

Department of Health

health

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

A practice guide for HACC
Access and Support roles

September 2013

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

A practice guide for HACC
Access and Support roles

September 2013

Acknowledgements

This document was prepared by consultants, HDG Consulting Group, for the Victorian Department of Health.

Contributions to the development of this resource by a wide range of organisations and individuals are gratefully acknowledged, including the Ethnic Communities Council of Victoria, Municipal Association of Victoria, Victorian Committee for Aboriginal Aged Care and Disability, Sectoral Development Working Group and sector workshop participants.

The project was supported with funding under the Home and Community Care program by the Commonwealth and Victorian governments.

If you would like to receive this publication in an accessible format please email aged.care@health.vic.gov.au.

This document is available as a PDF on the internet at www.health.vic.gov.au/hacc.

© Copyright, State of Victoria, Department of Health 2013

This publication is copyright, no part may be reproduced by any process except in accordance with the provisions of the *Copyright Act 1968*.

Authorised and published by the Victorian Government, 50 Lonsdale St, Melbourne.

October 2013 (1307012)

Print managed by Finsbury Green. Printed on sustainable paper.

Contents

List of tables	4
List of figures	4
Abbreviations	4
Terminology	5
How to use the practice guide	6
Part 1: Introduction and context	
Introduction	7
Aim	7
HACC policy and guidelines	8
Overview of the Access and Support service	12
Access and Support eligibility and priority	13
Part 2: Role of Access and Support organisations	
Access and Support organisations	17
Part 3: Role of Access and Support workers	
Access and Support and the Active Service Model	21
Access and Support role	22
Access and Support role components	24
Community engagement, assertive outreach and secondary consultation	25
Service provision	26
Networking, peer support and professional development	33
What is out of scope of the Access and Support role	34
Access and Support role in practice – examples	35
Frequently asked questions	42
Access and Support reporting	45
Links	46
Part 4: Learning activities	
Overview	47
Outcomes	48
Organisation checklist	49
Sample Access and Support work plan	51
Supervision of the Access and Support role	52
Practice checklist	53
Reflection on an Access and Support worker's skills and knowledge	54
Vocational skills development options	56
Appendix	
Access and Support position description	59

List of tables

Table 1: Relevant qualifications for the Access and Support role	56
Table 2: Relevant elective units for the Access and Support role	57

List of figures

Figure 1: Diversity planning and practice	9
Figure 2: Service coordination framework	11
Figure 3: Eligibility for Access and Support	15
Figure 4: Service coordination and the Access and Support role	23
Figure 5: Access and Support role components	24

Abbreviations

A&S	Access and Support
ACAS	Aged Care Assessment Service
ACCO	Aboriginal Community Controlled Organisation
ASM	Active Service Model
CALD	culturally and linguistically diverse
ECCV	Ethnic Communities Council of Victoria
GLBTI	gay, lesbian, bisexual, transgender and intersex
HACC	Home and Community Care
HAS	HACC Assessment Service
HDA	HACC diversity adviser
MDS	minimum data set
PASA	program and services adviser (Department of Health)
PCP	Primary Care Partnership
region	Department of Health region
SCTT	Service coordination tool templates
VCAACD	Victorian Committee for Aboriginal Aged Care and Disability

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.

How to use the practice guide

This practice guide is divided into four parts.

Part 1: Introduction and context

This section provides an overview of the A&S funded activity in the context of the HACCC program, policy directions and diversity planning and practice.

Part 2: Role of Access and Support organisations

This section provides information about the A&S activity from an organisational perspective. It outlines the responsibilities of an A&S designated organisation, including the expectations of the manager of the A&S role.

Part 3: Role of Access and Support workers

This section provides detailed information about the A&S role and its day-to-day practice with people using the A&S service and their carers.

Part 4: Learning activities

This section is a resource for A&S managers and workers to help provide continuous improvement. It contains practical learning activities and checklists to assist in the implementation and continual improvement of the A&S activity.

Part 1

Introduction and context

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, which aims to improve access to services for HACC eligible people with complex needs due to diversity. The A&S service is linked to regional diversity plans and HACC agency diversity plans.

Organisations are designated to be funded for the A&S activity based on a range of designation criteria as negotiated with the Department of Health. The A&S activity has been included in HACC minimum data set (MDS) funded organisation reporting.

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 so they can achieve improved access to services and 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 without additional support.

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 practice guide is to provide a detailed description about the new HACC A&S activity, including scope, day-to-day practice requirements, skill requirements and management considerations. All A&S workers and their managers should read this practice guide.

A separate document about A&S roles is available for HACC funded and other organisations that do not have HACC A&S positions. Titled *Diversity planning and practice in Home and Community Care services in Victoria: Working with HACC Access and Support services*, it describes how workers in those organisations should interact with A&S workers, and the respective roles and responsibilities. The document is available on the Department of Health website at <www.health.vic.gov.au/hacc/projects/diversity_framework>.

HACC policy and guidelines

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, the HACC assessment framework and service coordination. The A&S funded activity and A&S positions are 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. This is so they can remain living independently in their homes and communities for as long as possible.

Diversity practice includes a focus on the HACC five 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.

Each Department of Health region has developed a **regional diversity plan**, which identifies the groups of people in the region who are considered to have diverse characteristics. Copies of these plans are available at http://www.health.vic.gov.au/hacc/projects/diversity_framework.htm#regional.

Regional diversity plans inform the local approach to diversity planning and practice including allocation of resources for improved service access and outcomes for people who experience barriers to access to HACC services as a result of their diversity. Managers of A&S workers should be familiar with their regional diversity plan because the plan:

- sets the framework for addressing access and diversity within the region
- reflects the Victorian Government's health priorities
- reflects the statewide priorities and directions outlined in the HACC triennial plan
- reflects relevant community and diversity expectations within the Community Care Common Standards
- informs consultation with the HACC sector including priorities and allocation of HACC funds
- informs each HACC funded organisation's diversity plan.

Each HACC funded organisation is required to develop an **agency diversity plan** that:

- demonstrates an understanding of their catchment's HACC target population
- identifies diverse groups or individuals who may not be accessing services equitably
- sets priorities in line with those identified in regional diversity plans
- develops a diversity action plan that has achievable and measurable outcomes.

Figure 1 depicts the relationship between the regional diversity plan, the agency diversity plan and the service response.

Figure 1: Diversity planning and practice



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

Active Service Model

The Victorian HACC Active Service Model (ASM) was introduced in 2009¹ and aims to improve the health and wellbeing of older people and people with a disability through a person centred care and capacity building approach, in order that they may live as independently and autonomously as possible in the community.

In the past there has been a tendency for HACC service delivery to use a passive approach whereby the worker performs the task or activity for the person. However, it is now recognised that encouraging and supporting people and their carers to be involved in decision making about their own care, and be as involved as possible in performing tasks, has a considerable positive effect on their health and wellbeing.

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 gain the greatest level of independence they can and be as actively involved in making decisions about their life as possible.

ASM industry consultants have been employed in each region to support organisations to implement the ASM approach through:

- being the key communication point for ASM developments and information within the region
- assisting HACC funded agencies to gain a consistent understanding of the ASM approach and its implications for practice and systems
- providing practical operational support to agencies to implement ASM practice as a broad sustainable change management strategy
- assisting in the broader implementation of the ASM initiative through sharing information about barriers, enablers, practice learnings and developments at the regional and the statewide levels.

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 in order to ensure a coordinated and streamlined approach to assessment and care planning. The framework is available at <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. The *Better access to services: a policy and operational framework* available at <www.health.vic.gov.au/pcps/publications/access.htm> describes the rationale behind the introduction of service coordination in Victoria, and the principles and key elements of the service coordination framework (see Figure 2).

¹ 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.

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

Figure 2: Service coordination framework



Since the introduction of service coordination in 2001, the Department of Health and Primary Care Partnerships (PCPs) have developed resources to assist in the implementation of service coordination. This includes the development of the:

- *Victorian service coordination practice manual*, which defines agreed practices, processes, protocols and systems that support better coordination of services between agencies <www.health.vic.gov.au/pcps/coordination/ppps.htm>
- *Service coordination tool templates* (SCTT) at <www.health.vic.gov.au/pcps/sctt>
- *Human Services Directory* at <<http://humanservicesdirectory.vic.gov.au/Home.aspx>>.

Overview of the Access and Support service

The HACC A&S service supports HACC eligible people who, due to diversity, have barriers to accessing HACC services, and may also support them to access other services if required.

A&S workers are located at HACC funded organisations with sufficient infrastructure and demonstrated strong links with a targeted diverse population group. Examples include multicultural or ethno-specific agencies, Aboriginal Community Controlled Organisations (ACCOs), homelessness services or other agencies such as community health services, health services and local councils where there is a demonstrated need for such a position. The A&S role focus is informed by evidence of need contained within the regional HACC diversity plan, and achievement of the A&S activity objectives.

The A&S service aims to achieve improved access for people eligible for the service by providing episodic support at key stages of the care pathway as the person navigates the service system. The A&S worker is the bridge between the person (and their carer) and the service provider. The role provides support to individuals who lack the knowledge or confidence to access HACC and other services, or are concerned that the service response will not meet their diverse needs. The A&S worker supports the person using a person centred-care and self-advocacy approach to build the person's confidence in accessing the service system.

The A&S worker liaises with diverse communities to provide information about HACC services and the broader service system, and provides feedback about diversity and access issues to their manager to inform discussion at various management and network meetings.

The A&S worker develops effective links and establishes trust with the specific communities and individuals, including Aboriginal, CALD and other diverse communities and individuals and their carers. In situations where people are not comfortable in accessing services directly, the A&S worker may be the first point of contact for assisting the person to access HACC and other services, including support during initial needs identification, assessment and care planning. The role supports and builds the confidence of the person to access holistic assessment through a HACC Assessment Service (HAS).

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 MDS data and activity reporting.

Access and Support eligibility and priority

Eligibility

A&S workers provide support to HACC eligible people. If a person is not eligible for HACC services, they should not receive assistance from an A&S worker.

If a person is HACC eligible and has access barriers due to diversity, they may receive assistance from an A&S worker based on the priority of their needs.

Who is eligible for HACC services?

As mentioned, the HACC target group is frail older people, people with disabilities and their carers. The focus is on providing services to people who, because of their frailty or disability, require assistance with activities of daily living.

There are no residency requirements. People who are not Australian citizens may use HACC services. People are not eligible simply because of their age. For example, many people aged 70 years or older may not require assistance with activities of daily living and therefore would not be eligible to receive HACC services.

Priority in the HACC program

HACC services are only provided to people who have had their needs assessed in relation to their capacity to perform activities of daily living and who are considered a priority for service.

Once a person is identified as being eligible to receive HACC services they are prioritised for services. Priority takes into account the person's and their carer's needs in the context of their usual living environment and what supports are available.

Organisations are required to provide an equitable service across their respective communities to ensure the service is accessible to the whole community.

Where demand for a service exceeds supply, it is the responsibility of the funded organisations to allocate resources in a way that provides the most benefit to the greatest number of people. Factors to be taken into consideration in exercising this judgement include:

- the level of service to be provided given that the HACC program funds provision of basic maintenance and support
- the vulnerability of the individual to further deterioration
- the effect of service delivery on the carer
- the likely effect of the service provided in assisting individuals to attain their goals, for example, reduced risk of admission to residential care or maintaining quality of life in the community
- the effect on other existing and prospective consumers of providing services for this individual.

