

Evaluation of the Partnering
development pilot projects
for Home and Community Care
(HACC) Assessment

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for the Victorian Department of Health
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Attachments:
(separate document)

- ◆ Membership of the Project Reference Group
- ◆ Evaluation Plan and Data Collection Tools
- ◆ Partnering Pilot Project Case Study - Ballarat Partnership including:
- ◆ Referral pathway to a Living at Home Assessment
- ◆ Understanding Living at Home Assessments
- ◆ Outcome of Assessment form and
- ◆ Service Provider Home Safety Checklist
- ◆ Partnering Pilot Project Case Study - Loddon Mallee Partnership
- ◆ Partnering Pilot Project Case Study - Moonee Valley Partnership
- ◆ Partnering Pilot Project Case Study - Southern Metropolitan Region Partnership
- ◆ Partnering Pilot Project Case Study - Whittlesea Partnership
- ◆ Partnering Pilot Project Case Study - Yarra Ranges Partnership

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- ◆ Robyn Fletcher – Project Officer, Ballarat City Council
- ◆ Alison Clarke – Project Officer, Bayside City Council
- ◆ Hazel Ingram – Manager Aged and Disability Services, Moonee Valley City Council
- ◆ Guy Walter – Coordinator Healthy Ageing, Moonee Valley City Council
- ◆ Jim Karabinis – Coordinator Aged and Disability Services, Moonee Valley City Council
- ◆ Fiona Mawson – HACC Coordinator, Indigenous Health Team, Yarra Valley Community Health Service
- ◆ Stacy Williams – Project Officer, Shire of Campaspe
- ◆ Leanne Horvath – Coordinator Home Support, Aged and Disability Services, City of Whittlesea
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- ◆ Pamela Oakley – Department of Health, Loddon Mallee Region
- ◆ Linda Stewart-Wynd – Department of Health, Southern Metropolitan Region
- ◆ Catherine Griffiths – Department of Health, Eastern Metropolitan Region.

While the membership of the Project Reference Group shifted over the life of the evaluation, each of those listed contributed at different stages to its completion.

Executive summary

Introduction

In 2008, the Department of Health (DH) funded six Partnering Development Pilot Projects for Home and Community Care Assessment. The partnerships comprised a designated HACC Assessment Service (HAS) as the lead agency, and a range of key assessment and service providers within their local government or sub-regional areas.

The aim of the partnership projects was to further develop and formalise existing relationships, to ensure the designated HACC Assessment Services have access to the skills and expertise necessary to deliver holistic assessment practice and to support a coordinated and person-centred approach to HACC assessment.

This report presents the findings of the *Evaluation of the Partnering Development Pilot Projects for HACC Assessment* conducted by Effective Change between November 2008 and October 2009.

The objectives of the evaluation were to:

- ♦ review the effectiveness of the different partnering models implemented
- ♦ determine the sustainability and transferability of each
- ♦ identify the policies and protocols developed by each partnering model, and
- ♦ determine whether the models had an effect on outcomes for clients and carers.

Overview of the evaluation methodology

The *Evaluation of the Partnering Development Pilot Projects for HACC Assessment* used a case study methodology and was conducted in three distinct phases: Planning; Information Collection and Analysis and Reporting.

The evaluation assessed the partnership pilots across three key domains:

- ♦ The *Partnership model* - governance and support structures; the facilitators and barriers to effective partnering, and the sustainability and transferability of the models
- ♦ The *Partnership processes* - the protocols, policies, procedures and systems put in place to support the partnerships, and
- ♦ *Benefits and outcomes* - the outcomes of the partnerships for clients and carers and member organisations; new practices resulting from partnering and progress towards implementing the Active Service Model approach.

Key findings

The findings of the evaluation are presented under the key domains of:

- ♦ Partnership models
- ♦ Partnership processes
- ♦ Benefits and outcomes.

The partnerships made significant shifts in assessment related practice over the course of the evaluation. Some of the most significant include:

- ♦ the development of referral protocols and referral/assessment pathways in a catchment with two HACC Assessment Services (Ballarat Partnership)
- ♦ development of a series of 'triggers' which prompt Council assessment staff to engage allied health and/or nursing in assessment as appropriate (Loddon Mallee Partnership)
- ♦ understanding how and what value allied health can add to a comprehensive HACC assessment (Moonee Valley Partnership)
- ♦ an Occupational Therapist being co-located with Bayside City Council to resource/train assessment officers in an Active Service Model (ASM) approach to assessment and intervention (Southern Metropolitan Region Partnership)
- ♦ improved client focus through reduced duplication of assessment functions (Whittlesea)
- ♦ joint assessments of Indigenous clients (Yarra Ranges Partnership), and
- ♦ Council staff being equipped to conduct culturally appropriate assessments of Indigenous clients either jointly (with staff from the Indigenous Health Team) or alone (Yarra Ranges Partnership).

Introduction

Partnerships between service providers are seen as key to the successful implementation of the *Framework for Assessment in the Home and Community Care (HACC) Program in Victoria 2007*.

