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Café Style Support Services

Practice guidelines for Home and
Community Care services in Victoria

2013

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Introduction

What is café style support?

Café style support is a model of service delivery that offers social support to a person and their carer at the same time, in the same place, in a community-based setting and positive social environment such as a café or similar community venue.

Café style support is designed to provide social support to enhance emotional wellbeing, support the care relationship and minimise social isolation. It provides an opportunity for: social connection; mutual peer support and encouragement; shared activities; and access to information and community resources.

Café style support assists the carer and care recipient to develop social connections with people in similar circumstances and to develop the confidence to independently engage with the service system. A carer may be a spouse, or partner, family member or friend.

The broad goals of café style support are to:

- provide support to people in care relationships through a positive social experience and opportunity
- assist participants to develop social connections with people in similar circumstances
- provide health and service information on issues of interest to participants, through links and partnerships with other service providers
- develop participants' confidence to independently engage with the formal service system.

Purpose

The purpose of these guidelines is to describe the café style support service delivery model including its components and practice. They are intended to:

- help ensure consistency between service providers in their planning and provision for café style support
- allow for variation between services and settings to reflect the local context and needs
- provide a framework for practice within which each organisation can develop its own specific procedures
- be informative for those organisations considering providing a similar approach in future to café style support.

The HACC program

The Home and Community Care (HACC) program provides basic maintenance and support services that are cost-effective and meet the needs of HACC-eligible people so they can remain in the community. Services are targeted to frail older people, younger people with moderate, severe or profound disabilities, and their unpaid carers. The HACC program aims to:

- provide a coordinated and integrated range of basic maintenance and support services for frail older people, younger people with disabilities and their carers

- support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing inappropriate admission to long-term residential care
- provide flexible, timely and responsive services.

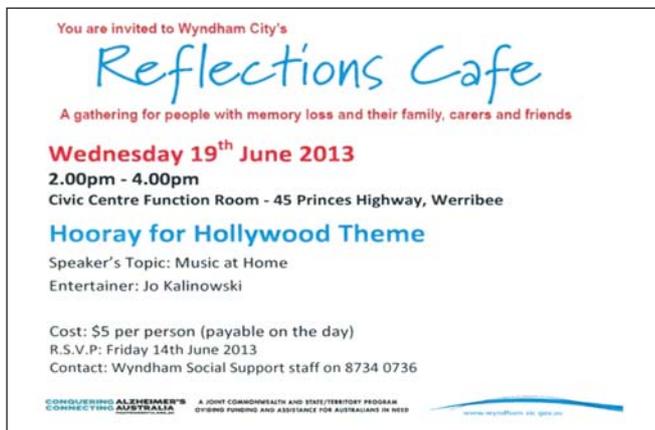
HACC services may be developed specifically for people with dementia because this group is listed as a special needs group. Apart from dementia, HACC is not permitted to develop programs solely for people with specific health conditions.

Café style support may encompass people from a particular demographic group, such as HACC-eligible people from a culturally and linguistically diverse (CALD) background.

The HACC program manual should be referred to in conjunction with these practice guidelines, www.health.vic.gov.au/hacc/prog_manual

Café example

Wyndham City Council has developed a Reflections Café that attracts approximately 40 participants each month. It commences with 10 minutes of information sharing and has theme-based activities, with a different theme each month, such as racing, seasonal events and Christmas. Activities include singing, dancing, sharing stories and party games. Participant feedback indicates it is something ‘special’ for people who feel they don’t have very much else that is special in their lives.



1. Eligibility, aims and objectives

This section of the guidelines describes the eligibility, aims, objectives and principles of café style support services.

Eligibility

Participants in café style support services must be eligible for HACC services. The HACC target group is frail older people, younger people with moderate, severe or profound disabilities, and their unpaid carers. For more information about the HACC target group and eligibility, please refer to the HACC program manual.

Café style support services are designed to support carers and care recipients together. The carer may be a family member, friend or other informal carer who has an ongoing and significant role in the care relationship. The roles, goals and aspirations of carers are equally important as those of care recipients.

Priority

In addition to being part of the HACC target group and therefore eligible for HACC services, people may need to be prioritised for access to café style support. Priority is based on the needs of both the care recipient and the carer in the context of their usual living environment and available supports, in comparison with other eligible people. Priority to access a service is based on needs identification and assessment. This will inform the decision regarding what type of services or support will meet the participant's needs and goals.

Priority for access to café style support includes considerations such as the carer and care recipient's:

- role and extent to which the care relationship will benefit from the support offered through the café
- risk of social isolation and their opportunity to benefit from social connection
- potential benefit as a result of peer support and mutual understanding with other participants
- current knowledge of the service system and benefit of access to information and community resources
- level of interest in participating
- geographic location
- other considerations as agreed by the café management group.

The target group and any specific focus for the café, or consideration in relation to participants' support needs, will be negotiated with the Department of Health.

As HACC personal care assistance is not provided as part of café style support, the carer and/or care recipient should be able to independently manage their personal care needs and their participation in the program. It is expected that the carer will support the care recipient in attending the café. Decisions regarding priority of access rest with the HACC-funded organisation.

While café style support is primarily available to a carer and care recipient, there may be a small number of occasions when a person may wish to attend on their own. For example, a carer following the death of their partner, or a care recipient when a carer is not available for that occasion. Participation of the person may be determined at the discretion of the service provider.

Aims, objectives and outcomes

Positive social and peer relationships can contribute to emotional wellbeing and enhance quality of life, which in turn can help to prevent inappropriate admission to long-term residential care.

The overall aim of café style support is to provide social support to enhance emotional wellbeing, support the care relationship and minimise social isolation. Cafés provide a holistic approach to supporting participants' physical, mental and emotional health and wellbeing.

This is achieved through providing a positive, enjoyable and informative social experience that includes peer support and encouragement, shared activities, access to information and connection to community resources as relevant.