HACC special needs groups

Within the broad HACC target group there are five special needs groups that may experience barriers to accessing services. The concept of special needs does not mean that one individual is prioritised over another for service provision but that their diversity should be considered during access, assessment, care planning and service provision.

The special needs groups are:

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

While diversity includes a key focus on the special needs the groups listed above, other barriers to access should also be considered. For example, age, gender identity, sexual orientation, faith and spirituality may be barriers to access.

Diversity includes the multitude of individual similarities and differences that exist among people within and across communities. Diversity characteristics can be a barrier for individuals to access services. By recognising and responding to diversity, HACC services can assist to overcome these barriers.

The role of an A&S worker is to support individual people to overcome these access barriers and to use a person centred approach to assist them through the service pathways to access a wide range of HACC services to meet their needs.

Who is eligible for A&S?

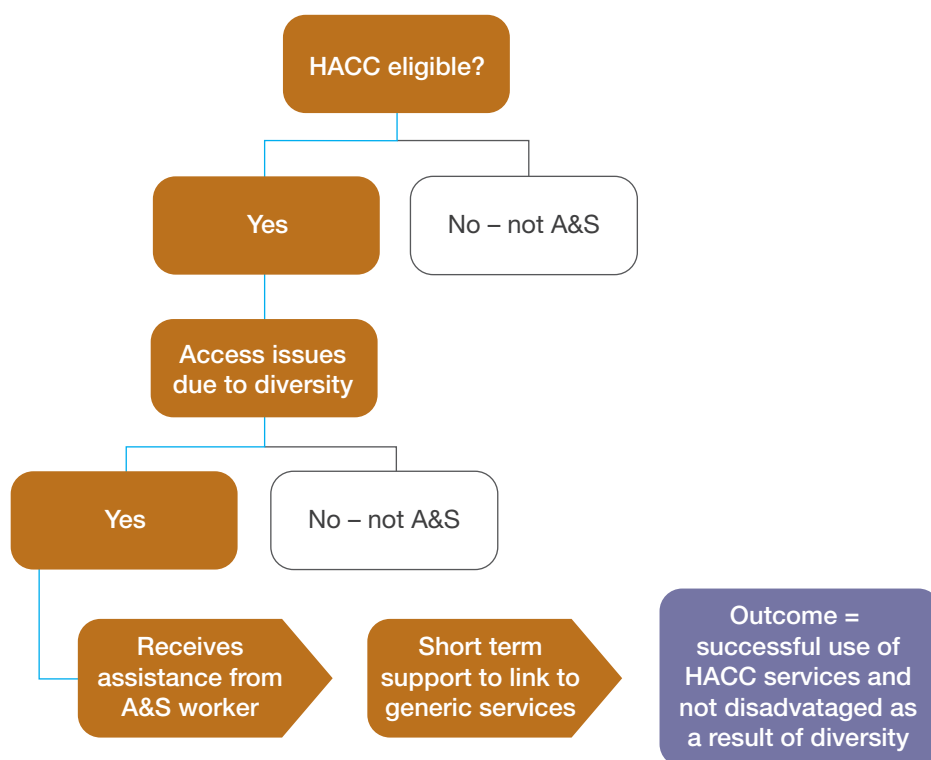
HACC eligibility alone does not make someone eligible for A&S. They must also have access issues due to diversity.

For example, a frail older person is eligible for HACC, is from a CALD background and speaks English as a second language. Due to personal and cultural reasons they are not confident to make contact with HACC services and therefore have access issues due to diversity.

Alternatively, a frail older person is eligible for HACC, and is from a CALD background (one of the five special needs groups) 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.

Figure 3 uses a flowchart to depict who is eligible to receive A&S.

Figure 3: Eligibility for Access and Support



In practice these may be people who:

- 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
- think that services may not understand their needs or respect their preferences
- do not understand how HACC services might assist them to remain living independently.

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 care 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. Not eligible for A&S.	High care needs. Has access or service delivery issues due to diversity. Eligible for A&S.
Low care needs. No access or service delivery issues due to diversity. Not eligible for A&S.	Low care needs. Has access or service delivery issues due to diversity. Eligible for A&S.

A&S services focus on access to HACC services. 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 HAS for a Living at Home Assessment and assistance with care coordination as appropriate.

A&S services work with a range of people as documented in their agency diversity plan. In this context the A&S worker is required to ensure community members have equitable access to A&S support and that all people receiving support from an A&S worker meet the eligibility requirements described above.

Examples of A&S eligibility

A HACC eligible Aboriginal person was seeking property maintenance. He did not have any access issues and was able to make contact and request the service. He did not require assistance from the A&S worker.

A HACC eligible Aboriginal person was seeking domestic assistance. She had a range of family issues, her independence was reducing, and she had limited understanding of the service system or how it might assist her situation. She was fearful that HACC services would be judgemental and not respect her lifestyle or preferences. She was eligible for assistance from the A&S worker.

An elderly person with dementia was living with his carer in a rural area. The carer had commenced using homecare and now wished to access community-based respite (such as a planned activity group) for the person. The carer was able to discuss this with her current service provider and did not require the assistance of an A&S worker.

An elderly person with dementia was living with her lesbian partner in a rural area. The carer recognised that the person's support needs were increasing and beyond her ability to manage alone, however, was hesitant to access services due to previous negative experiences. The carer was fearful that their personal preferences and lifestyle would not be respected. This person was eligible for A&S assistance.

A person was living in insecure accommodation in a caravan park and received delivered meals. He was notified that the caravan park would be closing and required assistance to find alternative accommodation. He was able to discuss this with the council contact person and did not require the assistance of an A&S worker.

A person was living in insecure accommodation in a caravan park. He had been receiving delivered meals for some time, however, had refused other offers of assistance. He was notified that the caravan park would be closing and the park manager was worried about the man's situation. However, even with prompting by the park manager, the man had not engaged with services. He was a priority for assistance from the A&S worker. The A&S worker assisted the man to make contact with a housing program.

Priority for other HACC services

A person's eligibility for A&S does not mean that when they are referred to a generic service that they will be able to receive services from that organisation. Generic service providers will use their usual intake and assessment processes to assess and prioritise for services.

Part 2

Role of Access and Support organisations

Access and Support organisations

The A&S positions are located in a range of organisations across Victoria, including ACCOs, ethno-specific/multicultural organisations, homelessness services and local councils.

It is imperative that A&S organisations actively engage with the range of HACC and other service providers in the organisation's catchment area in order to facilitate effective working relationships between organisations to provide the structure to support the role of the A&S worker.

The funded organisation that employs the A&S worker has a number of responsibilities to ensure that the A&S activity is implemented successfully.

Organisational responsibilities

As part of the designation process to receive funding for the HACC A&S activity, organisations are required to meet a range of designation criteria.

While each funded organisation has the flexibility to develop practices and processes that suit the HACC A&S targeted population, these should reflect the designation criteria.

The organisation has the responsibility to ensure the following:

- ✓ Collaboration with the Department of Health region – Work collaboratively with the region to negotiate the A&S catchment and target group, to scope the A&S workers workload and to inform the region of any HACC systemic issues.
- ✓ Management, policies and procedures – Provide a structure to support the A&S worker. This includes ensuring that the A&S position description and role and responsibilities of the A&S worker are clearly defined in the operational policy and procedure manual and available for staff. Provide regular A&S worker supervision time. Ensure the A&S service has access to interpreters when required.
- ✓ Agency diversity plan – Identify the priority target groups, the focus (for example, older males) and the scope (geographical area). The plan provides the context within which the A&S role will operate and should result in a targeted approach as agreed with the region. Ensure the A&S worker has a copy of the plan and understands their role within it, and the particular group(s) of people the role will support. Ensure all staff in the organisation understand the concept of diversity and how to assist in supporting HACC eligible people, including support for the care relationship.
- ✓ Community access to A&S – Ensure the community has equitable access to the A&S service based on HACC eligibility and priority of need.
- ✓ Service coordination – Embed service coordination practices into the A&S role. This includes having practices in place to ensure staff are conversant with the Victorian service coordination practice manual, in particular the elements of initial contact, initial needs identification, assessment, care planning and referral. See the Victorian service coordination practice manual at <www.health.vic.gov.au/pcps/coordination>.
- ✓ Organisational collaboration – Work collaboratively with the HDA and the ASM industry consultant. Ensure there are service system links, processes and effective working relationships with other local service providers, including working together protocols. Promote the role of the A&S worker with local HACC and non-HACC organisations. Consider co-locating the A&S worker in a generic organisation on a regular basis.

- ✓ Organisational networking – Become a member of relevant networks (regional, sub-regional and/or local) so that other organisations understand the A&S role and its benefits, and that issues for diverse groups are communicated by the manager or A&S worker at these meetings.
- ✓ A&S networking – Demonstrate a commitment to the A&S worker participating in appropriate statewide/regional networks including peer networking opportunities – for example, with the Ethnic Communities Council of Victoria (ECCV), relevant regional networks such as the HACC Aboriginal Network and/or the Victorian Committee for Aboriginal Aged Care and Disability (VCAACD).
- ✓ A&S skills development – Ensure ongoing A&S worker training and professional development. For example, service coordination, e-referral, S2S training, dementia training such as through Alzheimer’s Australia Vic, working with people with positive behaviour support needs and care planning. Work within the principles and practices of diversity planning and practice, service coordination, Active Service Model and assessment services practices, and ensure the A&S worker is trained and skilled in applying these principles and practices. Develop a professional development plan with the A&S worker to continue to develop their skills and experience, including a combination of formal and informal learning and development strategies.
- ✓ Infrastructure and information technology (IT) systems – Provide suitable infrastructure including IT systems that enable A&S workers to efficiently collect and report data about the people using A&S services. Have the capacity to send or receive SCTT referrals either electronically through an IT system or by fax.
- ✓ Reporting and evaluation – Report to the Department of Health as specified in the HACC program national minimum data set Victorian modification user guide version 2.0 (June 2006), the activity report and the implementation report. Participate in any review of the A&S activity.

Interface between A&S service providers

A&S positions are located in a range of organisations across Victoria, however there is not complete statewide coverage.

Each A&S funded organisation should be aware of the other A&S funded organisations in their area or region. This information is available from the Department of Health regional program and service adviser (PASA).

Discussion regarding the respective target groups of each A&S position and how the organisations and positions can work together should occur through managers and at relevant networks and alliance meetings.

Interface with generic organisations

The A&S worker requires a broad knowledge of the local service system. This is gained during the orientation and induction process. For example, through meeting with the HACC PASA, using the *Human Services Directory* to identify local service providers, reading the induction resource for HACC assessment services, visiting local HACC funded services such as council and community health services and finding out about carer support groups. The A&S worker does not need to know the services in detail, as this information will become apparent as they work with the HACC services, person and carer.

The A&S worker supports the person to navigate the service system and therefore will need to develop positive and collaborative working relationships with the staff in generic organisations. For example an A&S role may need to support a person to access HACC services as provided by:

- ACCOs
- ethno-specific and multicultural organisations
- local councils
- health services
- community health services
- nursing services
- other community service organisations such as Alzheimer's Australia Vic.