In 2008, the Department of Health (DH) funded six Partnering Development Pilot Projects for Home and Community Care Assessment. The partnerships comprised a designated HACC Assessment Service (HAS) as the lead agency, and a range of key assessment and service providers within local government or sub-regional areas. The aim of the partnership projects was to further develop and formalise existing partnering relationships, to ensure the designated HACC Assessment Service has access to the skills and expertise necessary to deliver a holistic assessment and to support a coordinated and person-centred approach to HACC assessment.

Effective Change Pty Ltd was appointed by the Department of Health to evaluate the partnering development projects. This report presents the findings of the *Evaluation of the Partnering Development Pilot Projects for HACC Assessment* (the projects). The evaluation was conducted over a twelve-month period between November 2008 and October 2009.

Policy context

In 2004, Victoria committed to refocusing its model of HACC service delivery away from a dependency model where tasks are largely done for clients, towards a more active model which aims to maintain and improve client independence wherever possible.¹

The *Framework for Assessment in the Home and Community Care (HACC) Program in Victoria*, (referred to hereafter as the 'HACC Assessment Framework') developed by the Department of Health in 2007 sets out the program policy for assessment as a HACC funded activity. It details the requirements for the delivery of Living at Home Assessments by designated HACC Assessment Services. It also describes related processes such as Client Care Coordination and Supported Access as critical adjuncts to assessment for specific client groups. The goal of the HACC Assessment Framework is to support and build good practice in delivering Living at Home Assessments.²

Good assessment processes and strong links with key health and community care organisations are seen as critical for the HACC Program to efficiently manage client pathways, provide well targeted service responses and refocus the model of service delivery towards a more active model that aims to maintain and improve client independence.

¹ Department of Human Services *Framework for Assessment in the Home and Community Care Program in Victoria*, 2007, p.1

² Project Brief

The development of models of partnering between service providers that harness the skills and expertise necessary to deliver a holistic assessment is seen as an important component of the implementation of the HACC Assessment Framework. The Framework encourages HACC Assessment Services to build alliances with other key assessment and service providers to ensure a person-centred approach to assessment and coordinated service responses. The alliances are also a mechanism to 'embed an active service model approach into assessment practice ... through shared orientation ... identifying local assessor skill mix across the assessment services; promoting the use of secondary consultations; enhanced planning and service development'.³

Background to the Partnering Development Pilot Projects

Six Partnering Development Pilot Projects for HACC Assessment were funded by the Department of Health in 2008 for up to twelve months. The objective of the projects was to develop and formalise existing partnerships with other assessment providers in order to operationalise the requirements of the HACC Assessment Framework within their local government area or region.

It was anticipated that this work might include trialling new ways of operating, developing and documenting protocols and Memoranda of Understanding (MoU) and providing for training needs identified through the process of developing the partnership models.⁴

Designated HACC Assessment Services with existing relationships with relevant service providers were selected as the lead agencies for the Partnering Development Pilot Projects.

The membership of the six Partnering Development Pilot Projects is outlined below. The names of the lead agencies are in *italics*.

- ♦ The Ballarat Partnership involved *Ballarat City Council* and *Ballarat District Nursing and Healthcare*, St John of God Hospital, Ballarat Health Services and Ballarat Community Health.
- ♦ The Loddon Mallee Partnership involved the *Shire of Campaspe*, the Loddon Mallee Local Government Aged and Disability Services Consortium, the Bendigo Health Rural Health Team, the City of Greater Bendigo and the Shires of Buloke, Loddon and Gannawarra.
- ♦ The Moonee Valley Partnership involved *Moonee Valley City Council* and Douutta Galla Community Health Service.
- ♦ The Southern Metropolitan Region Partnership which involved the cities of *Bayside*, Port Phillip, Glen Eira, Kingston, Stonnington, Casey, Greater Dandenong, Frankston,

³ Department of Human Services *Framework for Assessment in the Home and Community Care Program in Victoria*, 2007

⁴ *ibid*

the Mornington Peninsula Shire, MECWAcare (representing Cardinia Shire Council) and a range of community health services.

- ◆ The Whittlesea Partnership involved the *City of Whittlesea*, Plenty Valley Community Health Service, Bundoora Extended Care Centre (BECC) and the Royal District Nursing Service (RDNS).
- ◆
- ◆ The Yarra Ranges Partnership involved *Yarra Ranges Council* and Yarra Valley Community Health Service Indigenous Health Team (Eastern Health).

Effective Change worked with the lead agency and Steering Group of each pilot project to evaluate the models of partnering implemented.

As part of this work, the consultants introduced the VicHealth *Partnership Analysis Tool* (VicHealth 2004) to the partnership Steering Groups. The tool has been designed to assess and monitor the effectiveness of partnerships. The tool can be revisited at different stages in the life of a partnership, providing a baseline against which the partnership can assess its effectiveness over time.

The Partnerships Analysis Tool requires that partnership members undertake three activities:

- ◆ explore the reasons for the partnership
- ◆ map the nature of the relationships between agencies in order to clarify roles, expectations and identify ways to strengthen the relationships, and
- ◆ assess themselves (either individually or as a partnership) against the features of a successful partnership, to identify areas requiring more work or support.

This activity was facilitated by Effective Change or where appropriate, by the consultants engaged by the partnerships.

Evaluation objectives

The objectives of the Evaluation of the Partnering Development Pilot Projects for HACC Assessment were to:

- ◆ review the effectiveness of the different partnering models implemented by the pilot projects and determine the sustainability and transferability of each
- ◆ identify the policies and protocols developed for each partnering model, and
- ◆ determine whether the models had an effect on outcomes for clients and carers.