Carers and care recipients participate together in an activity that they enjoy and that facilitates peer interaction and social connection with other people with shared interests.

Each café is held in a non-segregated, stigma-free community setting such as a café or other suitable community venue. Service provider staff seek to promote positive interactions and communication with participants.

The objectives of café style support services are to:

- provide a forum for social connection for people in similar circumstances
- facilitate the development of mutual peer support
- strengthen and support the care relationship
- provide information to increase understanding about a range of topics and/or health conditions, and the associated support services and resources that may be available throughout the care pathway
- actively develop trust, social connection and peer support between participants to increase their knowledge and confidence to independently engage with each other and the service system.

Key outcomes

- Supports the care relationship
- Develops resilience and capacity
- Promotes peer connection and friendships between participants
- Introduces participants to, and extends their knowledge of, the service system and local service providers
- Contributes towards the overall health and wellbeing of participants

Café style support and the active service model

HACC-funded organisations are required to implement the active service model (ASM). The ASM is a quality improvement initiative to promote capacity building and restorative care in relation to activities of daily living, social and psychological wellbeing.

The goal of the ASM is for people in the HACC target group to live in the community as independently, actively and autonomously for as long as possible. Autonomy refers to making decisions about one's life. This includes understanding their goals, their decisions about the type of services they receive and their desired outcomes.

Café style support uses an ASM approach by proactively supporting people in their care relationship and extending their knowledge and confidence to connect to each other and, if appropriate, to access the service system. The support acknowledges and respects participants' experience of the care relationship and their position along the care continuum or pathway.

Café style support is focused on doing things with (not for) participants to build their social skills, independence and wellbeing. To do so, a combination of tangible strategies (strategies to engage in conversation and provide information and activities that are fun and enjoyable) and intangible strategies (peer support, problem solving, encouragement and sharing experiences) are used.

Principles

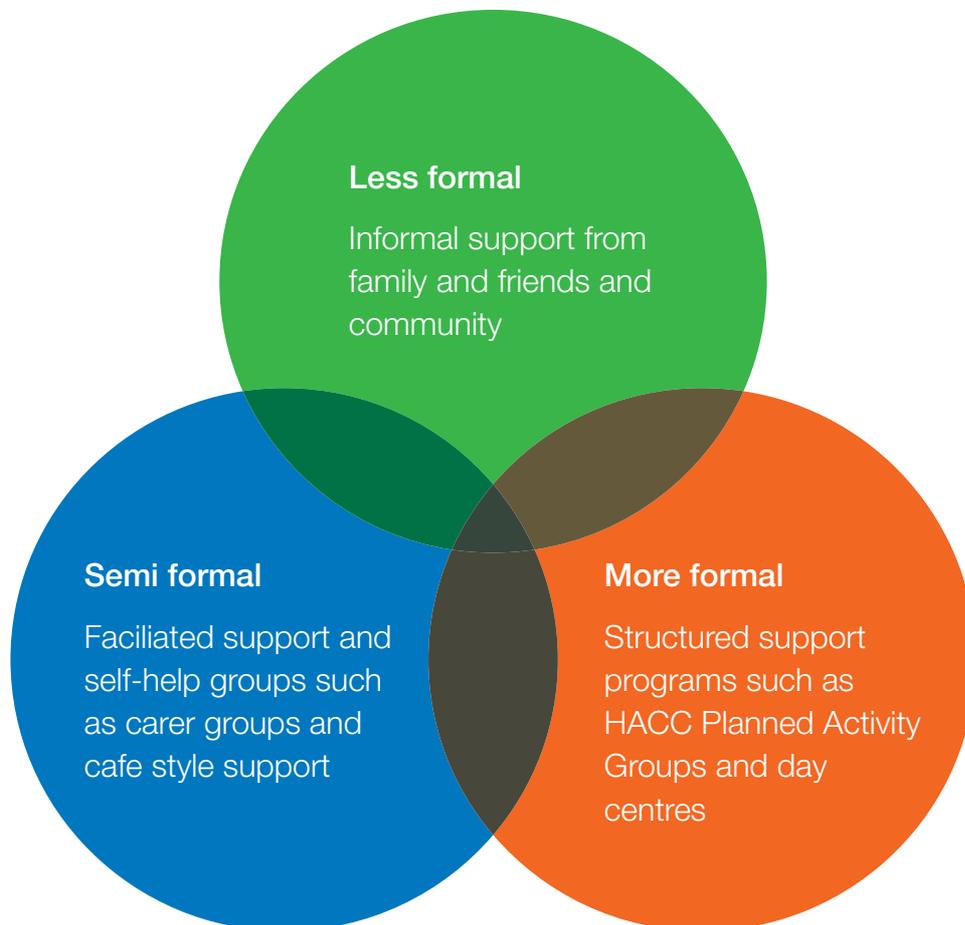
Café style support services should be planned, designed and delivered to reflect the following principles:

- respect for the carer and care recipient and their diversity, care relationship, values, life experience and skills
- a focus on facilitation and empowerment to support people to be as autonomous, self-sufficient and independent as possible
- person- and family-centred care with the carer and care recipient at the centre of decision making, while recognising that a person's decisions and need for support may change over time with the progression of a condition or illness
- use of peer support, capacity building, empowerment and understanding to enhance emotional wellbeing
- a collaborative, partnership approach between service providers.

Café style support provides one option for social support.

Café style support can build on the informal support available through family, friends and interest-based clubs. Café style support provides facilitated, semi-structured support similar to other peer support group models (Figure 1). It is less formalised than the type of support available through HACC planned activity groups (PAGs) or other more structured options.

Figure 1: Social support options



2. Service delivery model and activities

Management

Café style support is a semi-formal service delivery model. A proactive and collaborative approach by partner organisations will contribute to the successful development, implementation and evaluation of the café style support service.