Generic organisations are responsible for their eligibility and priority criteria. The A&S worker supports an A&S person and their carer through the generic organisation's usual eligibility and intake processes. It is not expected that A&S workers and the people they support will receive priority treatment in terms of access to services as this decision will be made by the generic organisation in accordance with their policies and practices.

Concerns or complaints

If an A&S worker has concerns about how a service is provided through an external organisation, or has not been able to achieve the desired outcomes for a person with an organisation, they should discuss the issue with the coordinator of the service. If the issue is systemic in nature, for example, there are issues with the generic HACC organisation providing a culturally responsive service, the A&S worker should discuss this with their supervisor, whose role is to address the matter at a management level with the service provider. Where the situation is not resolved the A&S manager should discuss the issue with the PASA.

A&S workers may from time to time receive complaints from people about services being provided by a generic organisation. The A&S worker should discuss the complaint with the person to understand the cause of the complaint. For example, it may be related to a misunderstanding about the service provider's role and scope of the service, or it may be issues to do with service quality or community care worker. The A&S worker should support the person to communicate their complaint to the service provider in accordance with the service's usual HACC complaints process. The A&S worker can assist the person to understand and use the service's complaints process. If the complaint is not able to be resolved the A&S worker can bring it to the attention of their manager to address at a management level with the other organisation.

Part 3

Role of Access and Support workers

Access and Support and the Active Service Model

Central to the A&S role is the ASM approach. The ASM aims to ensure that people strive to gain the greatest level of independence they can and are actively involved in making decisions about their life. This includes understanding their goals, decisions about the type of services they wish to receive and the desired outcomes.

A useful way to think about an ASM approach is the change from 'doing for' to 'doing with' people. The following elements are important within an ASM approach:

- promoting a 'wellness' or 'active ageing' approach that emphasises optimal physical and mental health of older people and acknowledging the importance of social connections to maintaining wellness
- a holistic and family-centred approach to care
- actively involving people and their carers in identifying their desired outcomes and/or setting goals and making decisions about their care
- providing timely and flexible service provision to support people to reach their goals.

This approach requires a broad coalition of service providers taking responsibility and working together with people so they can retain or improve their independence and/or autonomy to the extent possible.

The principles of the ASM approach are as follows:

- People want to remain autonomous.
- People have potential to improve their capacity.
- People's needs should be viewed in a holistic way.
- HACC services should be organised around the person and family or carer; the person should not be slotted into existing services.
- A person's needs are best met where there are strong partnerships and collaborative working relationships between the person, carers/family, support workers and service providers.

A&S services reflecting an ASM approach may expect people receiving services to report the following experiences:

- *People see what's important to me in my whole life, not just what I need help with.*
- *My family and people who are important to me are involved and understand what is happening.*
- *The services are working in partnership with me – sometimes just one person, sometimes a few, but they are all working together.*
- *I feel listened to and valued.*
- *I feel more connected with friends and my community.*
- *I understand these services are not necessarily forever but will change according to how I am going.*
- *If I can get back on my feet and stop services for a while, I am confident they will be there to help me again if I need it.*

For further information about the ASM see the *Victorian HACC program manual* (2013) at <www.health.vic.gov.au/hacc/prog_manual>.

Access and Support role

The purpose of the A&S service is to support HACC eligible people to gain confidence in accessing HACC and other services as required. This involves assisting people to access appropriate needs identification, assessment and care planning based on each person's and carer's expressed goals, wishes and needs.

The A&S service will target HACC eligible people who are not able to access HACC services or who require additional support because of their diversity needs. The A&S worker is required to:

- use an active service model/strengths based/capacity-building approach that recognises and builds on the person's existing skills and resources to support and build the confidence of the person through the needs identification, assessment, care planning and service provision processes
- provide information about the range of HACC and other services to targeted diverse communities and individuals within them
- use strategies to build the confidence of HACC eligible people and their carers to access and use services
- work collaboratively with HACC funded services to facilitate improved access and support
- promote better practice in HACC service delivery responses to meet the needs of diverse communities and the individuals within them.

In particular, the A&S worker supports the A&S eligible person through the service coordination stages (see Figure 5) and the care pathway. The service coordination stages are initial contact, initial needs identification, assessment and care planning.

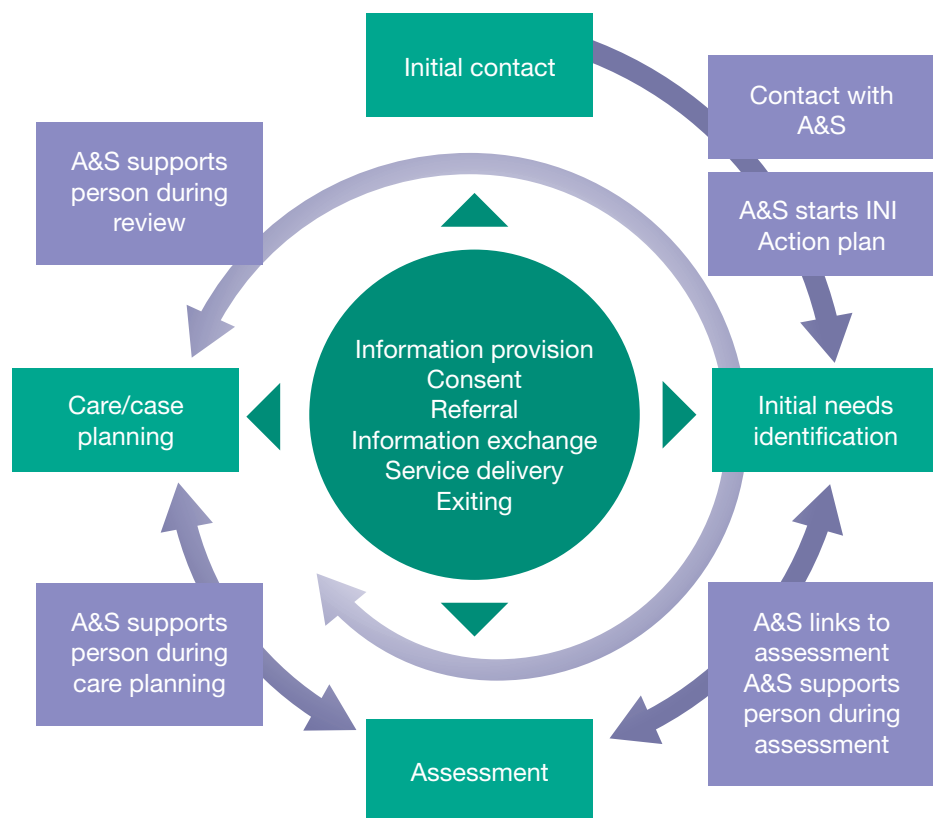
The A&S role:

- conducts the first element of service coordination – **initial contact**. This is the first point of contact with a person and carer and usually involves explaining how the service system works, the types of services available and working out whether the person is eligible
- commences the second element of service coordination – **initial needs identification**. This is a conversation with the person and carer to broadly understand their needs and which services may be of most assistance to them. The A&S worker then assists the person to make contact with those services which then take the lead in the further needs identification process
- has a support role during the third element of service coordination – **assessment**. The A&S worker liaises with the assessment organisation to advise them on the diversity issues and attends the assessment visit as conducted by the lead organisation and supports the person through the assessment process
- has a support role during the fourth element of service coordination – **care planning** (and review). The A&S worker liaises with the service provider to advise them on the diversity issues and supports the person through the care planning process. The A&S worker may attend the first actual episode of service provision to support the person when they meet the community care worker, and may follow up with the person receiving the service by telephone two or three weeks after service commencement to make sure the person is comfortable with the services and support.

Because the A&S role is funded to provide short-term and/or episodic support to the person (on average up to eight weeks) it is critically important that they use this time to inform and build the confidence of the person and their carer so they can access and use services in a manner that will meet their needs.

The eight-week timeline is designed to ensure the support is primarily short-term. It is important that this is explained to each person using A&S so that they have this expectation. However, it is also acknowledged that some people will require longer than eight weeks to build rapport and engage with services, and also that some people will be hesitant to change the contact person, particularly where there are cultural or community expectations. Within this context, each A&S-funded organisation will need to determine its approach so people can be linked to services to the extent possible and that the maximum number of A&S eligible people benefit from the A&S service.

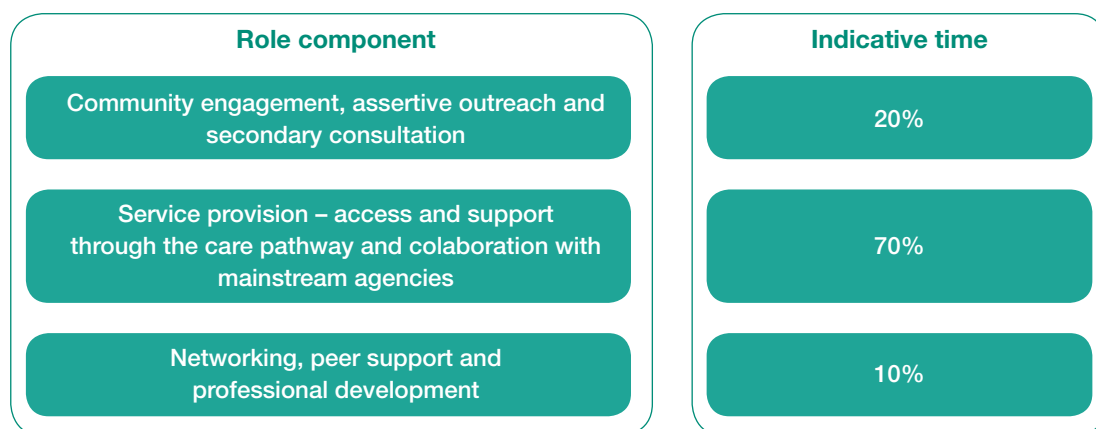
Figure 4: Service coordination and the Access and Support role



Access and Support role components

The majority of the A&S time will be directly supporting A&S eligible people to access services. However, in order for people in the community to understand the service system and to enable the service system to be responsive to the needs of people with diversity related access issues, community and service system engagement has been embedded into the role. The time associated with each component is shown in Figure 5.

Figure 5: Access and Support role components



Community engagement, assertive outreach and secondary consultation

An A&S worker engages with the community, individuals and carers who may be eligible for the A&S service, and generic service providers.

This component is approximately 20 per cent of an A&S worker's time.

Community engagement

This comprises promoting HACC and providing information to targeted communities and individuals, including explaining how the service system works and how people can access services. Examples of this includes facilitating information sessions, sending out information bulletins, providing information in an appropriate format and language about HACC services to a particular group, or providing information to generic services about approaches with particular groups or communities experiencing barriers to access.

Community engagement is recorded in the A&S activity report.

Assertive outreach

A&S workers use assertive outreach approaches. Assertive outreach is actively seeking out and engaging 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 and their carers.

Assertive outreach is recorded in the A&S activity report.

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.

Secondary consultation about communities and individuals who are not registered as A&S service users is recorded in the A&S activity report. Secondary consultation in relation to a current registered A&S person is recorded in the MDS.