The recommendations of this evaluation are provided to inform the future development of partnerships between HACC Assessment Services and other relevant service providers so that they support the delivery of person-centred, holistic Living at Home Assessments.

Report structure

The report is presented in five parts:

- ◆ Evaluation methodology
- ◆ The Partnerships - the partners, assessment projects and models
- ◆ Evaluation findings
- ◆ Conclusions and recommendations.

Case studies describing each of the Partnering Development Pilot Projects are attached to the report (Attachments 3 – 8). The case studies detail the:

- ◆ Objectives of the partnership
- ◆ Partners involved
- ◆ Background to the partnership
- ◆ Partnership model and processes used
- ◆ Facilitators and barriers to partnering
- ◆ Outcomes and
- ◆ Key documents produced by the partnership.

Evaluation methodology

The evaluation was conducted using a case study methodology as this is most suitable with 'how' and 'why' research questions. As Yin explains in *Case Study Research*, 'This is because such questions deal with operational links needing to be traced over time, rather than mere frequencies or incidence'.⁵

The evaluation was conducted in three distinct methodological phases:

- ♦ Planning
- ♦ Information collection and analysis
- ♦ Reporting.

Phase 1: Planning

Project establishment

The consultants met with the Project Manager to:

- ♦ collect background to the evaluation and the pilot projects
- ♦ collect reports and information relating to the partnering systems, processes and protocols being used by each pilot partnership, and
- ♦ confirm timelines.

A Project Advisory Group, comprising the DH Project Manager and other DH program representatives was established to govern the project.

Convene Project Reference Group

The consultants convened the Project Reference Group (PRG) to guide the project. Chaired by the Department of Health Project Manager, the PRG comprised representatives of each of the Partnering Development Pilots, the Department of Health and a representative from the Municipal Association of Victoria (MAV). Membership of the Project Reference Group can be seen in the Acknowledgements section and as Attachment 1 to this report. The consultants developed Terms of Reference to guide the work of the Project Reference Group which met four times during the evaluation project (December 2008, February, May and October 2009).

Development of the Evaluation Plan and Information Collection Tools

Case studies require an overall case study protocol to guide the purpose and investigation over time. The Evaluation Plan and Data Collection Tools were designed to assess the partnership pilots across three key domains:

- ♦ *The Partnership model* - the governance and support structures in place; the facilitators and barriers to effective partnering experienced by the partnership and whether the model was sustainable and transferable.

⁵ Robert K. Yin *Case Study Research: Design and Methods*, 3rd Edition, 2003 Sage Publications

- ♦ *The Partnership processes* - the protocols, policies, procedures and systems put in place to support the partnership
- ♦ *Benefits and outcomes* – the outcomes of the partnership for clients and carers; member organisations and allied agencies.

Three visits to each partnership were proposed to gather data at the beginning, middle and end of the partnership development projects. The consultants met the Partnership Steering Groups at each visit, and with staff (where appropriate) at the second and third visits. Project Officers were contacted by telephone in between the project visits. Allied agencies were also to be contacted towards the end of the case studies for their input.

The consultants developed Information Collection Tools to ensure the rigour of the data collection and comparability across the partnerships. The following tools (see Attachment 2) were prepared and endorsed by the Project Advisory Group:

- ♦ Visit #1 – Discussion outline for Partnership Steering Group
- ♦ Visit #2 - Discussion outline for Partnership Steering Group
- ♦ Visit #2 – Discussion outline for Staff
- ♦ Visit #3 - Discussion outline for Partnership Steering Group
- ♦ Visit #3 – Discussion Outline for Staff
- ♦ Data Collection Tool – Project Officer
- ♦ Data Collection Tool – Allied Agencies.

On acceptance of the Information Collection Tools, the overarching evaluation plan was developed specifying the:

- ♦ dates of the visits or contacts
- ♦ target group
- ♦ information collection method
- ♦ focus of the contact, which varied across the first, second and third visits, in anticipation that people's appreciation and experience of the partnership would evolve over time, and
- ♦ the research tool to be used.

The evaluation plan is included in Attachment 2 to this report.

Partnership preparation for the evaluation

This step involved meeting with the Lead Agency and Steering Group of each Partnership Development Pilot Project to:

- ♦ analyse the partnerships⁶, using the VicHealth *Partnerships Analysis Tool*⁷ to:
 - explore the reasons for the partnership
 - map the nature of the relationships between agencies in order to clarify roles, expectations and identify ways to strengthen the relationships

⁶ This activity was facilitated either by Effective Change or the consultants engaged by the respective partnerships.

⁷ VicHealth *The Partnership Analysis Tool* 2004

- assess themselves (either individually or as a partnership) against the features of a successful partnership, to identify areas requiring more work or support, and
- facilitate agreement on key indicators and methods to evaluate the partnership.

Phase 2: Information collection and analysis

Information collection

The consultants met with the Steering Groups of each pilot on three occasions; spoke with the Project Officer of each pilot in the intervening periods and, where appropriate, met with the staff involved in operationalising the projects.

At each contact, evaluation information and relevant documents developed by the pilots that is, protocols or policies and procedures were collected.