Café style support as a service model can benefit from collaboration with partner organisations. Each organisation funded for café style support may want to convene a partnership, steering or management group with representation from the funded organisation and partner organisations to support and provide ongoing feedback to key partners.

The purpose of a partnership group is to support collaborative practice and to:

- encourage the involvement of key stakeholders and partner organisations
- inform the implementation of the café style support service
- support a sustainable approach including the design of the model (for example, in relation to size, frequency and duration)
- reflect on the outcomes and opportunities for continual improvement, for example, using a 'plan, do, study, act' approach.

The frequency of partnership or steering group meetings should be influenced by the available human and financial resources and the scale of the café style support service. For example:

- A partnership group for a single café may meet once prior to the café starting to inform the design, again at the midpoint to discuss progress, and at the end for evaluation purposes.
- A partnership group covering several cafés may meet more frequently.

Representation on the partnership or steering group will be influenced by the local service system and capacity for collaboration and involvement. Group members might include:

- the funded service provider – management level and support staff
- Department of Health region – HACC program and services advisor, ageing and aged care contact
- the local PAG coordinator
- service provider partners who could provide topic or context expertise (for example, about dementia, CALD considerations or the care relationship)
- service provider partners from the broader service system and care pathways (such as the Aged Care Assessment Service (ACAS), allied health providers or carer support providers)
- other local community service organisations.

Design elements

The Victorian Department of Health funded Alzheimer's Australia Vic for Memory Lane Cafés for people with dementia and their carers in 2000. Following an independent evaluation of these cafés and broadening of the original pilot, funding was made available for café style support. While the early cafés focused on people living with dementia, the approach is equally relevant to other groups where the aim is to facilitate social connectedness, support the care relationship and enhance health and wellbeing.

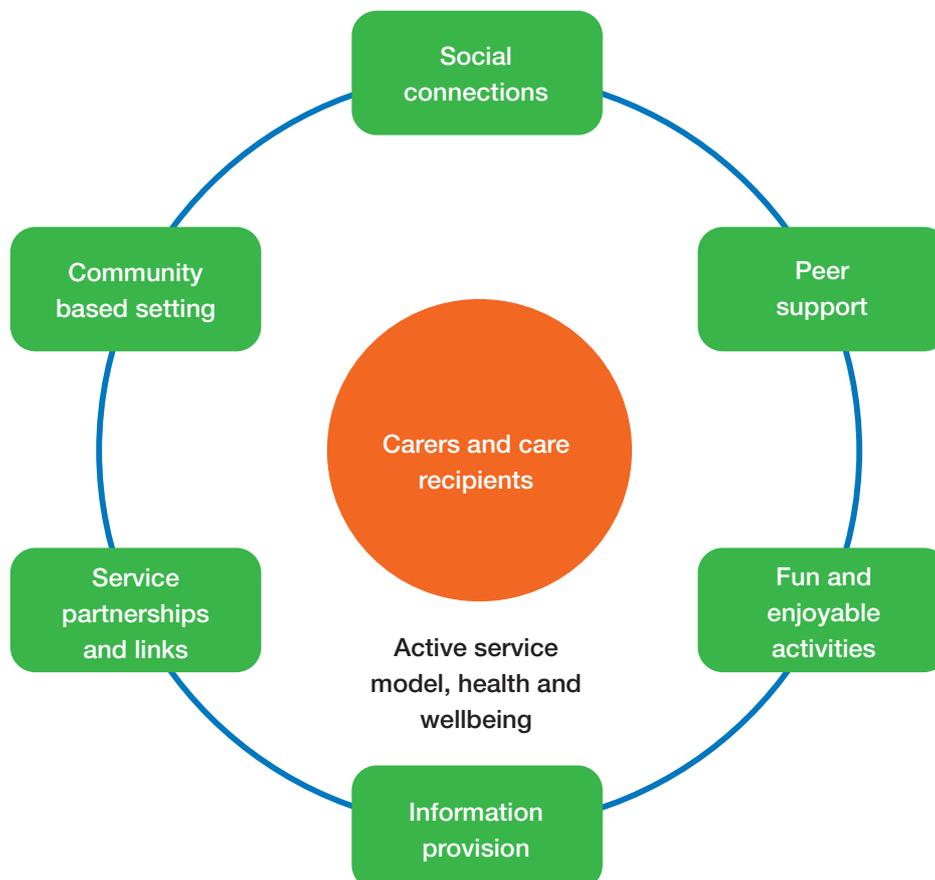
The key design elements are:

- involvement of both the carer and care recipient with a group of people in similar situation
- strategies to help participants create personal networks with people in similar circumstances
- opportunities for peer support – sharing of experiences, understanding, problem solving and information
- enjoyable social activities or outings held in a standard community-based setting such as a café (a non-segregated, community-based venue)
- ready access to information and resources via partner organisations, to promote knowledge of and access to services
- promotion of health and wellbeing
- an ASM approach in the planning, review and evaluation of the activities by participants.

Within this framework there is significant scope for how café style support services are designed and implemented – the size of the group, the frequency and duration of meetings, the type of activities and so forth.

These decisions will be informed by the needs of the local HACC-eligible population, demographics, diversity, level of funding available, geographic area, interests of the participants and other contextual factors.

Figure 2: Key design elements



Regardless of the type and size of the group, the following approaches should be included in the design and delivery of the service:

- communication of the goals of the café style support service to service users and other service providers
- engagement of participants in café planning and the development of programs of activities
- stimulation of social interaction to generate peer support, social connection, familiarity and trust
- facilitation of a positive experience that promotes a feeling of emotional wellbeing, stronger sense of self and positive relationships with others
- an empathic and supportive attitude and culture to support and validate the care relationship
- activities that reflect the interests of participants, and that are identified in a systematic manner using a combination of formal and informal communication mechanisms
- engagement with local services and speakers to provide information and empower participants to link to other health and community services, networks and groups of their choice
- creation of networks between participants to support their contact outside of the café and foster a sense of independence.

