couple, building the woman's knowledge and understanding and therefore confidence, and assisting them to access additional services. The council retains overall responsibility for care planning.

## Example 2: Secondary consultation

A new refugee population is moving into a local government area in a rural region. The council's HACC coordinator contacts the A&S worker to seek advice about the cultural norms and values and how best to approach the community to inform them about HACC services. The regional HDA, the council, the A&S manager and A&S worker meet to discuss and plan an approach. As part of the plan, the A&S worker agrees to be available for secondary consultation to the HACC assessor and for care planning. In practice this means that the assessor telephones the A&S worker to discuss the person's situation and any cultural sensitivities prior to assessment and when care plan reviews occur.



### Example 3: Developing an interagency protocol

A HAS contacts an Aboriginal community-controlled organisation (ACCO) seeking to develop a protocol for working together. The ACCO manager and ACCO A&S worker agree to meet with the HAS manager to informally discuss the possibilities and talk about what services each organisation provides. At this first meeting the ACCO and HAS find out about each other's service and what they can provide to the community. They agree to another meeting to continue the discussion and work out a draft protocol for referrals from the ACCO to the HAS and vice versa.

From the ACCO's perspective it is important that the A&S worker is involved and kept informed, and that the HAS is flexible in terms of meeting people, building rapport and seeking to understand Aboriginal disadvantage, and is willing to adjust its usual assessment practice to better suit the needs of Aboriginal people.

The ACCO and HAS develop a two-page protocol based on the premise that the ACCO is the expert in working with Aboriginal people. The protocol includes the HACC assessor agreeing to:

- seek consent from the person to contact the ACCO
- always consult with the ACCO A&S worker and seek their advice about the best approach with each individual Aboriginal person prior to any assessment or care planning
- provide adequate notice of, and invite the A&S worker to the assessment and any care planning or review meeting, and
- advise the A&S worker if the person receiving services cancels the service provision.

The ACCO A&S worker agrees to maintain communication with the generic worker and attend assessment visits and care planning meetings.

# Frequently asked questions

<b>Question 1</b>	<b>Is care coordination part of the A&amp;S role?</b>
	No. The role of an A&S worker is to identify people who experience barriers to access to services, to link and support them to access those services and to be the bridge between the person and the assessment/service provider. Care coordination (that is, the coordination of service provision) is the role of the service providers – not the A&S worker.
<b>Question 2</b>	<b>If a person is having difficulty getting assistance with issues outside the normal HACC services (such as loss of electricity in their home), do I refer this person to an A&amp;S service?</b>
	All service providers have the responsibility to follow through on a person's needs. If the problem is primarily with other services (such as utilities, bill payments or housing), then this is the responsibility of the HACC team generally to refer the person on to the appropriate program or service for assistance, such as the HACC coordinator or planned activity group coordinator, not specifically the A&S worker. Generic services may need to contact an A&S worker for secondary consultation on how to work with the person.
<b>Question 3</b>	<b>If a person receiving HACC services from a generic provider needs to be referred to an allied health service, is it part of the A&amp;S role to attend the allied health appointment with them?</b>
	The role of the A&S worker is to link the person and build their confidence in using generic services. If there are particular reasons to do with the person's diversity characteristics, it may be appropriate for the A&S worker to attend the appointments as needed. The service provider worker, who has an ongoing role with the person, should attend the appointment so they can become familiar with the person's issues and be able to address any further issues of the person. Note that the A&S role is not a transport service so if the person's main need is transport to an appointment this is not the A&S worker's role.
<b>Question 4</b>	<b>Are carers A&amp;S clients?</b>
	Yes, a HACC eligible person's carer can be a client. The HACC target group includes frail older people, younger people with a disability and their carers.
<b>Question 5</b>	<b>What is the role of the A&amp;S worker after referring a person to a generic service?</b>
	The A&S role is to facilitate the link to multiple services and support the person to become confident in using services. The A&S worker is not part of the ongoing care and is not the key contact or care coordinator.
<b>Question 6</b>	<b>How can I engage with an A&amp;S worker if they do not respond to telephone calls?</b>
	It is the responsibility of the A&S worker's employer organisation (manager) to ensure that other services understand the A&S role and to develop collaborative processes. If a generic worker has issues of this nature they should discuss them with their manager, who should contact the relevant manager in the A&S organisation.

<b>Question 7</b>	<b>Does the A&amp;S worker provide support across more than one target group?</b>
<p>The A&amp;S worker will provide support to those target groups listed in the agency diversity plan and as agreed with the Department of Health. For some organisations the focus may be on a single target group, while for other organisations the focus may be on two or more target groups.</p>	
<b>Question 8</b>	<b>If the person's name has been placed on a waiting list by a generic service, does the A&amp;S worker maintain contact with them in the interim?</b>
<p>It is not the role of the A&amp;S worker to support the person on a waiting list. However, the A&amp;S worker may, from time to time, make contact with the person to assist them to maintain contact with the proposed service provider. For example, if the person is unsure how to ask the generic service about their position on the waiting list or how long it may be until they can access services. The person should contact the generic provider if their needs change.</p>	
<b>Question 9</b>	<b>What is the A&amp;S worker's role if a person telephones to request assistance in dealing with issues with a service provider?</b>
<p>The A&amp;S worker should discuss the issues with the person and provide advice on the complaints process. If the situation has not been resolved the A&amp;S worker should contact the service provider, with the person's consent, to clarify any issues. If the situation is systemic in nature, such as complaints from a number of people from the particular target group, the A&amp;S worker should discuss the issues with their line manager, for the manager to follow up with the service provider.</p>	
<b>Question 10</b>	<b>Is it the A&amp;S worker's role to attend network meetings such as those for HACC managers, Aged Care Assessment Service, meetings between health program managers and so forth?</b>
<p>These meetings would generally be attended by the A&amp;S worker's manager, not the A&amp;S worker. There may be occasions when the A&amp;S worker attends with the manager.</p>	

# Practice checklist for generic services

This list can be used between the generic service worker and their manager to reflect on practice.

A rating scale of 1 (low) to 5 (high) has been included for those people who wish to document their progress and identify areas in which they excel and those where a further focus may be beneficial. Use of the rating scale is optional.

How is the worker's practice in the following areas?	Rating				
	1	2	3	4	5
Aware of/met with the local A&S organisation and worker and have an understanding of the A&S role and responsibilities.					
Collaborated and gave the A&S worker and person adequate notice of assessments, home visits, appointments and so forth.					
Discussed with the A&S worker and person what will be covered in the assessment and care planning process.					
Sought advice and/or secondary consultation from the A&S worker about cultural sensitivities, such as communication styles, health literacy, traditions and beliefs, to better understand and problem-solve any service delivery challenges.					
Discussed with the manager what approaches were successful and why, what was less successful and what can be learnt from the experience.					
How is the generic organisation supporting the A&S role?	1	2	3	4	5
Collaborated with agencies that have A&S roles.					
Consulted with A&S organisations to inform the development/review of the agency diversity plan.					
Actively encouraged positive worker relationships between organisations and sought feedback from staff about collaboration with A&S workers.					
Monitored outcomes of service provision to people with barriers due to diversity.					
Has communicated with managers of A&S organisations to discuss any issues or concerns about diversity or A&S.					