Service provision

This element is approximately 70 per cent of A&S workers' time.

A&S workers work in partnership with the person (and other relevant agencies) for an eight week period (on average) through the **service coordination** elements of initial contact, initial needs identification, assessment and care planning.

The A&S role does not include triage, central intake, case management, reception duties or interpreter services. These activities are the responsibility of the organisation in general and there should be other staff within the organisation to undertake these roles. An interpreter may be used from the A&S organisation or through the HACC interpreter service.

Initial contact and intake – referral pathway to A&S workers

In many cases the A&S worker will be the first point of contact the person or carer has with the service system. This means that the A&S worker undertakes **initial contact** by finding out basic information about the person (such as the items on the **SCTT Consumer information** form), provides information to the person about services and discusses what the person would like to do next.

Referral of a person to the A&S worker can occur through six main pathways:

- An A&S worker can 'case find' the person – for example, through meetings with community groups or carer support groups.
- The person with diverse characteristics may self-refer by directly contacting the A&S worker, or be referred by family, friends, neighbours or community.
- A person may be referred by the A&S organisation to the A&S worker – for example, through a central intake process or by another program within the organisation.
- A person may be referred to the A&S worker by another (external) organisation. For example, the other organisation or practitioner has identified a person who is hesitant to access services and requires the support of an A&S worker.
- A person may be referred to the A&S worker by another (external) organisation where the person is already receiving HACC services. However, the other organisation requires A&S support for secondary consultation.
- Referral from one A&S worker to another – for example, an A&S worker focused on homeless people may refer to an A&S worker in a CALD organisation.

With each of these pathways the A&S worker will make contact with the person and provide information, discuss services and agree on action to be taken. When the A&S worker accepts a person as eligible for A&S, then a case file should be opened. Each organisation should use case files in accordance with their information management system and usual case file process. All relevant communication and actions undertaken with a person should be recorded in the person's case or file notes.

The responsibilities within the initial contact element are as follows.

The A&S worker:

- engage with the person on their terms
- organise an interpreter if required
- work alongside the person and their carer to address their barriers to accessing services
- use specific support strategies to build the person's confidence and knowledge to communicate confidently and assertively with service providers

- ✓ discuss with the person and their carer what type of help they may need to maintain their independence
- ✓ complete the SCTT Consumer information form
- ✓ provide information about privacy and consent to the person using the SCTT My information – it's private brochure
- ✓ commence initial needs identification as below (including to solve any immediate pressing issue necessary to engage with the person such as utility disconnection).

Initial needs identification

The A&S worker proceeds from initial contact to start the **initial needs identification** process. In practice these processes may overlap and occur as part of the same conversation or meeting.

Initial needs identification is a broad screening process that aims to uncover underlying and presenting issues. It is up to the judgement and discretion of the A&S worker to decide the extent of the needs identification process. The A&S worker discusses with the person their general needs (there may be multiple needs and the person should self-determine their priority) and what services or programs might be suitable.

The A&S worker seeks to understand the person's and carer's needs and preferences through a diversity lens so they can link the person to appropriate services and brief the service provider about the diversity barriers and considerations.

The A&S worker commences the initial needs identification process, which is then completed by the service provider organisation, with the A&S worker supporting the person during the process. The outcome of this needs identification process is usually referral to a relevant service for assessment.

The A&S worker uses the **SCTT Consumer information** form (from initial contact), the **SCTT Summary and referral information** form and **consent** form to make the referral to the service provider. (The referral may also include the **SCTT functional screen** or other SCTT profiles as relevant.)

In accordance with the *Community care common standards*, each person must have a care plan documented. For the A&S activity this takes the form of an action plan. The action plan outlining the actions of the A&S worker can be recorded on the SCTT *Summary and referral information* form.

The responsibilities within the initial needs identification element are as follows.

A&S worker:

- ✓ develop trust and build rapport with the person and their carer
- ✓ ask open questions and practice active listening skills
- ✓ expand on the initial contact by talking to the person about what to do next and discuss options
- ✓ make telephone calls together to find out information and arrange meetings with intake workers to find out about services together
- ✓ talk with the person about how the person feels about what they have found out together
- ✓ encourage the person to act on their decisions and provide positive feedback to build their confidence
- ✓ develop an action plan and agree on the next steps
- ✓ help the person make a self-referral (including filling out the SCTT Consent to share information form and Summary and referral information form)

- ✓ assist the person to think about and prepare for any pending appointments by talking about their needs and what they would like to achieve from a service
- ✓ discuss the scope of service provision (including what is and what is not generally provided under HACC), explain and/or provide assistance to complete forms, answer questions and build the person's knowledge and confidence in proceeding to assessment to access services, brief the service provider organisation about the person's diversity characteristics (such as the need for interpreters, cultural sensitivities, privacy issues and other barriers to access to ensure these are appropriately managed)
- ✓ attend initial needs identification appointments with the person and lead organisation, and help the person answer questions
- ✓ encourage the person to express their needs through these processes.

Generic service worker:

- ✓ build rapport with the A&S worker
- ✓ organise an interpreter if required
- ✓ expand on the needs identification
- ✓ make available the relevant staff member to liaise with the A&S worker about the person's diversity issues.

Assessment

The A&S worker continues to support the person through the assessment process. The A&S worker does not directly undertake assessments but actively supports the person through the process.

Assessment is a process that collects and considers relevant information about the person. Each service provider conducts an assessment relevant to their service type or particular discipline. The assessment is therefore led and undertaken by the assessment officer or staff from that particular program or service.

There are two types of assessment that a person may typically experience in the HACC program.

- A **service specific assessment** is for individual HACC service types (such as domestic assistance or planned activity groups, and clinical assessments for nursing, and allied health) to identify the person's requirements for a specific HACC service type using a person-centred approach – for example, delivered meals, respite, domestic assistance, personal care or social support. The outcome is a service plan or care plan that outlines the services to be provided to meet the person's goals.
- A **Living at Home Assessment** (which includes a holistic needs assessment) gains a broad understanding of the person's needs for support (and their carer's needs) in order to remain living at home as independently as possible. There are 100 designated HACC assessment services in Victoria. While the assessment will be based on presenting and underlying needs and therefore vary for each individual, the assessment domains are likely to include: general health; activities of daily living; personal care needs; cognitive function; nutritional risk; carer and family needs; social, emotional and psychological wellbeing; and capacity for functional improvement and self-management. The outcome is a care plan and may include care coordination for people receiving multiple services or services from multiple organisations.

The A&S worker acts as a support person to ensure the person is comfortable with the assessment process and that their diversity characteristics are being considered and responded to. This might include explaining why particular questions are being asked, explaining terminology, or explaining how the person's needs may be prioritised for access to services in relation to the needs of other people. The A&S worker can ask the person if they would like the A&S worker to attend the assessment visit with them to provide support.

With the person's consent the A&S worker can brief the assessor in advance about the person's diversity characteristics. In assessment domains that relate to items of a particularly personal or sensitive nature from a cultural perspective (such as personal care), the A&S worker can assist the assessors to ensure the questions and understanding is culturally sensitive and respectful of the person's diversity.

The responsibilities within the assessment element are as follows.

A&S worker:

- ✓ arrange a pre-meeting or telephone contact with the assessor prior to the assessment to plan the assessment visit including the need for interpreter
- ✓ explain the assessment process to the person, build trust and encourage accurate responses to assessment items
- ✓ discuss in advance the types of questions/information that may be sought during the assessment, and remind the person about the assessment visit
- ✓ brief and build rapport with assessors from relevant agencies, for example, HAS and Aged Care Assessment Services (ACAS)
- ✓ ensure the assessors are aware of cultural or other diversity considerations
- ✓ facilitate introductions and attend the assessment visit to support the person
- ✓ assist the person to respond to questions during the assessment
- ✓ debrief the person following the assessment to ensure the person is confident and satisfied with the assessment process and is an active partner in the decision-making process
- ✓ liaise with the assessor to ensure the diversity characteristics are central to the assessment process.

Generic service worker:

- ✓ liaise with the A&S regarding arrangements for the assessment including timeframes
- ✓ invite the A&S worker to attend the assessment
- ✓ take advice from the A&S worker about diversity issues and a person centred response and discuss with the A&S worker about the types of questions that will be asked at the assessment
- ✓ ensure the assessment is conducted with respect for the diversity considerations, for example, providing a male assessor for a male Aboriginal community member
- ✓ organise an interpreter if required.

To gain an understanding of the assessment processes of HACC assessment services see *Strengthening assessment and care planning: a guide for HACC assessment services in Victoria 2010* at <http://www.health.vic.gov.au/agedcare/downloads/pdf/strengthening_acas.pdf>.

Care planning

Following assessment the A&S worker continues to support the person through the **care planning** process.

The HACCC assessor or staff from the other program or service will lead the care planning process.

An ASM and person centred approach focuses on helping people to set their own goals. It considers the person's capacity, independence and need for support in relation to:

- where the person is now
- where the person wants to be
- how the person will get there.

The A&S worker supports the person through this thinking process, which is part of care planning and is led by the generic service.

The A&S role is to act as a support person and ensure the person is comfortable with the care plan or service plan and that it has taken account of their diversity characteristics.

The A&S worker does not lead or develop the care plan but acts to support the care planner (through advice and suggestions regarding diversity considerations) and the person (through discussion and support to build their confidence and understanding) to ensure stakeholders understand and are confident with the service provision arrangements.

The responsibilities within the care planning element are as follows.

A&S worker:

- ✓ assist the person and their carer to understand their care plan and what it will mean in practice
- ✓ ensure the person is satisfied with the care planning goals, actions and timelines and has the opportunity to seek further clarification or discussion as required
- ✓ support the assessor to explain to the person who the service provider key contact is and how to contact them
- ✓ support the assessor to discuss with the person how to request changes to their care plan should they wish to
- ✓ support the assessor to explain occupational health and safety, ASM, fees, privacy and so forth
- ✓ generally build the person's confidence and input to the care planning and decision-making process.

Generic service worker:

- ✓ invite the A&S worker to participate in the care planning process
- ✓ provide a copy of the support plan or service plan to the A&S worker
- ✓ advise the A&S worker of the planned future date for care plan review.

Service delivery

It is important the A&S worker and the service provider work collaboratively to support the person until the service is well underway.

The responsibilities within this element are as follows.

A&S worker:

- ✓ build rapport with the service provider key contact
- ✓ make follow up contact with the person (for example, a telephone call) to see if the care plan is being implemented to the person's satisfaction (the number of follow up contacts will depend on the person's circumstances)
- ✓ ensure the person understands how to request changes to their care plan should they wish to
- ✓ ensure the person is aware of their service provider key worker or contact person
- ✓ discuss with the person that the A&S worker can attend a review meeting if required
- ✓ attend the first occasion of actual service delivery (depending on the person's circumstances and preferences).

Generic service worker:

- ✓ conduct the care plan review
- ✓ invite the A&S worker to participate in the care plan review process
- ✓ provide a copy of the updated care plan to the person and the A&S worker
- ✓ organise an interpreter if required
- ✓ inform the A&S worker if the person ceases service provision (using the SCTT *Information exchange* form).