Group size

Café style support is based on a group approach to ensure there is the opportunity for social interaction and mutual support. There is no single optimum group size.

Group size may vary from as small as 10 (five carers and five care recipients) to much larger. For example, Moira Healthcare found that a group size of 12 people was ideal for their café and location; in comparison, some of the Alzheimer's Australia Vic cafés have 50–80 participants.

As a general guide, fewer than eight active participants is considered as being unlikely to provide adequate opportunity for social interaction with peers and mutual support, or allow for an adequate size if some people are unable to attend for ill health, other appointments or planned holidays.

The decision regarding group size should be discussed by the management group with consideration of the following factors:

- the local context, interest and level of current and/or latent demand
- available resources and support staff
- suitability of local, non-segregated, community venues
- design considerations.

Meeting frequency and duration

Each café style support service will develop an approach that is suitable to its local context and participants.

The duration and frequency of the café style support will vary according to the arrangements negotiated between the Department of Health and the funded organisation and by the preferences of participants.

How long does a café go for?

The overall duration of the café may be fixed-term or ongoing. For example, a fixed-term café may be for any predetermined period with a set start and finish date, such as 12 weeks, six months or one year, whereas an ongoing café will not have a set finish date and will continue indefinitely, with some participants leaving and new participants joining over time.

How often do the café participants meet?

Cafés may meet weekly, fortnightly, monthly or on a sessional basis (such as every four to eight weeks or six times per year). Some cafés are held on a weekly basis to encourage a high level of engagement and contact, whereas other cafés are held less frequently such as on a monthly or sessional basis.

As a general guideline cafés should meet at least monthly. Meeting less frequently than this may limit the opportunity to build peer support and connections. A minimum of six meetings is seen as necessary to provide the opportunity to build rapport and engagement between participants and achieve the objectives of the café.

How long is each café meeting?

The average café will be for one to two hours, depending on preferences of participants – for example, a set program of cafés based on a two-hour meeting every two weeks over an 18-week period.

How are these decisions made?

These decisions should be based on the information included in the funding submission, arrangements negotiated with the Department of Health and the preferences of the participants. A range of factors should be considered, such as the:

- geographical context (metropolitan, regional, rural, small towns)
- size of the organisation and catchment area
- evidence of need and level of current and/or latent demand
- expressed preference of participants
- other available services or community supports, for example that participants could transition to.

Promotion

Early providers of café style support found that the interest and demand for the service commenced slowly and built over time. This indicates the importance of active marketing and promotion strategies prior to the beginning of the cafés.

The availability of, and access to, a café style support service should be broadly promoted among local service providers (such as ACAS, carer support groups, CDAMS (cognitive, dementia and memory service), general practitioners, the local council, clubs and peak bodies).

Promotion of the café style support – for example, through advertisements or in newsletters – will help to generate interest and involvement. Service providers have used a range of mechanisms to promote the cafés including:

- print media and newsletters
- carer information packs
- networking, such as with carer support services, community health workers, ACAS workers, general practitioners, CDAMS clinics and district nursing services
- word of mouth by participants.

Communication

The communication culture is critical to the success of each café. Learnings to date indicate the importance of:

- a calm, friendly, non-demanding approach to put people at their ease
- a non-judgemental atmosphere where everyone is treated with respect and courtesy
- adequate time to allow people to become comfortable in the environment and with each other
- facilitating peer relationships
- positive feedback to build trust and overcome any hesitancy to join or participate in a group setting
- providing a program that is perceived by the participants to have value
- communication processes that respond to the diversity of service users by being flexible, inclusive and person-centred.

Practical strategies include:

- using name tags to enable participants to address each other by name
- conversation starter games or ice-breakers at the beginning of the session – for example, asking participants about their past memories and life experiences on topics like travel and gardening, or having conversation pieces on each table such as football cards, badges or hats
- supportive dialogue such as: Is there anything we can help you with? What is bothering you at present? How can we support you with that? How are you getting on at home – is there anything we can do to help?
- an opportunity to exchange telephone or contact details
- inclusive, uncomplicated activities that are achievable regardless of each person's ability, with gentle encouragement to join in.

Activities

Any activities or entertainment of interest to participants can be used. Activities should be designed so as to be meaningful and to support emotional wellbeing and the care relationship through providing a fun experience, enjoyment, stimulation, social skills, confidence and feelings of satisfaction.

The activities should be designed once the participants and their preferences are known, rather than be presented in advance as a set schedule of activities. Participants should be encouraged to contribute to the design of the program of activities.

The selection of activities should:

- ensure that both the carer and care recipient can participate as appropriate
- be enjoyable, promote laughter and provide an opportunity for self-expression
- be appropriate to age and culture
- be inexpensive
- maximise participation, be responsive and fluid, stimulate interaction and discussion, which promote social connection
- be within participants' physical and cognitive abilities and use as many senses as possible (sight, hearing, touch, smell, taste)
- be based on good planning and preparation and be designed for success (failure-free).

Activity examples



A word cloud of activity examples including: songs, dancing, exercise, food, theatre, music, companionship, interaction, folk-group, history lessons, reminiscing, eating, checkers, sharing, quaits, story-telling, chatting, music-quiz, and cooking demonstration.

Examples include:

- reminiscence-style activities – recalling and sharing memories that can assist a person to feel worthwhile, such as music, photos, life stories, foods
- themed events, such as Queen's Birthday, Grand Final, Christmas, Chinese New Year, Spring Racing, Eid al-Adha, Remembrance Day
- entertainment such as music, singing, dancing
- art and craft, such as collage, photo boards
- games, such as board games, cards, memory boxes
- holiday or travel-related activities
- exercise, such as Tai Chi or Olympic games activities.