The interviews held with the partnering agencies and staff were designed to explore and identify:

- ◆ the facilitators and barriers to partnering
- ◆ the impact, if any, partnering had had on the partner organisations
- ◆ the transferability of the model to other partnerships
- ◆ the level of sustainability of each project
- ◆ any new practices resulting from the partnerships that is, training/referrals, and
- ◆ whether outcomes for clients and carers changed/improved subsequent to the new partnering arrangements having been implemented.

Information analysis

The consultants collated and analysed the findings within and across the case studies, against the three key research domains. The case studies and this report document and evaluate the process followed in each pilot, ensuring that the range of local approaches and strategies were captured for dissemination.

Phase 3: Reporting

Effective Change reported to the Project Advisory Group through the life of the project:

- ◆ Progress Report: February 2009
- ◆ Draft Evaluation Report: November 2009
- ◆ Final Evaluation Report February 2010.

The Partnerships – the partners, assessment projects and models

This section of the report provides an overview of the Partnerships - the member agencies, the objectives of the projects for Partnering Development Pilots in HACC Assessment, and the partnering models established by each.

The Ballarat Partnership

The Partners

This Partnership involved Ballarat City Council and Ballarat District Nursing and Healthcare (as the lead agencies), St John of God Hospital, Ballarat Health Services and Ballarat Community Health.

The Assessment Project

The objectives of the Ballarat Partnership were to develop agreements and processes to better support and deliver Living at Home Assessments. The project was to define partner roles, map service coordination pathways, review existing agreements and implement a joint training package.

The Partnership Model

The Ballarat Partnership comprised:

- ♦ A Steering Committee, with representation from all of the partner organisations. The committee met on a regular basis.
- ♦ A Project Officer was employed by the Ballarat City Council (one of the two designated HACC Assessment Services in the partnership) and worked to the Steering Committee. The Project Officer was the key resource for the partnership, with responsibility for facilitating the Steering Committee, developing resource material for the partnership and facilitating activities such as piloting draft material (for example, The Home Safety Check List and Agency Risk Report) or producing training material to support new procedures.

The partnership was, in effect, a sub-group of the Central Highlands Aged and Disability Alliance (CHADA), which in turn, is a sub-group of the Central Highlands Primary Care Partnership. The partnership provided regular updates to the CHADA and members could connect the work of the Ballarat Partnership and other projects discussed at CHADA meetings. The members of the partnership frequently crossed paths at CHADA, other project meetings, regional HACC forums or sub-regional meetings.

The Loddon Mallee Partnership

The Partners

The Loddon Mallee Partnership comprised five of the ten Local Government Areas of the Loddon Mallee Local Government Consortium - the Shire of Campaspe as lead agency; the City of Greater Bendigo and the Shires of Buloke, Loddon and Gannawarra. The District Nursing Service; the Campaspe Primary Care Partnership and the Murray Plains Division of General Practice were also represented in the Partnership.

The Rural Health Team (Bendigo Health) was another key partner. The Rural Health Team (RHT) is a Home and Community Care (HACC) funded allied health program which provides the full range of allied health services to people who are frail aged, or have a disability, to support them to live at home safely and independently.

The RHT operates on a 'hub and spoke' model, where the team of allied health staff, based at Bendigo Health, travel to rural areas to provide primarily, domiciliary services to people living in the rural towns and communities of Campaspe (excluding Echuca); Buloke; Gannawarra; Loddon, and the rural towns of Heathcote and Elmore in the City of Greater Bendigo.

The Assessment Project

The objectives of the partnership were to develop and implement agreements and processes to support an integrated, multi-disciplinary approach to delivering Living at Home Assessments.

Each of the five LGAs in the Partnership is, at the time of writing, piloting a partnership approach to assessment with the RHT. A series of *triggers* have been developed to indicate the need for allied health involvement in an assessment and are currently guiding Assessment Officers' practice.

Given the distances involved in this region, the Partnership is working to establish virtual teams involving the Assessment Officers of the five pilot LGAs, the Bendigo Health Rural Health Team, the local District Nursing Services and Community Health Services.

The Partnership Model

The model for the Loddon Mallee Partnership comprised:

A Steering Committee with representatives from all member agencies:

- ◆ the Shires of Campaspe (lead agency), Loddon, Buloke and Gannawarra and the City of Greater Bendigo
- ◆ the Rural Health Team, Bendigo Health
- ◆ the LM District Nursing Services Network
- ◆ the Campaspe PCP
- ◆ the Murray Plains Division of General Practice
- ◆ the Aged Care Assessment Service (ACAS)
- ◆ McIvor Health
- ◆ the Northern Districts Community Health Service, and
- ◆ the Department of Health, Loddon Mallee Region.

The Steering Committee was guided by Terms of Reference (ToR) agreed by the membership. This stated that the purpose of the Committee was to:

- ♦ lead the Integrated Assessment Partnership Project
- ♦ guide the work and direction of the Project Officer
- ♦ provide guidance and strategic direction to the project Working Party, and
- ♦ report to DH and other relevant boards and committees regarding project progress and outcomes.

The Steering Committee met on a monthly basis in the initial set up phase and from May 2009 met bi-monthly.