Finalising the A&S role and exiting

As the person will have complex access and/or service delivery needs due to their diversity, it is possible that they will continue to contact the A&S worker as they become accustomed to the new service. The A&S worker should maintain contact with the service provider and person until the person builds trust with the service provider over time. Once the care plan is developed and service provision is occurring to the satisfaction of the person, the A&S worker will step back and cease their involvement.

The A&S worker aims to finalise their role. This includes to:

- respond to any issues raised by the person or carer by supporting the person to address them with the service provider organisation, or advise their manager of ongoing issues to be addressed at the management level between organisations
- advise the person that the A&S role is complete and remind the person that they may re-contact the A&S worker if they have concerns in the future that they have been unable to work out with their service provider
- contact the person three months after completing work with a person to confirm that the service provision is proceeding as planned
- advise the service provider organisation that the A&S role is complete and send the SCTT *Information exchange* form
- close the person's file.

Should the person contact the A&S worker in future the A&S worker can re-open the file and commence another episode of contact and support as appropriate.

In exceptional circumstances, some people may need ongoing intermittent support, with the A&S worker as the preferred contact. In these cases the A&S worker should continue to support the person while working to build the person's capacity and confidence, so the person can transition to a key worker or case manager from the service provider organisation.

An A&S worker supported an elderly CALD person to understand about what the HACC service could offer. The A&S worker discussed with the person what type of support they thought they might need, which was identified as personal care. The A&S worker supported the person through an assessment. This support was provided by explaining the assessment process, discussing the questions that might be asked, briefing the assessor about the person's diversity characteristics and attending the assessment meeting. The assessment resulted in access to HACC personal care. The A&S worker attended the visit by the personal care worker and ensured the person was satisfied with the results. Four weeks later the A&S worker telephoned the person to check on their wellbeing; this led to further requests for assistance. Following further assessment and care planning the person was linked to a community shopping group.

Networking, peer support and professional development

Networking, peer support and professional development comprises approximately 10 per cent of an A&S worker's time. It is not reported in the A&S activity report or MDS because it is part of the A&S unit cost.

Networking

Networking with individual organisations or through formal networking forums enables A&S workers to continue to develop their knowledge about the local community, service system and diversity. A&S workers build an understanding of the community through working relationships with other organisations and work proactively and collaboratively with service providers to better identify and meet the diverse needs of HACC eligible people. This includes developing collaborative working relationships with people in other key service provider organisations and staying well informed about local service providers and staff changes.

A&S workers communicate access issues to their line manager and service system networks to enable a shared understanding of the community's issues.

Peer support

A&S workers will often be working alone. Therefore it is important for A&S workers to attend the relevant regional or statewide support networks. The decision as to which meetings the A&S manager attends and which meeting the A&S worker attends should be agreed between the A&S worker and their manager.

Professional development

Professional development includes skills development, such as undertaking appropriate orientation, training and professional development, and participating in supervision, debriefing and mentoring processes.

The A&S worker and their supervisor should have a shared understanding of the expected workload and focus.

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

An A&S worker provides short term support and is focused on HACC funded services. The role does not provide ongoing support, case management, care coordination or social work type activities. Some A&S clients will have broader needs that cannot be met by referral to a single HACC organisation and in these circumstances the A&S worker should consider referring the person to a HAS for a Living at Home Assessment and assistance with care coordination.

An A&S worker is not responsible for assisting with a person's problems that would usually be resolved by a HACC coordinator, team leader, assessment officer or community care worker, or that are usually the responsibility of another program area (for example, ACAS, Community Aged Care Package or disability support package) or welfare worker, social worker or ongoing support worker.

For example, an A&S worker would not usually make telephone calls or work out problems in relation to a person's overdue bills unless this is essential to engaging with the person and necessary so that the person's HACC-related needs can then be addressed.

The A&S worker can assist the person to manage the problem themselves, or link the person with another worker in the organisation who could assist them to resolve the problem. In some situations, where the A&S worker is the only HACC funded position, the A&S worker may provide initial assistance to the person in order to develop trust and build rapport, resolve the most pressing issues and to then address the person's HACC related needs.

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' 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 would not usually undertake reception or intake duties unless those duties relate to people who require HACC access and support. An A&S worker does not provide interpreter services.

Access and Support role in practice – examples

Example 1 – Assertive outreach

An agency's diversity plan identifies an elderly group of community members (elderly CALD women living alone) who are not accessing HACC services. Although the organisation has previously had some contact with these community members, few of them are accessing services.

The A&S worker and their manager agree this group are a high priority. The A&S worker makes contact with various members by attending community events, religious organisations and through word of mouth.

The HACC A&S worker is invited to a morning tea that is held by a religious group for elderly people, and explains about HACC services. The A&S worker then organises the HACC service provider to attend the next morning tea so the people can meet the service provider and ask questions about their services. This results in one person requesting support from the A&S worker to access HACC services.

The A&S worker supports the person through the assessment and care planning process. They talk to the person about what will be involved, attends the meetings with the person to provide support and talks to the person after the meetings to make sure they understand the outcomes and any decisions. The person's care plan has an ASM approach and reflects the person's goals and priorities. The A&S worker remains in contact while the person becomes accustomed to the service. After a few weeks the A&S is satisfied that the person has developed a positive relationship with the generic service provider and is confident in using the services.

The service provision is successful and the person relates this to other community members. Additional referrals to the A&S worker follow.

The A&S worker reports the group sessions in the activity report and the time spent with the individual person is reported in the MDS.

Example 2 – Use of facilitation and coaching techniques

An agency's diversity plan identifies a group of older CALD participants with needs for assistance due to a range of disabilities and language barriers. Although referrals have previously been made to the local council, the CALD elders have not accepted assistance because they prefer their family members to provide the support and are afraid of being placed in residential care. The CALD agency is aware that the family members are unable to provide the necessary support due to their own family and work commitments.

The A&S worker's goal is to assist the older people and their families find out more accurate information about HACC services, and to work through the range of possibilities and barriers.

The group of older people agree to the A&S worker attending their next group meeting. The A&S worker supports the group members by:

- informing them about the range of HACC services
- discussing how they can combine their independence, family contact and HACC services
- role playing an assessment meeting so the people know what sort of questions will be asked by the assessors and what questions they wish to ask the assessors
- writing a 'pretend' care plan for themselves for the future.

As agreed with the group, the A&S worker invites the service provider's coordinator to attend the next group meeting and meet with the members.

The A&S worker briefs the coordinator in advance about the cultural issues and beliefs of the elders. The informal information sharing assists the group to better understand HACC and how they could combine services, family and their independence. Two of the members subsequently use HACC services.

The A&S worker reports the session in the A&S activity report.

Example 3 – Self-referral

Initial contact

A Macedonian lady aged in her 80s has severe arthritis, mobility issues and continence concerns, and is having difficulty managing household tasks and shopping. Her daughter lives some distance away and has limited time to support her mother. The mother is concerned about people she doesn't know coming to the house who cannot speak Macedonian and who don't understand the way she wants things to be done.

The daughter hears about the A&S role through the local multicultural organisation and directly contacts the A&S worker. The A&S worker meets with the mother and daughter and, using an interpreter, provides information about services available. The A&S worker explains about the assessment process used by generic service providers, the type of questions that will be asked during assessment, and answers their questions and discusses their concerns. They agree for the A&S worker to record basic information (using the SCTT *Consumer information* form).

The A&S worker reassures the mother and daughter that she will support them through the process of finding suitable services, that they can cease their involvement at any time, and that the services are designed to help people stay living independently and with dignity. The A&S worker confirms that the person consents to sharing their information (including cultural and diversity information) with a generic service provider.

Initial needs identification

Through the interpreter the A&S worker and mother and daughter discuss options for services that the mother may benefit from and agree to make an appointment with a service provider for a more detailed needs identification and assessment, to further explore the options and possibilities.

With the mother's consent, the A&S worker telephones the local HAS to make the referral, using the mother's phone on speaker mode so the mother and daughter can listen to and join in the conversation, ask questions and feel confident in the arrangements.

Because the A&S organisation has a positive working relationship with the HAS, and has already promoted the role of the A&S and has a protocol in place, the A&S worker briefs the assessment officer about the mother's and daughter's diversity needs and concerns.

The initial needs identification process results in the mother's (and daughter's) agreement to a HAS assessment.

Assessment

Through the interpreter, the A&S worker, the mother, daughter and the HAS agree on an assessment date.

The A&S worker contacts the mother and daughter, through an interpreter, prior to the assessment process to discuss the types of questions they may be asked and to remind them of the assessment appointment. The A&S worker reassures them that the assessment process is collaborative and

person centred so that their needs and preferences will be considered, and that they should take as long as they wish to ask questions or explain their situation and preferences.

The HAS organises an interpreter for the assessment visit. The A&S worker attends the assessment and encourages the mother and daughter to ask questions to express their needs and values and what is important to them from a cultural perspective.

The A&S worker checks with the mother and daughter several times throughout the discussions to ensure they are comfortable with the assessment meeting.

Likewise, the HAS assessment officer checks with the mother and daughter and the A&S worker several times to make sure the conversation is culturally sensitive and respectful and that the mother understands the situation from their perspective. The assessment officer repeats back information and rephrases information to make sure she understands the mother's (and daughter's) goals, what they want to achieve and what is most important (and not so important) to them.

Care planning

The A&S worker participates in developing the care plan. The care plan is developed towards the end of the assessment meeting. The A&S worker receives a copy of the care plan from the assessment officer and discusses it with the mother and daughter. The A&S worker supports the mother and daughter to confirm their agreement with the care plan so they are confident with the outcome.

Service provision

The A&S worker attends the mother's home, with an interpreter, the first time the service is delivered, to meet the community care worker and to support the mother. This support involves helping the mother to provide any feedback to the community care worker, to check that the mother is satisfied with the arrangements, to make sure she knows who to contact if she needs to, and to advise her that she will re-contact her in four weeks' time to make sure the arrangements are satisfactory.

One month later the A&S worker contacts the mother, through an interpreter, to check that the arrangements are proceeding satisfactorily. The mother reports that this is the case and that she is very pleased with the service. The mother says she will contact the A&S worker in future if she needs to but now feels comfortable in directly contacting the service provider. The A&S worker closes the file.

The A&S worker reports the time in the MDS.

Example 4 – Referral from within the organisation

A person may be referred from within the organisation to the A&S worker. For example, through a central intake process or by another program within the organisation.

Initial contact

A young Aboriginal man with a disability is already using the ACCO medical clinic. The man is referred to the A&S worker so he can access HACC services. The A&S worker contacts the young man and meets him to discuss his situation and needs. The man's most immediate needs are to organise his financial affairs and pay some overdue bills. The A&S worker assists him to make an appointment as soon as possible with the financial counselling service. The A&S worker also contacts the utility provider about options to prevent the utility being switched off. The A&S worker, who is a female, talks with the man about his circumstances and what type of HACC services may suit his needs.

During the initial contact process the A&S worker discovers that the man has used some HACC services in the past from a local service provider (for services that are not available through the ACCO), however, has stopped using these. The man agrees with the A&S worker to explore options of engaging services.

Initial needs identification

Following initial contact, the A&S worker meets with the man and a male Aboriginal health worker to better understand the man's needs and talk about what other services may be able to assist him. The A&S worker gains an understanding of the services he has used in the past and that these were not successful due to the service provider's lack of understanding about Aboriginal culture, particularly men's business.