The focus on activities may vary between cafés. For example, some cafés may be more entertainment focused (for example, a hired jazz quartet provides the entertainment) while others may be more 'hands-on' (for example, a drumming group, reminiscing activities, dance 'lessons')

Information provision

Partner organisations providing information about locally available services or expert speakers is one aspect of café style support. Participants may be unaware of what services are available, or hesitant to contact local services, and therefore providing information in a supportive setting can improve their access to services so they can benefit from the services available.

Speakers may provide a presentation or may simply mix with participants, sitting at tables and sharing talk and refreshments. A relaxed and informal approach can enable participants to engage freely and ask questions.

Service providers should be engaging, concise, easy to understand and use simple language. Presentations should be relatively short so that concentration and listening time is kept to a minimum.

Information about services may be most relevant to a person when they are actively thinking about or requiring that type of care – therefore, short, more frequent occasions of information provision at an individual level will likely be most helpful. The presence of a counsellor at the cafés may assist those with needs or issues that cannot be satisfied through discussion and problem solving with other participants.

A range of formats can be used to support information provision (such as booklets, pamphlets, fact sheets, hand outs or posters). Topics should reflect the interests of participants. Consider the following organisations that may be able to provide input:

- aged care assessment services
- Alzheimer's Australia Vic
- allied health services
- CALD organisations
- Carers Victoria
- CDAMS
- Commonwealth Respite Centres
- dementia support providers
- general practitioners
- continence services
- HACC services
- local council
- PAG providers
- respite care providers
- Support for Carers Program providers
- other local organisations, such as support groups and advocate groups.

Venue and catering

Venue

The physical or built environment should be suitable for the café style support service. Particular consideration should be given to:

- accessibility, both internal and external such as car parking, public transport, ramps and safety (such as bathrooms with internal access only)
- adequate signage (for example, to bathrooms), font size on menus or other information
- appropriateness of ambient noise (minimise distractions and avoid competing noises), lighting (low glare), temperature and décor (for example, non-patterned, good contrast between surfaces and furniture)
- tables and seating being suitable for groups and allowing for comfort, ease of sitting and standing, easy communication, conversation, social interaction and mobility
- cultural appropriateness
- 'feel good' factors such as artworks, sense of being upbeat and comfortable atmosphere.

If the café style support is specifically for carers and people with dementia there will be additional factors to consider. See <www.health.vic.gov.au/hacc/downloads/pdf/dementia_guidelines.pdf> for more information.

Catering

Café style support typically includes refreshments such as morning or afternoon tea. In some cases, where it is a cultural expectation, or participants travel long distances, a meal may be included.

Catering should be healthy. It should allow for dietary requirements and reflect cultural preferences.

Café example

Alzheimer's Australia Vic runs a series of 'Memory Lane Cafés'.

The cafes offer social support and entertainment for people with dementia and their carers, and attract 30–80 participants every four to six weeks.

Community venues with the capacity to seat and cater to large groups are used. An MC introduces the entertainers, activities, speakers and service providers in attendance. Social interaction and peer support is actively encouraged. Participants typically sit at tables with the same people to discuss their situation and share their experiences, information, challenges and advice. A qualified counsellor is in attendance at each café to provide assistance, support and problem solving.

Participants describe it as a positive social experience that includes the combination of affordable entertainment, good food, information, advice and problem solving, in a supportive environment with like-minded people.

Sustainability

One consideration in the design phase is the ongoing sustainability of the peer support between participants beyond the facilitated cafés.

In some cases, participants may wish to maintain contact with one another and/or continue with their support group once the café has concluded. The project worker should actively encourage continuation of peer support between participants. This may require the group to transition to a new platform (such as through a carer support service) or continue with a low level of support (such as booking venues) until it is taken on independently by group members.

For example, a Woodend group has continued to meet monthly, with the coordination organised by two female carers; in Charlton, a carer support group has agreed to facilitate a venue to enable meetings of the carers and care recipients to continue; and in Kerang, due to distance, the group has decided to adopt a model of telephone support rather than face-to-face meetings.

How does café style support differ to planned activity groups?

Social support options include less structured social support services such as café style support and more structured programs such as PAGs.

There are several key differences between café style support services and HACC PAGs.

- Carer and care recipient participation: Café style support involves both the carer and care recipient at the same time at the same place.
- Builds social skills: Café style support includes a purposeful component of peer support between participants to engender mutual support and encouragement, the sharing of their experiences, information exchange and social connection.
- Approach: Café style support is focused on providing a facilitated environment for social interaction in a relatively informal and unstructured manner, whereas PAGs provide a structured group program of activity.
- Size, frequency and duration: Café style support groups may vary in size, frequency and duration, whereas PAGs tend to be more consistent.
- Staffing: Café style support groups of various sizes may be facilitated by one or more staff members, whereas PAGs have a set staff to participant ratio.
- PAGS provide necessary support to participants with high care needs to facilitate engagement or participation in program.

A café style support service cannot be all things to all people, and is not a training program for people about a specific health condition (such as dementia). It can refer to training programs such as 'Creative ways to care' and 'Living with dementia', and invite people who deliver such programs to present about them.

Café example

Bendigo Health provides café style support for geographically isolated people. The service delivery model is based on a weekly café over a six-week period. Referrals are received from a range of sources. A small group of people participate and enjoy a range of activities, the opportunity to socialise with others in similar situations and receive information and support. Local service providers present information and mingle with participants to answer questions.

Goals:

- To reduce social isolation by providing the primary carer and person living with dementia an opportunity to meet with other people in a like situation – in a cosy, non-threatening environment with a warm and friendly atmosphere.
- To enhance the care relationship, share experiences and form new friendships with other participants, with a view to continued contact post café.
- To provide relevant information to enhance and support carers and families, which will give carers more choice and control regarding future service delivery.
- To provide an enjoyable experience and entertainment with an element of fun and enjoyment.