- ♦ A Working Party involving assessment and allied health staff of the five LGAs, representatives of the District Nursing Services in the five LGAs and representatives from the Shire of Macedon Ranges and the Rural City of Swan Hill. The two latter were involved as observers, representing the Loddon Mallee Local Government Aged and Disability Services Consortium.

The Working Party met on a monthly basis and was also supported by a Terms of Reference.

- ♦ The Loddon Mallee Local Government Aged and Disability Services Consortium was represented both on the Project Steering Group and the Working Party as observers of the Partnership Project, to determine whether the model and tools developed could be effectively transferred to those five LGAs of the Loddon Mallee not actively participating in the Pilot Project.
- ♦ The work of the Partnership was supported and coordinated by a Project Officer recruited to the role. The Project Officer role was full time; auspiced by the Shire of Campaspe and accountable to both the Steering Committee and Working Party.

The Moonee Valley Partnership

The Partners

The Moonee Valley Partnership is a small one, comprising the Moonee Valley City Council (MVCC) and Doutta Galla Community Health Service (DGCHS).

The Assessment Project

The objectives of the Moonee Valley Partnership were to develop the knowledge and skills of HACC Assessment Officers with the assistance of the Doutta Galla Community Health Service.

A training model was developed to support and enhance the knowledge and understanding of HACC Assessment Officers in:

- ♦ identifying clients' capabilities and setting goals with them to maintain and promote independence
- ♦ understanding the services provided by other agencies within the local sector and creating broader community links and referrals to optimise clients' existing skills

- ♦ understanding enhanced e-referral, and
- ♦ re-orienting care plans to specify the role and requirements of Direct Care Workers within the context of an active service approach.

Training sessions involved both MVCC and DGCHS staff as trainers and the recipients of training. Content was broad ranging and supported the understanding of:

- ♦ the roles of both MVCC Assessment staff and DGCHS Allied health staff with respect to the assessment process
- ♦ nutritional risk screening and assessment
- ♦ early intervention and appropriate referrals
- ♦ falls and balance
- ♦ functional capacity and conserving energy
- ♦ the benefits of physical activity
- ♦ screening for and accessing appropriate aids and equipment
- ♦ motivational interviewing, goal setting and negotiation
- ♦ the principles of health promotion and illness prevention;
- ♦ holistic assessment, care planning and care coordination
- ♦ social participation
- ♦ assessment and management of continence
- ♦ the signs and symptoms of cognitive decline and /or psychiatric illness
- ♦ working with clients with cognitive decline and/or psychiatric illness
- ♦ legal issues
- ♦ common medications and their management.

The Partnership Model

The Moonee Valley Partnership was supported by a Steering Committee with staff and management representatives from both MVCC and DGCHS.

The partnership engaged a consultant to progress the project work; support the Partnering process and evaluate the work of the project.

The Southern Metropolitan Region Partnership

The Partners

The Southern Metropolitan Region (SMR) Partnership comprised the Cities of Bayside, Port Phillip, Glen Eira, Kingston, Stonnington, Casey, Greater Dandenong and Frankston, the Mornington Peninsula Shire, MECWAcare (representing Cardinia Shire Council) and a range of community health services.

The Assessment Project

The objectives of this partnership project included:

- ♦ strengthening existing partnerships between Councils and MECWAcare and the Community Health Centres (CHCs) and preparing tailored action plans between each Council, MECWAcare and the relevant CHC(s), and
- ♦ the establishment of three pilot projects aimed at maximising client outcomes in relation to the Active Service Model.

The first phase of the project concentrated specifically on building the capacity for effective assessment within the nine local governments by identifying required assessment skills and processes, the learning and development needs to build assessment capacity, and the implications of the shift towards a more active service approach for allied health partnerships.

With support from an external consultant, subsequent phases of the project focused on:

- ♦ strengthening partnerships through deepening the understanding across local government, community health and MECWAcare about what makes effective partnerships work, and
- ♦ sharing this information broadly and applying the learnings in specific projects.⁸

The Partnership Model

The SMR Aged and Disability Services Managers Group oversaw the project.

An Advisory Group was established to provide advice and support over the life of the project. It comprised representatives from organisations in each of the four Primary Care Partnerships in the SMR, MECWAcare, Community Health Centres and Local Government. The Advisory Group reported to the Aged and Disabilities Services (A&D) Managers Group, but did not have a management function in the project. The group acted as a sounding board with an advisory role to the Aged and Disability Services Managers Group around engagement, communication and process.⁹ The Advisory Group developed a Statement of Purpose to support its work.

The consultants engaged by the SMR partnership facilitated and evaluated Phase 2 of the project.

⁸ *Southern Metropolitan Region Active Service Model, Local Government and Community Health - Interim Summary Report*, Click Consulting, December 2008

⁹ *ibid*

The Whittlesea Partnership

The Partners

The Whittlesea Partnership comprised the City of Whittlesea (lead agency); the Plenty Valley Community Health Service, Bundoora Extended Care Centre (BECC) and the Royal District Nursing Service (RDNS).

Relationships between the partner agencies predate the Primary Care Partnership (PCP), but since its advent, the member agencies have worked together on a number of issues with a sub-regional focus.