The A&S worker and the man agree to make an appointment with a new and different service provider (for services the ACCO does not provide) for further needs identification and assessment, to explore the options and possibilities in the first instance.

The A&S worker telephones an assessment officer, introduces herself, explains that she is the A&S worker, checks that the person is aware of the A&S role, and explains the situation (that they are working with an Aboriginal man and with Aboriginal health worker support, and are seeking information). The A&S worker passes the telephone to the man so the assessor can introduce himself and the man is able to speak directly to the assessor.

The A&S worker briefs the assessor about the man's needs and concerns and previous issues with service provision. The initial needs identification process results in the man agreeing to meet with a new service provider for information, and possibly an assessment down the track.

Assessment

After a period of time the man decides to follow up with an assessment. The A&S worker meets with the man prior to the assessment process and discusses the types of questions that may be asked. The A&S worker reassures the man that the information will be treated confidentially and that his men's business, needs and preferences will be respected. The A&S worker encourages the man to voice any concerns and be frank about what has not worked in the past, so that the new services are more likely to be satisfactory.

The A&S worker attends the assessment with the man and the Aboriginal health worker and encourages him to ask questions and express his needs and requirements from a cultural perspective. The A&S worker prompts the man several times throughout the conversation to make sure his needs and preferences are spoken about.

Likewise, the assessment officer repeats back and rephrases information to clarify what is most important to the young man and how they can help him achieve it.

Care planning

The A&S worker participates in developing the care plan, which is developed towards the end of the assessment meeting and then finalised. The A&S worker and the man receive a copy of the draft care plan from the assessment officer. The A&S worker meets with the man to discuss the draft care plan and whether it meets his needs and any further concerns. Due to his needs, it is agreed the service will be reviewed in two months. The man is prepared to 'give the plan a go' and see whether he likes the arrangements and the community care workers.

Service provision

With the man's consent, the service provider organisation in collaboration with the A&S worker, spends time briefing the selected (male) community care workers so they are well informed of cultural considerations prior to the first occasion of service delivery. The A&S worker contacts the man prior to commencement of the service to remind him of the service delivery date. Because the man is hesitant about having the service, the A&S worker attends the first visit of the community care worker to support the man to express his needs and show the community care worker how he wants things done.

The generic service provider agrees to inform the man and the A&S worker well in advance if the usual community care worker cannot attend. The first time this happens the A&S worker attends the man's home to support the man with the different community care worker, and encourages him to express his needs and show the new community care worker how he wants things done. The man becomes more confident in expressing his needs and managing the situation if the usual worker is not available.

The A&S worker maintains contact with the man to check that the arrangements are proceeding satisfactorily. The man says he will contact the A&S worker in future if he needs to, or if he wants the A&S worker to attend the service provider review meeting in three months time. The A&S worker closes the file with a note to re-open it for the review meeting in three months.

The A&S worker reports the time in the MDS.

Example 5 – 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, 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, 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 to use 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.

The A&S worker reports the time in the MDS.

Example 6 – Re-opening a person's file

A council made a referral to an A&S worker for a person who has recently ceased using services. The council is concerned that the person has stopped using services due to cultural barriers. The A&S worker meets with the council to discuss the issues. The council uses the Language Services Credit Line to contact the person and refer them to the A&S worker.

The A&S worker meets the person and discusses service provision and the reasons why they have stopped using services. The A&S worker suggests to the person that they involve their carer/family to better inform them about the HACC service system and so they can support the person in future. Based on the discussions the person decides to try the service again, with some service changes. The A&S contacts the service provider to discuss the issues. The service provider agrees with the changes and the service plan is altered to better meet the person's cultural needs, and is then trialled for six weeks. The A&S worker maintains close contact with the person and the service provider during this time to monitor that the arrangements are suitable to the person's needs. After eight weeks the person is confident in the arrangements and the A&S worker closes the file.

Nine months later the person contacts the A&S worker because they are concerned about a pending review meeting. The A&S worker re-opens the file and meets with the person to discuss what a review meeting might involve, and to talk about the new priorities of the person. The A&S worker attends the review meeting to support the person and assists them to understand the new service plan. After two weeks the person is confident in the new arrangements and the A&S worker closes the file.

Example 7 – Secondary consultation

A new refugee population is moving into a local government area in a rural region. The local council is a provider of HACC services. The 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 assessment officers and for care planning. In practice this means that the assessment officer 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 8 – Developing an interagency protocol

A HAS contacts an ACCO seeking to develop a protocol for working together. The ACCO manager and 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 simply share information and 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.

The ACCO and HAS developed a two-page protocol based on the premise that the ACCO is the expert in working with Aboriginal people. The protocol includes the HACC assessment officer 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 meetings; 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

Question 1 Is care coordination part of the A&S role?

No. The role of an A&S worker is to identify people who experience barriers to accessing 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.

Question 2 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 register this person as an A&S client and provide support?

This will depend on the situation. The person must be HACC eligible and the focus should be that they are having difficulty accessing HACC services. 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. If the person is HACC eligible and the A&S worker and the person agree that the person may benefit from HACC services after the most pressing issue is resolved, then the A&S worker can follow through with the initial needs identification process and register the person as a HACC client.

Question 3 Do I record a person as a client if I do not refer them to a generic HACC service but I have spent a lot of time with them (for example, the person may refuse a referral)?

If you have spent less than 15 minutes it is not recorded in the HACC MDS but may be included in the A&S activity report.

If the person is eligible for A&S and you have spent more than 15 minutes, or over several occasions, you should register the person as a HACC client and record the time in the MDS.

Question 4 If people telephone for information only, can I count them on the HACC MDS?

You can include this type of conversation in the MDS if the conversation is with an existing A&S client.

If it relates to secondary consultation about a community or individual it should be included the A&S activity report.

However, if it is information that anyone else in the organisation can provide, it is not counted, as this is covered in the HACC unit cost and should not be recorded in the MDS.

Question 5 Can travel time be counted – especially for people who live a long way from the organisation?

Travel time is not counted in the MDS or included in the activity report (regardless of where the person lives) because it has already been included in the unit cost.

Question 6	Can I refuse to provide a service to someone because they live a long way from my organisation?
	Access to services is based on eligibility for the program and priority of need. People who live a considerable distance from services may have a higher level of disadvantage. A&S services need to consider the A&S catchment area on the basis of those most in need.
Question 7	If a person receiving HACC services from an external provider needs to be referred to an allied health service, is it part of the A&S role to attend the allied health appointment with them?
	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 allied health service response, get to know 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.
Question 8	Are carers clients?
	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.
Question 9	When should a person be recorded as inactive for MDS purposes?
	The A&S role works with a person on a short term or episodic basis (up to eight weeks on average). Some people will require less than eight weeks and other people will require more than eight weeks. If a person has not received support for more than three months they should be recorded as inactive and their file closed.
Question 10	What is the role of the A&S worker after referring a person to a generic service?
	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 care coordinator or key contact.
Question 11	How can I engage with other service providers if they do not respond to my calls?
	It is the responsibility of the A&S worker's employer organisation (manager) to ensure other services understand the A&S role and to develop collaborative processes. If an A&S worker has issues of this nature they should discuss them with their manager, who should contact the relevant manager in the other organisation.
Question 12	Can an A&S worker provide support to more than one target group?
	The A&S worker will provide support to those target groups listed in the agency diversity plan and as agreed with the Department of Health region. 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.

Question 13 If the person's name has been placed on a waiting list by the generic service, does the A&S worker maintain contact with them in the interim?

It is not the role of the A&S worker to support the person on a waiting list. However, the A&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.

Question 14 How much flexibility does the A&S worker have to support a registered A&S client until they receive another HACC service – for example, if they are waiting for several months to attend a planned activity group? If the person is on the waiting list for longer than eight weeks, should the A&S worker close the file?

The A&S worker should use their judgement and balance the needs of supporting the person for more than eight weeks with the needs of other people who may require support from the A&S worker. An A&S worker can maintain some contact with a person while they are on a waiting list to receive services so that the person does not lose confidence in accessing services.

Question 15 If a generic organisation has a client and wants A&S assistance, what should the A&S worker do?

The A&S worker can discuss the situation and the diversity considerations. If the person is eligible for A&S, the A&S worker can telephone the person to discuss the A&S role and/or meet with the person and the organisation.

Question 16 What is the A&S worker's role if a person telephones to request assistance in dealing with issues with a service provider?

The A&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&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&S worker should discuss the issues with their line manager. The manager can then follow up with the service provider.

Question 17 Can providing information sessions to community groups be included in the MDS reporting hours?

This information is reported in the A&S activity report. Only A&S client related hours are recorded in the MDS.

Question 18 Is it the A&S worker's role to attend network meetings such as those for HACC managers, ACAS, meetings between health program managers and so forth?

These meetings would generally be attended by the A&S worker's manager, not the A&S worker. There may be occasions when the A&S worker attends with the manager.

Question 19 Is there standardised documentation for an A&S worker to use?

A&S workers are required to use the relevant Service coordination tool templates (SCTT).

If you have additional questions, please contact your Department of Health PASA.

Access and Support reporting

A&S reporting components are:

- MDS reporting
- the activity report
- the implementation report.

1. Minimum data set

The MDS reporting captures an A&S worker's time spent working with, or on behalf of, individual people and their carers. MDS data is due by the 15th of the month after each quarter (January, April, July and October).

For assistance with reporting on the MDS component of A&S, please contact the HACC MDS Helpdesk on 9096 7255 or email <haccmds@health.vic.gov.au>.

2. Activity report

The activity report is designed for A&S workers to capture those aspects of their role that are associated with working with communities and other service providers – that is, not related to registered A&S clients. This includes promotion of A&S to the community, outreach, service system networking, and information to other service providers on HACC access issues relating to specific communities. The activity report will also identify the key themes on access barriers for HACC clients with diverse needs.

Activity reports are due quarterly, aligned to MDS reporting timelines, until further notice and should be forwarded to your regional PASA.

3. Implementation report

This report intends to capture progress with the implementation of the A&S activity from the auspice organisation's management perspective. It includes partnerships with other organisations in the HACC service system, A&S staff training/professional development needs and orientation to the service system.

Implementation reports are due annually in May.

Contact your regional PASA for assistance with the activity report and the implementation report.

Links

The following documents are information resources for A&S workers.