Quick facts:

Group size/duration: 10–12 participants

Referral: Self-referral or by service provider

Information provision: By partner organisations including Alzheimer's Australia Vic, Bendigo TAFE, local pharmacist and others

Activities: Music, dancing, games

Catering: A scrumptious morning tea

Outcomes: Participant feedback included that they are accepted as 'couples' rather than being labelled as a carer and a person with dementia.

3. The care pathway

This section of the guidelines describes the processes for referral, needs identification, assessment and care planning for people accessing café style support services.

Referral

HACC-eligible people may attend café style support without a referral (self-refer) or may be referred by another service provider.

Methods of referral to café style support services include:

- Self-referral – for example, potential participants make an enquiry and subsequently attend. Some organisations delivering café style support have reported the benefits of self-referral on the basis that it indicates people wish to attend the program, and that it provides the opportunity to talk to them about:
 - the café program and objectives
 - any current concerns or issues regarding their care relationship and roles
 - any specific considerations in relation to the participants such as diagnosis, abilities, mobility, medication and positive behavioural support
 - local services.
- Service provider referral – for example, via phone, fax, secure email or other method. Where the referral is from another HACC service it is preferable that the referral is made using the Service coordination tool templates (SCTT):
 - *Consumer information form*
 - *Summary and referral information*
 - *Consent to share information*
 - *Care relationship, family and social networks.*

After referral, the following should be provided to the carer and care recipient: an acknowledgement letter; a flyer about the café times, date and venue; and an information sheet.

If, following referral, the applicants are found to be ineligible for HACC services or do not wish to participate in café style support, other options, such as referral to a HACC assessment service for more information, should be discussed with them and the original referrer should be advised.

Assessment and care planning

In accordance with the *National community care common standards*, all people using HACC services are required to participate in an assessment and the development of a care or service plan. See the *Community care common standards* Expected outcomes 2.2 and 2.3 at www.health.vic.gov.au/hacc/quality_frmwrk/common_standards.

Each organisation should have its own service-specific assessment and care planning processes that comply with the *Community care common standards*.

Some carers and care recipients may be new to the service system and attend a café prior to any formal needs identification or assessment. Other people may participate in a café as a result of an assessment and care planning process such as through a HACC assessment service. For further information about HACC assessment, please refer to the HACC program manual.

Service specific assessment and care plan

A service-specific assessment is an assessment that is specific to a particular HACC-funded activity, such as café style support. The outcome of a service-specific assessment is to determine if the person is appropriate for the service that can be provided and to develop a care plan.

The process for this can be simple and appropriate to the semi-formal nature of café style support and resources available.

A care plan should be created for each participant or couple (carer and care recipient). Each care plan should include these items:

- date the care plan is developed
- who the care plan is for
- goals in attending the café
- agreed actions to achieve the goals
- timeframe for attaining goals and actions
- planned review date and actual review date
- participant acknowledgement of the care plan (signed or verbal).

More information about care plans and care planning can be found in the Victorian Service Coordination Practice Manual <www.health.vic.gov.au/pcps/publications/sc_pracmanual.htm>.

The following questions are provided as examples and may be used as part of an initial needs identification and assessment conversation to inform the development of a simple care plan.

Sample questions

Why are you interested in finding out about attending the café? (for example, enjoy a social outing together, find out about services that could assist us, meet other people in a similar situation, other)

What sorts of activities would you like at the café?

So we understand a little bit about you and your situation – would you like to tell me a bit about yourself and how you are managing at home and with [person].

Is there any particular information about support services you are interested in finding out about? For example, you might want to know about help in the home, respite care, taking a break or managing the changes in your life. (The response to this question may prompt a referral to a HACC assessment service or other service such as the Support for Carers program.)

The café offers refreshments – do you have any specific dietary requirements we should be aware of?

Do you have any thoughts at this stage about how long you might like to attend the café program?

The café encourages participants to assist with the planning of sessions if they are interested and have the time to do so – are you interested in this?

A review conversation may include questions such as (see also participant evaluation section):

How have you found the café?

Is the café meeting your needs?

Do you have any suggestions for how we could improve the café?

Is there anything else you would particularly like assistance or help with? (The response to this question may prompt a referral to a HACC assessment service or other service.)

Living at Home assessment

A HACC Living at Home assessment is a holistic assessment conducted by a designated HACC assessment service. The purpose of a Living at Home assessment is to get an understanding of the person and their carer's broader needs and goals, and to develop a care plan to address these.

The café style support should refer the person to a HACC assessment service if a participant has broader needs, or reveals in discussion that they have multiple needs and may benefit from a holistic assessment.

Transition or exit

Transition or exit should be planned with the participants so they feel supported and informed about how they can reconnect if required again in the future.

Carer and care recipient needs and circumstances are likely to change over time. Accordingly, their interest and desire to participate in café style support may change over time. Participants may leave, and then re-join the café at a later time.

There is the intention that participants use café style supports to develop social and support networks that can be self-sustaining beyond the cafés.

Café style support that offers a time-limited program (for example, 12 weeks or six months) has a set exit point. Alternatively, for café style support programs that are ongoing, transition or exit should be discussed with the participants.

Triggers for transition or exit include the following.

- The café style support is a program of a set duration that has been completed.
- The carer or care recipient is no longer interested in or benefiting from participation, or wishes to pursue other options.
- The carer or care recipient has developed social connections with other participants and these are sustainable without the café style support.
- The carer or care recipient requires a more intense, frequent or longer service than available through café style support.
- There is increasing demand for café style support and the service provider has a policy to enable flow through and access.
- Sometimes a carer or care recipient no longer attends and the other person would like to maintain their involvement. This may occur on a short-term basis at the discretion of the service provider, and the person assisted to transition to another option.

The likely duration of the café should be discussed with participants at the beginning and periodically throughout their attendance. Participants should be supported to transition or exit from the café and be advised of the process to re-join should they wish to do so in future.

4. Funding and reporting

Funding

HACC funding for café style support depends on the availability of resources.