The Assessment Project

The objectives of the Whittlesea Partnership were to:

- ♦ identify and document specialised assessment services beyond the scope of the designated HACC Assessment Service – Whittlesea City Council
- ♦ develop partnership agreements with these agencies to ensure the assessment service meets the requirements of the new Assessment Framework, and
- ♦ establish a seamless service from intake to service delivery.

A further objective of the project was to train Council Assessment staff to:

- ♦ understand the services provided by other agencies within the local sector
- ♦ understand enhanced e-referral, and
- ♦ undertake Living at Home Assessments.

The Partnership Model

A Steering Committee with representatives from all member agencies was established to oversee the project. Terms of Reference were developed to guide the work of the Steering Committee which met on a regular basis.

The Partnership engaged an external consultant to facilitate partnership development work, such as:

- ♦ articulating the rationale for the partnership
- ♦ strengthening relationships, and
- ♦ formalising processes

so that the partners could provide an holistic and coordinated approach to HACC assessment.

The Yarra Ranges Partnership

The Partners

The Yarra Ranges Partnership is another small collaboration. Its members include the Yarra Ranges Council and the Yarra Valley Community Health Service Indigenous Health Team (Eastern Health).

The Assessment Project:

The objectives of the Yarra Ranges Partnership were to:

- ♦ improve understanding of the cultural contexts (both mainstream and Indigenous) that impact on the delivery of appropriate assessment and services to Indigenous communities
- ♦ develop strong and respectful relationships which enable the stories of each partnership organisation to be shared and understanding to grow and develop from this foundation, and
- ♦ enhance joint processes and practices to deliver Living at Home Assessments to Indigenous clients.

The Partnership Model

The Yarra Valley Partnership was supported by a Working Group comprising the Yarra Ranges Council Executive Officer, Community Care and the Business and Quality Systems/HACC Coordinator of the Indigenous Health Service. This group aimed to meet monthly to manage the project, though this altered with the intervening of other more pressing priorities – for example, the community was directly affected by the bushfires in February 2009.

The role of the Working Group was to progress work; communicate and report within the member's respective organisations; identify achievements; manage risks and monitor and evaluate progress. The group worked to a Memorandum of Understanding and was responsible for reporting to the governance levels of their member organisations.

The partnership model was essentially in development phase through the evaluation period. The partners believe that it is essential to focus on developing relationships in parallel to the development of more technical structures and processes. From the foundation of strong relationships, the partnership can then focus their efforts on ensuring that the partnership is sustainable and its success not based purely on the particular individuals in the roles. The partnership has brought Community Care teams together as well as Assessment and Intake staff at various points in order to strengthen relationships and improve cultural understanding and HACC assessment practice.

Evaluation findings

This section of the report presents the findings of the evaluation under the key domains of:

Partnership models:

- ◆ the partnership models which were established
- ◆ the facilitators and barriers to effective partnering experienced by the partnerships, and
- ◆ whether the partnership models are sustainable and transferable.

Partnership processes:

- ◆ the protocols, policies, procedures and systems put in place to support the partnership.

Benefits and outcomes: the outcomes and impacts of the partnerships for:

- ◆ clients and carers, and
- ◆ member organisations.

The overarching finding of the evaluation was that there was an enthusiasm for the changes in assessment practice being implemented, reflecting a desire to improve services for the benefit of clients and their carers. The consultants also observed within the partnerships a high level of goodwill and a strong commitment to working together. The partnership members were clear that working collaboratively requires commitment to a common objective, respect for each others' contributions and a willingness to work out how best to work together in partnership.

Domain: Partnership Models

Partnership models established

Key findings:

All partnerships developed a governing body – either a Steering Committee or Working Group, which met on a regular basis. These were chaired and resourced by the lead agency.

Most partnerships had dedicated staffing resources to support the work of the partnership - either a Project Officer employed by the lead agency or an external consultant. The Project Officer or consultant reported to the Steering Committee.

The Yarra Ranges Partnership, with only two agencies involved, chose to share the workload between the managers of each agency.

Like-sized partnerships had a similar focus and approach to their partnerships and the work of their assessment projects.

All partnerships established a governing, representative body to guide their project, meeting either monthly or bi-monthly (refer: Table 1, pp. 29). Most partnerships established a Steering Group, with representation from all member agencies, chaired and resourced by the lead agency.

The Yarra Ranges Partnership – a partnership of two agencies was guided by a Working Party. This informal structure was deemed appropriate for this partnership. The work of this partnership was formalised however, through a Memorandum of Understanding between the two agencies. To ensure that executive management was kept informed of the work of the partnership, both member representatives were responsible for communicating progress to the senior managers and staff in their respective organisations. The Working Group also provided a flexible structure, so that when appropriate, other staff including Assessment Officers and Community Care staff could be invited to participate.

Both Steering and Working Groups tended to move their meeting venues between offices of the member agencies.

Each of the partnerships, with the exception of Yarra Ranges, had dedicated resources to support the work of the partnership - either a Project Officer employed by the lead agency or an external consultant. The two agency representatives of the Yarra Ranges Partnership took on responsibility for the work of that partnership. One of the largest partnerships – the SMR Partnership - was resourced by both a Project Officer and an external consultant.

The consultants also observed similarities in partnership structure, focus and approach between like-sized partnerships.