ACAS and HAS guidelines	http://www.health.vic.gov.au/agedcare/services/assess.htm
Active Service Model	http://www.health.vic.gov.au/hacc/projects/asm_project.htm
Assessment	State of Victoria, Department of Health, <i>Strengthening assessment and care planning: a guide for HACC assessment services in Victoria</i> , 2010 http://www.health.vic.gov.au/hacc/downloads/pdf/assess_guide.pdf
Assessment for Aboriginal people	State of Victoria, Department of Health, <i>Strengthening aged care assessments for Aboriginal consumers: a guide for Aged Care Assessment Services in Victoria</i> , 2011 http://www.health.vic.gov.au/agedcare/downloads/pdf/strengthening_acas.pdf
Community care common standards	http://www.health.vic.gov.au/hacc/quality_frmwrk/common_standards.htm
Dementia	http://www.health.vic.gov.au/agedcare/services/dementia.htm
Disability	http://www.dhs.vic.gov.au/for-individuals/disability
Diversity	State of Victoria, Department of Health, <i>Strengthening diversity planning and practice: a guide for Victorian Home and Community Care services</i> , 2011 http://www.health.vic.gov.au/hacc/downloads/diversity/diversity_guide.pdf
GLBTI	Gay and Lesbian Health Victoria www.glhv.org.au/glbti-inclusive-practice
GLBTI	Val's Café website www.valscafe.org.au
HACC HAS Induction Resource	Induction Resource for HACC Assessment Services, Municipal Association of Victoria 2010. See http://www.mav.asn.au/policy-services/social-community/ageing/home-community-care/Pages/default.aspx
HACC program manual	http://www.health.vic.gov.au/hacc/prog_manual/index.htm
Housing	http://www.health.vic.gov.au/agedcare/services/lowcost/connection.htm
Service coordination	State of Victoria, Department of Health, Victorian service coordination practice manual, 2012 http://www.health.vic.gov.au/pcps/downloads/sc_pracmanual2.pdf
Service coordination tool templates (SCTT)	http://www.health.vic.gov.au/pcps/sctt.htm

Part 4

Learning activities

Overview

This section is a resource for A&S managers and workers. It contains practical learning activities and checklists to assist in the implementation and continual improvement of the A&S activity.

Organisations funded for the HACCC A&S activity have a range of responsibilities to ensure the role can be successfully implemented.

Included are the responsibilities to provide:

- the organisational systems and processes to support the A&S worker in implementing their role
- management and supervision of the A&S worker, including opportunities for learning, skills development and peer support.

HACC A&S workers require the support of their organisation to fulfil their role. The success of the A&S position rests on the organisation's systems and processes in conjunction with the skills and knowledge of the A&S worker.

Learning is a lifelong process.

A&S workers and their managers should develop a plan to extend the worker's knowledge and skills to assist them to fulfil their potential.

Please use whichever tools are helpful for your organisation.

Outcomes

The A&S organisation and the A&S role have been successful when:

- HACCC eligible people who experience barriers to accessing 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
- after receiving A&S support on a short term or episodic basis (on average eight weeks) the person feels able to access HACCC services and understand the service system
- the person has been supported through the key stages of the care pathway, with the generic service provider as the lead organisation (intake, initial needs identification, assessment and care planning), 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 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.

Positive outcomes as a result of the A&S service	<input checked="" type="checkbox"/>
The person and their carer are well informed about HACCC services.	<input type="checkbox"/>
The person and their carer have a good relationship with the service provider.	<input type="checkbox"/>
The generic organisation contacts the A&S worker to provide feedback on service provision. The person experiences a seamless service system due to a good working relationship between the A&S worker and the generic service worker.	<input type="checkbox"/>
The person receives services to support their independence, using an ASM approach.	<input type="checkbox"/>
The person's experiences results in other people (with diverse needs) seeking access.	<input type="checkbox"/>
Generic service providers have greater awareness of how to provide services to the diverse community.	<input type="checkbox"/>
Generic service providers identify people experiencing barriers as a result of diversity and refer them to the A&S for support.	<input type="checkbox"/>

Organisation checklist

Step	Description	Commenced	Partial	Completed
1. Establishing the A&S role and infrastructure	Establish funding and targets with the region.			
	Refer to the agency diversity plan and the regional diversity plan. Negotiate with the region on the focus, scope and catchment of the A&S role.			
	Collate relevant data and information for the A&S worker to access – for example, a list of local service providers, list of CALD or other relevant groups (such as the GLBTI Val's Café) practice networks and so forth (see links at end of Part 3).			
	Ensure all relevant policies and procedures are available for the A&S worker to access and are embedded in the work practices of the organisation – for example, the Victorian HACC program manual, <i>Victorian service coordination practice manual</i> and <i>Good practice guide</i> , ASM information and so forth (see links at end of Part 3).			
	Confirm management and supervision arrangements. Identify relevant peer support for the A&S worker.			
	Ensure A&S worker access to a vehicle, desk, telephone, computer and so forth.			
2. Service system	Develop partnerships with other organisations if not already in place.			
	Identify generic organisations and key network meetings relevant to implementation of the A&S role. Allocate attendance by manager and/or A&S worker to ensure effective working relationships.			
	Ensure processes for reporting access issues and community trends to the department, networks and relevant service provider meetings.			
3. Recruitment and commencement	Ensure the A&S worker has the necessary qualifications and experience to perform the role.			
	Provide orientation and induction regarding the organisation and the service system.			
	Arrange for meetings with key stakeholders, such as the ASM industry consultant, and PCP service coordination contact.			

Step	Description	Commenced	Partial	Completed
4. Managing the A&S role	Ensure the A&S line manager undertakes the requirements of their role regarding managing the A&S service. This includes performance reviews, skills development and ongoing supervision. Conduct regular supervision meetings with the A&S worker (more frequent during service establishment).			
	Organise A&S worker skills development and learning opportunities.			
	Conduct regular performance reviews and the opportunity for debriefing.			
5. Monitoring A&S outcomes	Regarding activity reporting, the manager is to inform regional staff about diversity related issues.			
	Analyse MDS data for the A&S role (accessed through the department's Funded Agency Channel) and its impact as per the agency diversity plan.			

Sample Access and Support work plan

Goal/activity	Timeline	✓ <input type="checkbox"/>
Agree with the manager and region on the A&S target group and catchment area.		<input type="checkbox"/>
Read the agency diversity plan.		<input type="checkbox"/>
Contact the regional PASA for information.		<input type="checkbox"/>
Visit the HACCC website at < http://www.health.vic.gov.au/hacc/hacc_victoria/ > and read relevant policies and guidelines such as the: <ul style="list-style-type: none"> • HACCC program manual (relevant sections) • Service coordination practice manual • Active Service Model • Community care common standards. 		<input type="checkbox"/>
Inform reception and intake staff about the A&S role and eligibility for A&S support.		<input type="checkbox"/>
Develop an A&S brochure with the organisation's logo. Include the statement 'the HACCC program is jointly funded by the Commonwealth and Victorian governments'. Use the A&S text that has been developed specifically for consumer brochures when developing the A&S brochure for your organisation.		<input type="checkbox"/>
Inform other HACCC funded staff in the organisation about the A&S role.		<input type="checkbox"/>
Organise informal meetings with other service providers for orientation and to swap contact details.		<input type="checkbox"/>
Attend one or more local HAS assessments and care planning or review meetings (with the person's consent).		<input type="checkbox"/>
Schedule regular meeting and supervision times with the manager to debrief and discuss workload and skills development.		<input type="checkbox"/>
Attend peer network meetings. Organise to 'buddy' with another A&S worker.		<input type="checkbox"/>
Visit groups, centres or locations where people who may require A&S may be identified (assertive outreach).		<input type="checkbox"/>

Supervision of the Access and Support role

Each A&S worker should regularly reflect on their knowledge, strategies and practices.

This should be supported through:

- appropriate supervision by their manager
- input and discussions with the PASA
- opportunities for peer observation and feedback.

An A&S worker might ask themselves:

- Are my practices consistent with those outlined in this practice guide?
- In my work with individuals am I clear about what I am seeking to achieve and why? Am I clear about what the person is seeking?
- Do I have regular supervision where I talk about my practice and receive feedback?
- Do I have the opportunity for a peer A&S worker to observe my work and discuss it with me?
- Do I and my manager monitor my workload and ensure I am working within the scope and capacity of my role?
- What knowledge of skills could further enhance my work practice?

The A&S line manager or supervisor should arrange regular meetings with the A&S worker to:

- develop a work plan with the A&S worker and regional PASA (include A&S induction and orientation to the service system – councils, ASM industry consultant, health services, community health services, Alzheimer's Australia Vic, nursing services, Aged Care Assessment Services)
- provide support and guidance, including de-briefing
- identify training and skills development requirements, and actions to address these
- provide the A&S worker with relevant information that will assist in their role
- ensure the A&S worker is familiar with relevant policies, procedures and organisational structures within which they work
- address any issues of concern for the A&S worker
- review the efficiency and effectiveness of the A&S role.

Practice checklist

This list can be used between the A&S 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 A&S worker's practice in the following areas?	Rating				
	1	2	3	4	5
Informed the person and their carer about the A&S role including that the aim is for the A&S worker to provide support until the person has been linked to services.					
Provided information such as leaflets and brochures about the range of HACC and other services.					
Made telephone calls with the person (ASM approach) to find out information.					
Built on the person's existing knowledge, skills and resources – for example, to fill in forms in their own language at their own pace.					
Have given the person adequate notice of home visits, appointments and so forth.					
Helped the person to prepare for an assessment, for example by explaining what will occur, asking the person to think about their needs and goals, and what questions they would like to ask.					
Talked to the generic organisation about cultural sensitivities, such as communication styles, health literacy, traditions and beliefs, and assisted them use a diversity lens to problem-solve any service delivery challenges.					
Collaborated with other services to promote better practice in HACC service delivery responses for diverse communities and individuals – for example, by: <ul style="list-style-type: none"> • broadly explaining the expectations and demands of the communities on the A&S worker • providing brochures, utilising media such as Aboriginal and CALD radio • briefing generic organisations (such as at network meetings or individually) about cultural needs and requirements for specific groups, communication techniques and so forth. 					
Provided secondary consultation. Secondary consultation is where a generic service provider or worker contacts the A&S organisation or worker to seek information and advice about working with a particular person or group. For example, the service provider may request information on how to provide culturally appropriate services to an Aboriginal or CALD community.					
Discussed with the manager what approaches have been successful and why, what has been less successful and what can be learned from the experience.					

Reflection on an Access and Support worker's skills and knowledge

Skill/ knowledge	Rationale and practice	Action arising
Connecting and active listening skills	<p>The A&S worker needs to take time to understand the person and their carer's situation and build a trusting relationship. This will underpin the A&S worker's success in building the person's confidence and supporting them to contact and access services.</p> <p>Ask yourself whether the person appears to be uncomfortable receiving services. If so, try to identify why. Is it because they distrust the service? Do they feel nervous? Are they concerned about their privacy? Decide on what actions you need to take to try to reassure the person. For example, do you need to bring in another worker such as a CALD worker from a specific cultural group?</p>	Develop a close working relationship with the service provider. Ensure adequate time is spent with the person.
An understanding of person centred approaches	<p>The A&S worker is required to have an understanding of the ASM approach and incorporate it into their work. This means supporting a person – doing with, not for, by encouraging and coaching the person to build their confidence in seeking support services, rather than undertaking tasks on their behalf.</p> <p>This can include to provide the person with as much information about the service and what they can expect from service delivery, such as in relation to setting goals, typical response times and exit planning.</p>	Talk to the ASM industry consultant.
Facilitating, coaching and motivating skills	<p>The use of motivational interviewing techniques by A&S workers can assist the person to identify what is important to them and overcome barriers. For further information about motivational interviewing techniques refer to Strengthening assessment and care planning: a guide for HACC assessment services in Victoria, 2010, p. 42 at <http://www.health.vic.gov.au/hacc/downloads/pdf/assess_guide.pdf>.</p>	
Service coordination	<p>The A&S worker is required to have a comprehensive understanding of the service coordination framework. This includes the processes used by generic agencies during intake, needs identification, assessment and care planning. It includes the Service coordination tool templates (SCTT), which are used by the A&S worker to make referrals, share information and 'hand over' a person to a generic organisation.</p>	
Assertive outreach	<p>Proactively find, engage and link people with diverse needs into services, or work with groups to provide information about HACC services.</p>	
Knowledge of service systems	<p>The A&S worker requires a broad knowledge of service systems and familiarity with the HACC policies and procedures of their own organisation as well as other organisations. The A&S worker should be able to seek information, for example, about timelines involved in the delivery of services, or transition or discharge policies.</p>	

Skill/ knowledge	Rationale and practice	Action arising
Working with carers and families	Working with people to overcome their barriers to accessing services is the core element of the A&S role. This means that the A&S worker needs to be able to work with carers and families that have concerns about the service system, in a friendly and reassuring manner. The A&S worker will encourage and support the person, carer or family members to ask questions about the service and the service provider. The A&S worker will ensure the person's carer and family members understand the main processes and procedures involved. The A&S worker will report any complaints or concerns regarding the service provision process to their supervisor.	
Understanding the purpose of HACC services	The A&S worker should have a sound understanding of the HACC program, the services it funds, the target groups (frail older people, people with disabilities and their carers) and the HACC special needs groups.	
Exit planning	The A&S role provides short term or episodic support (eight weeks on average) to a person.	