Funding is based on a submission process. Funds are provided as a recurrent block grant to successful organisations.

Funding via a block grant provides the flexibility and versatility to meet a range of local needs and contexts across Victoria.

The targets to be achieved as a result of the funding (block grants) are negotiated between the local Department of Health region and funded agency. The negotiations take into account a range of factors such as population demographics and demand, the local service system, information included in the submission process and other relevant factors.

Client registration

People attending café style support services are required to be assessed as eligible and then registered as HACC clients so that the information is reportable through the HACC Minimum Data Set Version 2.0 (HACC MDS) (see below).

HACC MDS

Organisations that receive funding to deliver café style support services are required to report using the HACC MDS and narrative reports.

Each café is asked to report using an individual HACC outlet ID number. This HACC outlet ID number will be issued by the HACC Data Collection team.

Readers should refer to the *HACC Program National Minimum Data Set, Victorian modification: user guide* at <www.health.vic.gov.au/hacc/data_collection>.

The HACC activity used to record a café session is Planned Activity Group – Core.

There are three types of records to be created for each care recipient, as follows.

- Care recipient – for example, a person with dementia. In the data field 'Disability Type', select 'Neurological including dementia'. For the primary carer attending the session with them, the carer's information needs to be recorded in the carer details section.
- Primary carer – the carer (spouse, partner, family member, or friend) of the care recipient. This record differs from the above record in that they are generally not identified as having a disability, and they will not have any carer details included in their record.
- Other carer. For other carers of the care recipient, such as other family members or friends, create an individual record as well. This record will differ from the above two records as this carer's details will not be included in the record for the care recipient, nor will they generally have a disability recorded.

At the end of each quarter, email the quarterly HACC MDS extract for your café outlet to <haccmds.data@health.vic.gov.au>.

FAQ

Q. What if more than one carer attends a café session with the care recipient?

A. Create a record for each person. Choose one of these people to be listed as the carer for the care recipient.

Q. Can a person attend if they do not have a carer?

A. Yes, at the discretion of the café provider. Their record will not contain any reference to a carer.

Q. What do I record when a carer also has a cognitive or neurological impairment?

A. In this instance, record the 'Disability Type' for this person as appropriate. They would be included as the carer in the record for the care recipient.

For further questions and queries please contact the HACC MDS helpdesk, on (03) 9096 7255 or haccmids@health.vic.gov.au.

Narrative reporting

Café style supports services may also be asked to provide a narrative report using a template to be provided by the Department of Health.

Fees policy

The HACC fees policy applies to café style support services for the carer and the care recipient.

In addition to the HACC fee, the café style support service may charge for out-of-pocket expenses such as catering, transport or entertainment.

For detailed information about the HACC fees policy refer to the Victorian HACC website, www.health.vic.gov.au/hacc.

Café example

Doutta Galla Community Health Service provides an 'Italian Time Together' café for people from an Italian background. The project management group includes an Italian-specific organisation and a range of other service providers. The service delivery model is based on a weekly café over a six-week period. The café provides participants with information delivered by the various speakers in the Italian language, culturally appropriate food, a supportive environment, a tranquil atmosphere, and various forms of activities and entertainment.

Quick facts:

Group size/duration: Weekly for six weeks

Referral sources: Self-referral, other service providers

Venue: St John's Uniting Church

Information provision: What is dementia and how is it diagnosed; dementia and nutrition; local services information – supported access, Carers Victoria, Alzheimer's Australia Vic, local council; strategies for carers of people living with dementia (Creative ways to care program); advanced care planning; Spark of Life (approach that offers simple, practical solutions to daily challenges).

Activities: Music therapy, magician, shiatsu

Catering: Authentic Italian meals using genuine Italian products

Participant quote:

'I really looked forward to coming to the café because here was the perfect opportunity to meet others who have the same issues that I have. We support each other as well as learning how to cope from the wonderful presenters who have taught us many new things.'

5. Continuous quality improvement

Quality

Quality assurance is applicable to the management and delivery of all HACC services. The framework for quality assurance in the HACC program in Victoria aims at ensuring HACC services are of high quality and people's rights are upheld. It comprises the following:

- *Community care common standards guide*
- *Statement of rights and responsibilities*
- *Victorian HACC program complaints policy.*

For further information see the Victorian HACC program manual at: www.health.vic.gov.au/hacc/prog_manual.

Participant feedback

It is essential that café style support service providers seek input and feedback from the participants of the café style support services.

A range of methods can be used to seek feedback, such as:

- a survey
- focus group or discussion group
- sticky notes, feedback booklets, autograph book in which participants record their response to the café – pages of comments about why the café is important to them.