The member agencies of the smaller partnerships –Yarra Ranges and Moonee Valley – had clearly defined and different but complementary roles in HACCC assessment. Both partnerships established close and intimate relationships which:

- ♦ allowed for staff at the grass root level to meet and engage - making the issues real for those involved, and
- ♦ facilitated a localised response, tailored to meet local need - ensuring service responses were targeted and effective.

The medium-sized partnerships – Ballarat and Whittlesea – each had to negotiate and clarify the roles of the member agencies within the partnership. As a result of there being some cross-over in roles between the member agencies, these partnerships saw fit to identify and communicate agreed pathways for referral and HACCC assessment within their local sector.

The larger partnerships – SMR and Loddon Mallee – were focussed on developing overarching philosophies and protocols to support the smaller LGA- based partnerships across their regions.

Facilitators of the partnerships

Key findings:

Establishing a strong and productive partnering relationship was seen by all the projects as being key to their chances of success.

Establishing and maintaining alliances with other assessment agencies and local networks such as PCPs, was also a way to share key learnings and build assessment capacity.

A commitment from staff and executive management is important for the partnership. This ensures buy-in and guarantees that the concept of partnership is embedded within the organisational culture of each member organisation.

Having a dedicated project officer position enabled the work of the partnership and the assessment project activity to progress in between Steering Group meetings.

Having a sense of purpose – a ‘reason for being and a reason to meet’ was a key facilitator of the work of the partnerships. This sense of purpose helped to maintain momentum on the partnership work.

The key facilitators of the Partnership projects - or what made the partnerships work - were identified by the Partnerships and consultants as being:

1. the partnering relationship
2. organisational commitment
3. resourcing of the partnership, and
4. a sense of purpose.

These elements are expanded on below.

The Partnering relationship

The six Partnerships identified the quality of the partnering relationship as being key to their chances of success.

For those Partnerships with a strong, pre-existing relationship and previous experience working collaboratively, the process of coming together for, and progressing the HACC Assessment Project was relatively smooth. The members of the Moonee Valley Partnership, for example, came together on the back of a series of successful collaborations for the benefit of a shared client base.

Where the partner agencies did not have a history of having worked together, additional time was required to build trust and understand the others' priorities before the work of the Partnership - the HACC Assessment Project - could gain shape and structure.

The Yarra Ranges Partnership was prepared to allow the interests of clients, staff and the partnership itself to guide the timeframe for its progress. They were not prepared to rush the process of partnering if that had the potential to compromise the Partnership or its projected outcomes. These included improving understanding of the cultural contexts (both mainstream and Indigenous) that impact on the delivery of appropriate assessment

and services to Indigenous communities, and developing strong and respectful relationships to enhance joint assessments for Indigenous clients.

Within both the Loddon Mallee and SMR Projects, a number of the partner agencies, and individuals, were familiar with each other and had positive working relationships on which to build, while others did not. Across both regions, member agencies were keen to engage and establish relationships that would support their assessment objectives.

The Loddon Mallee Partnership noted that strong working relationships established between individuals in the partnership, served to promote and facilitate an assumed trust between others in their agencies.

A number of the partnerships found it valuable to foster relationships with key agencies outside the partnership. By engaging with other assessment agencies such as the Aged Care Assessment Service (ACAS) and Royal District Nursing Service (RDNS), the Moonee Valley Partnership was able to share learnings beyond the partnership and build informal alliances to support HACC assessment into the future.

The Loddon Mallee Partnership established links with other key assessment organisations by inviting the District Nursing Service (DNS), the Division of General Practice and the local Primary Care Partnership (PCP) to sit on the Partnership's Steering Group. The aim was to ensure that the sector had an understanding of the principles of the HACC Assessment Framework. As discussed in the section 'Barriers to Partnering', engaging nursing services and general practitioners proved difficult, despite having the representatives of those services at the table.

Similarly the Ballarat Partnership, through their links with the Central Highlands Aged and Disability Alliance (CHADA) and the PCP were able to share their learnings and gain broad acceptance of the Home Safety Checklist and Risk Assessment they developed.

Unquestionably, the hallmark of potent partnerships is that they are built on trust, powerful relationships, shared learning and knowledge, and a genuine sense of shared purpose.¹⁰

Organisational commitment

The commitment of the partnering organisations to the projects, together with a common understanding of their purpose, was identified as being essential to the partnership's potential success, and a key facilitator of the partnering process.

The work of the Southern Metropolitan Region Partnership was driven by the region's nine Aged and Disability Services Managers who oversaw the project. They were committed to the partnering process, actively encouraging and supporting their staff to participate.

¹⁰ *Active Service and Partnering Development Southern Metropolitan Region*, Final Report, Click Consulting, July 2009

The members of the Moonee Valley Partnership were confident they had the commitment of their respective executives and that the concept of partnership was embedded within the organisational culture of each organisation. This level of confidence proved to be well founded. Although a key member of the MV partnership retired during the evaluation, the work continued, demonstrating that the partnership was not solely based on the personnel involved. Furthermore, by inviting staff from each organisation to sit on the Steering Group, the partnership effectively groomed 'champions' for the project and facilitated the buy-in and commitment of staff to the project from the beginning.

Similarly, by inviting assessment and allied health staff from the partner organisations to sit on the Working Party, the Loddon Mallee Partnership engendered commitment, understanding, and a sense of ownership of the project that those staff could then communicate within their own teams.