Vocational skills development options

The register of all nationally recognised vocational education and training courses in Australia is at <www.training.gov.au>.

Courses that are relevant for the A&S role are classified under the CHC08 – Community Services Training Package. These are listed in the Table 1.

Table 1: Relevant qualifications for the Access and Support role

Level	HACC	Aged Care	Community services	Disability
Certificate III courses	Certificate III in Home and Community Care	Certificate III in Aged Care	Certificate III in Community Services Work	Certificate III in Disability
Certificate IV courses	Certificate IV in Home and Community Care	Certificate IV in Aged Care	Certificate IV in Community Services Work	Certificate IV in Disability
Diploma level			Diploma in Community Services Coordination	Diploma of Disability
			Diploma in Community Services Work	Advanced Diploma of Disability
			Advanced Diploma of Community Sector Management	

At all levels the courses have a number of units that are core (units that must be taken), with remaining units selected from the list of elective units provided in each course outline.

Each course will specify the number of core units and the number of elective units needed.

Table 2 provides some examples of relevant elective units at each qualification level. To find out more about the courses and units see <<http://training.gov.au/Training/Details/CHC08>>.

Table 2: Relevant elective units for the Access and Support role

Examples of relevant elective units at Certificate III level	Examples of relevant elective units at Certificate IV level
CHCCD413E Work within specific communities	CHCINF407D Meet information needs of the community
HLHIR403C Work effectively with culturally diverse clients and co-workers	CHCCOM403A Use targeted communication skills to build relationships
CHCLLN403A Identify clients with language, literacy and numeracy needs and respond effectively	CHCICS406B Support client self-management
CHCAD401D Advocate for clients	CHCICS407B Support positive lifestyle
CHCDIS302A Maintain an environment to empower people with disabilities	CHCNET404B Facilitate links with other services
HLHIR404D Work effectively with Aboriginal and/or Torres Strait Islander people	CHCICS407B Support positive lifestyle
CHCNET301D Participate in networks	CHCADMIN403D Undertake administrative work
CHCAC318B Work effectively with older people	CHCNET301D Participate in networks
CHCCW301C Operate under a casework framework	CHCCH427B Work effectively with people experiencing or at risk of homelessness

In addition to vocational training, there are various other options for professional development.

For example:

- Alzheimer's Australia Vic (see <<http://www.fightdementia.org.au/victoria/for-health-professionals-1.aspx>>)
- Centre for Culture, Ethnicity and Health (see <www.ceh.org.au/training>)
- Gay and Lesbian Health Victoria (see <<http://glhv.org.au/training>>).

Contact the region for details of other training programs or professional development programs available.

Appendix

Access and Support position description

Home and Community Care program

The Home and Community Care (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 of these care recipients. HACC services provide basic support and maintenance to people living at home to help avoid premature or inappropriate admission to long-term residential care.

Position focus

The HACC Access and Support (A&S) Worker will support HACC eligible people with complex needs due to diversity to access HACC services, and other services if required.

[Note: This is a generic job description that may be adapted by the funded organisation to meet the needs of a specific diverse community. Any adaptations will need to be evidence-informed and approved by the relevant Department of Health regional office.]

Position details

Title:	HACC Access and Support Worker
Classification:	[insert]
Position number:	[insert]
Employment type:	[insert]
Reports to:	HACC Manager
Location:	[insert]
Further information:	[insert]

The position will be located at a HACC funded organisation with sufficient infrastructure and demonstrated strong links with a targeted diverse population group – examples include: Aboriginal Community Controlled Organisations, multicultural or ethno-specific agencies, homelessness services or other agencies such as community health services, health services and local councils where there is a demonstrated need for such a position. The role focus will be informed by evidence of need contained within the regional HACC diversity plan, and achievement of stated objectives.

Diversity environment

The HACC target population is defined as people of any age living in the community with a moderate, severe or profound disability who, in the absence of basic support services, would be at risk of premature or inappropriate admission to long-term residential care or hospital admission.

The HACC program has a focus on five special needs groups:

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

It is widely accepted that people in the HACC target group have diverse backgrounds and needs. To respond to this diversity and improve accessibility and responsiveness of HACC services to groups and individuals who are marginalised or disadvantaged, the Department of Health and HACC funded agencies are undertaking diversity planning.

Diversity planning is a strategic population planning initiative that supports and encourages a holistic, person centred approach to HACC service delivery. Planning to ensure that diversity is understood, respected and reflected in appropriate service delivery models is central to quality service planning and delivery.

Diversity recognises the different characteristics of groups and individuals, including but not limited to diversity of age, gender identity, sexual orientation, faith and spirituality and socioeconomic disadvantage.

Diversity planning includes a focus on the five HACC special needs groups.

The A&S role aims to achieve improved access to services for people by providing episodic support at key stages of the care pathway as the client navigates the service system. The position will be the bridge between the client and the service provider and provide case work support to individuals who lack the knowledge or confidence to access HACC and other services, or are concerned that the service response will not meet their diverse needs. The position will work within a person centred-care and self-advocacy model to build the person's confidence and knowledge in accessing the service system. To receive support from an A&S worker the person must be in the HACC target group.

The role will liaise with diverse communities to provide information about HACC services and the broader service system and provide feedback to their manager about diversity and access issues.

The role will develop effective links and establish trust with the specific communities and individuals, including Aboriginal, CALD, gay, lesbian, bisexual, transgender and intersex (GLBTI) and other diverse communities and individuals. In situations where people are not comfortable in accessing services directly, the A&S worker may be the first point of contact for assisting the person to access HACC and other services, including support during initial needs identification, assessment and care planning. The position will support and empower the individual to access holistic assessment through HACC Assessment Services.

The success of the position will be defined by clients' ability and confidence to independently engage with HACC services, on an ongoing basis, following the A&S worker's initial support.

Clients' ability to independently engage with the service system may be challenged by age, language barriers, complexity and other diversity characteristics. The A&S role is designed to assist to overcome these barriers to the extent possible and within the scope of the position.

The measurable outcomes will be access to a range of HACC services as evidenced by the HACC minimum data set (MDS) data and narrative reporting.

Funded organisation environment

The position will be located within a HACC funded organisation with the management and infrastructure capacity to enable required tasks to be completed as per the designation criteria.

Position purpose

The purpose of the position is to support HACC eligible people access HACC and other services as required. This will involve assisting people to access appropriate needs identification, assessment and care planning based on the person's expressed goals, wishes and needs.

The position will target HACC eligible people who are not able to access HACC services, or require additional support because of their diversity. The position will be required to:

- provide short term, episodic support to HACC eligible people needing to engage with HACC and other services at key stages of the care pathway, as reflected by the key elements of the service coordination framework (initial contact, initial needs identification, assessment and care planning)
- use an active service model/strengths based/capacity building approach to needs identification, assessment, care planning and service provision that recognises and builds on the person's existing skills and resources
- provide information about the range of HACC and other services to targeted diverse communities and individuals within them
- use strategies to empower HACC eligible people, and their carers, and build their confidence in relation to access and use of services
- work collaboratively with HACC funded services to facilitate improved client access and support
- promote better practice in HACC service delivery responses to meet the needs of diverse communities and the individuals within them.

Priority clients

The position is designed to focus at the individual level to achieve improved access and outcomes.

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 care needs but no barriers to access because of their diversity, it is not the role of an A&S worker to assist them (see Figure 1). In the CALD sector the A&S worker should not undertake the role of an interpreter.

Figure 1: Priority clients

High care needs. No access issues due to diversity. Not eligible for A&S.	High care needs. Has access issues due to diversity. Eligible for A&S.
Low care needs. No access issues due to diversity. Not eligible for A&S.	Low care needs. Has access issues due to diversity. Eligible for A&S.

Key role components

The position has three main components as shown below.

Role component	Indicative time range
Client and community engagement, information provision and service system networking	20%
Service provision – access and support through the care pathway and collaboration with mainstream agencies	70%
Diversity quality improvement and monitoring	10%

Reporting and accountability

Agencies are required to report to the Department of Health as specified in the *HACC program national minimum data set Victorian modification user guide* version 2.0 (June 2006) and also by submitting implementation and activity reports (templates are available from the regional PASA).

Agencies will be expected to actively participate in any future external review of the positions conducted by the department.

Key selection criteria

Knowledge and skills

Diversity: A broad understanding of diversity issues as they relate to individuals and their engagement with community care services.

Direct service provision: Experience in the HACC sector, preferably in a case worker role (assessment, advocacy, care coordination/case management) or other relevant direct service provision role within a service coordination context.

Person centred: Familiarity with the HACC Active Service Model, person centred strength based approaches and client self-empowerment strategies. Familiarity with HACC Assessment and Services and Living at Home Assessment principles and practice.

Familiarity with the service coordination framework. This includes the key elements of initial contact, initial needs identification, assessment, care planning and the *Service coordination tool templates* and standards.

Interpersonal skills: Demonstrated ability to work sensitively and diplomatically with a diverse range of individuals and service providers; ability to advocate on behalf of clients and empower people to self-advocate.

Communication: Highly developed verbal communication skills; demonstrated ability to write in a way that is clear, appropriate and readily understood by the target audience; ability to produce community information.

Demonstrated computer skills: Experience in use of electronic referral/care planning systems and electronic service directories; and to collect and enter HACC MDS data.

Specialist expertise

Client case work: Experience in working with clients in a case worker and/or relevant direct service provision role as stated in the knowledge and skills section above.

Diversity: Specialist knowledge in relation to one or more diverse groups, for example, CALD, Aboriginal, homeless, dementia or GLBTI.

HACC program: Knowledge of the HACC service system and service providers.

Desirable qualifications

A relevant post-secondary qualification and experience relating to an area of health and/or community services practice – for example, Certificate IV in HACC/Aged Care, Disability Studies, Aged Care, Welfare Studies, Case Management or Social Work.