Program logic and evaluation

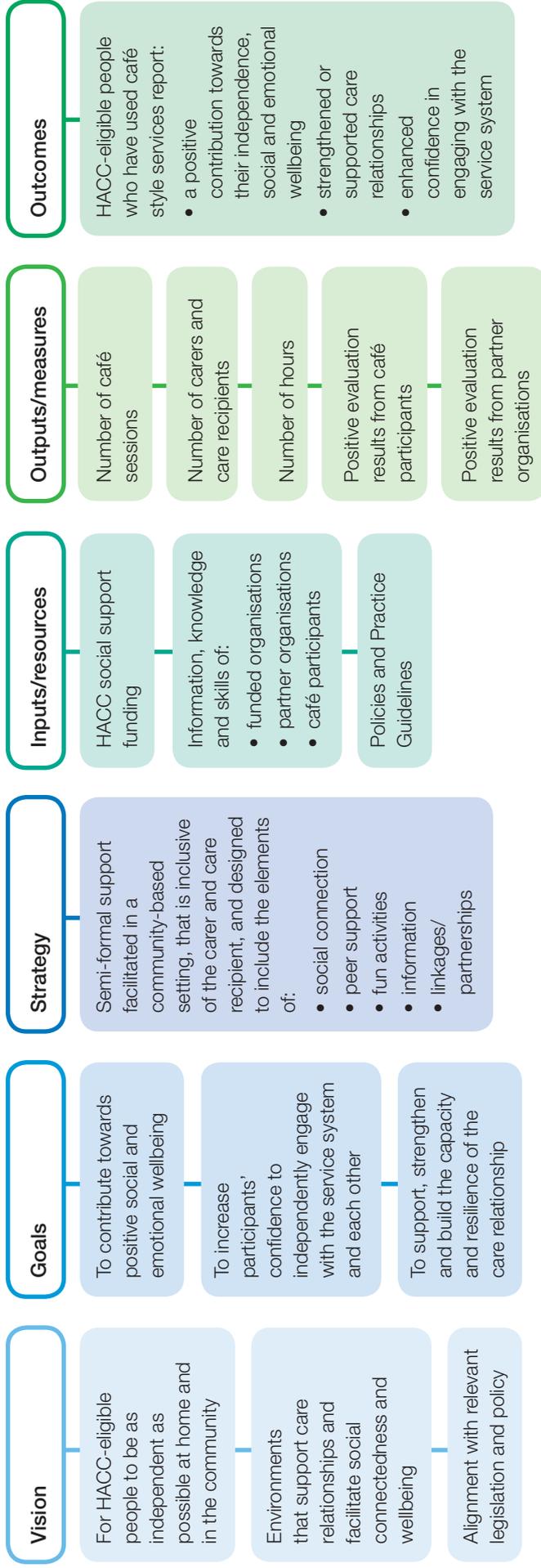
The program logic below illustrates the goals and desired outcomes of café style support, and suggests questions for use in evaluation, that are linked to the underlying logic.

There are two types of evaluation – participant evaluation and partner organisation evaluation.

In evaluating or reviewing the café style support service, look for evidence of:

- positive engagement, social interaction and peer support
- positive change within care relationships
- participants' willingness to contact other participants outside of the café sessions
- knowledge and confidence of participants about the service system.

Figure 3: Program logic for café style support



Participant evaluation

The evaluation for participants is based on a participant survey at program completion, or a review date for ongoing cafés, using questions that reflect the goals as stated in the program logic.

The survey can be completed in written form (see appendix), as a game or activity, or verbally (by someone other than the café style support staff, such as from a partner organisation or an independent person) or in a focus or discussion group.

Goal (as per program logic)	Questions (simplify or adjust as appropriate provided they reflect the stated goal – see appendix)
To contribute towards positive social connections and emotional wellbeing	How much do you: <ul style="list-style-type: none"> • look forward to coming to the cafe? • enjoy the activities and entertainment? • enjoy the refreshments? • feel that you can share your experiences with others in this group? • feel that you are able to increase your social activity in addition to coming to the café program?
To support, strengthen and build the capacity and resilience of the care relationship	To what extent do you feel that you: <ul style="list-style-type: none"> • receive mutual support and encouragement from the other people at the café? • feel supported in your care relationship? • share information with others? • get ideas and suggestions from talking with other members at the café? • will keep in touch with people you have met at the café?
To increase participants' confidence to independently engage with the service system	To what extent have you: <ul style="list-style-type: none"> • become more confident in asking questions about services? • increased your knowledge about what services are available to help people?
Continual improvement (While this is not a stated goal, continual improvement is a normal part of evaluation)	Open-ended questions such as: <ul style="list-style-type: none"> • What have you really enjoyed about attending the café? • Are you doing anything now that you were not doing before? • Are there any activities you would like the café to do? • How could we improve the café for you? • Would you like to be involved in organising the café?

Partner organisation evaluation

The evaluation for partner organisations is based on a survey at program completion, using questions that reflect the goals as stated in the program logic.

The questions can be completed as a written survey, verbally or as part of a broader planning and review discussion.

Goal (as per program logic)	Open-ended questions (sample)
To contribute towards positive social connections and emotional wellbeing	How do you think your involvement contributed towards the wellbeing of participants? Do you have any examples?
To support and build the capacity and resilience of the care relationship	How do you think your involvement contributed towards care relationships? Do you have any examples?
To increase participants' confidence to independently engage with the service system	Has your organisation had any enquiries or contacts from consumers as a result of the information your organisation presented at the café?
Continual improvement (While this is not a stated goal, continual improvement is a normal part of evaluation)	How could we improve the café? How could we improve the involvement of your organisation? Other comments?

Café example

Why do you attend? (Participant responses)

It gets us out of the house.

It's something to do together.

It is good value and entertaining.

We find out about services that can help us.

What are the greatest benefits for the care relationship? (Participant responses)

Strengthening the relationship – being able to get out of the house and be a part of something fun with my partner, rather than attending yet another medical appointment.

Connecting with my partner in a positive way – doing something fun together, having a laugh with each other, eliminating the stress of the day if only temporarily.

A healthy strong relationship endures all of life's tough knocks.

Providing information and knowing the service system is there to support the care relationship as required today or in the future may provide some people with a feeling of relief, when the future is uncertain.

Appendix: Participant survey form (sample)

Please tell us about your experience in attending the café.

	All the time 	Sometimes 	Not usually 
1. How much do you:			
a) look forward to coming to the cafe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) enjoy the activities and entertainment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) enjoy the refreshments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) enjoy the company of the other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	All the time 	Sometimes 	Not usually 
2. To what extent do you feel that you:			
a) get support and encouragement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) feel supported in your care relationship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) share information with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) get ideas and suggestions from others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) will keep in touch with people you have met at the café?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	A lot 	A little 	None 
3. To what extent have you:			
a) become more confident in asking questions about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) increased your knowledge about what services are available to help people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What have you really enjoyed about attending the café?

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5. Are there any activities you would like the café to do?

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6. How could we improve the café for you?

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7. Would you like to be involved in organising the café?

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8. Do you have any other comments?

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Thank you for your comments.