The Ballarat Partnership involved the two HACC Assessment Services (HAS) in Ballarat as well as other members. This partnership developed a range of resources to support HACC assessment. The Project Officer, based at the City of Ballarat, was responsible for producing the resources, trialling them and communicating regularly with and briefing other agencies. Staff from all organisations participated in the trials and briefings and provided feedback. Member agencies' support for their staff to participate in the work of the partnership was a clear demonstration of their level of commitment.

The Ballarat Partnership was also actively supported in their project by their regional Program and Service Advisor (PASA), demonstrating the Department's commitment to the project. This level of support is considered vital to the outcomes they were able to achieve. The Partnership perceived the PASA to have been proactive on their behalf – encouraging the members to submit for funding for the pilot project; attending Steering Group meetings and 'spreading the word' across the region about what the Partnership was achieving. The PASA encouraged others within the region and in neighbouring regions to explore their own activities in relation to the Living at Home Assessment.

The Whittlesea partners encouraged the commitment of their staff by involving them in a series of workshops, mapping intake and referral pathways and exploring triggers for a multidisciplinary assessment.

Community Care and Assessment staff of Yarra Ranges Council and the Indigenous Health Team were engaged in the process through get-togethers, allowing them opportunities to talk informally and explore what it would mean for them to work in conjunction. This was an important way to demonstrate to staff each organisation's commitment to the partnership.

Resourcing the partnership

The Ballarat, Loddon Mallee and Southern Metropolitan Region Partnerships were resourced and supported by dedicated project officers. Each Partnership stressed the value and centrality of this staff position to the project. The project officers significantly eased the workload of the partner agencies and ensured the process of coordinating meetings and tool development. They engaged staff in the work both of the partnership and the HACC assessment projects.

As mentioned above, the Ballarat Partnership was actively supported by their regional Program and Service Advisor (PASA). The PASA's level of involvement demonstrated the Department's willingness to consider options for resourcing the work of the partnership in the future. The partnership group considered this to be a significant facilitator of the partnership and their HACC assessment project.

The external consultants engaged by the Whittlesea, SMR and Moonee Valley Partnerships played different roles in their respective partnerships. However, each was seen to have a key role in resourcing and facilitating the work of the partnership.

The consultants engaged by the Whittlesea Partnership for example, guided the partner members in progressing and formalising the partnership; developing its structure and facilitating a common understanding of the roles of each agency in conducting Living at Home Assessments.

The consultants engaged by the SMR Partnership worked with partnership members and staff to deepen their understanding about what makes effective partnerships, share this information across the nine LGAs and community health partners, and help them apply this to the various projects in the region.¹¹

The consultant working with the Moonee Valley Partnership took a more direct role in facilitating and driving the work of their HACC Assessment Project.

The Yarra Ranges Partnership did not establish a dedicated support role but utilised project funds for backup support within their organisations, allowing managers and staff to meet on a regular basis. Using resources in this way provided greater capacity to develop strong working relationships across all levels of the staff teams.

A sense of purpose

At an overarching level, having a sense of purpose – a 'reason for being and a reason to meet' - was a key facilitator of the work of the partnerships. This sense of purpose helped maintain momentum on the partnership work.

Other facilitators

Other elements identified by the Partnership Projects as supporting and facilitating their work included:

- ◆ trust, goodwill and positive intent
- ◆ an openness to learning and sharing those learnings
- ◆ positive, open communication and a willingness to improve understanding
- ◆ shared values/objectives and a willingness to 'get on with the job'
- ◆ a shared client base
- ◆ relationships between both the member agencies and broader, regional networks such as the Primary Care Partnerships

¹¹ *SMR Active Service Model Project - Interim Summary Report*, Click Consulting, December 2008

- ♦ practitioners keen to participate, contribute and build reciprocity into assessment practice
- ♦ acknowledgement of the good practice available to build on, and
- ♦ a lack of competition or 'territory fixing' between organisations.

Barriers to partnering

Key findings:

One of the most significant barriers to the partnering process was the limited time available to establish and consolidate relationships, define assessment objectives and engage staff and management.

Partnering agencies faced challenges if they did not have an internal 'champion' to persuade their organisational teams of the importance of both the partnership and the assessment projects in development.

While other 'barriers' were discussed, few of the partnerships ascribed these with any particular weight or gravity, that is, they weren't going to stop or significantly derail the partnership's work.

At each information collection point throughout the evaluation, the Partnerships were asked to identify any barriers they had experienced in the development or progress of the partnership. These included:

- ♦ a lack of time, and
- ♦ working without an internal 'champion'.

Lack of time

One of the most significant barriers to partnering was not surprisingly, time, or a lack of time.

The Partnerships with the least extensive histories of working collaboratively, for example, required much of the twelve months of the evaluation to get to the point of being clear enough in their purpose and structure to be able to begin work on their assessment projects.

Admittedly, both these partnerships also faced significant and unexpected barriers to their work in having to deal with the implications for their communities and organisations of the Black Saturday bushfires in February 2009.

Time spent travelling to meetings was a challenge, particularly for rural, but also metropolitan partnerships.

In contrast, those partnerships with history and trust behind them were often able to communicate effectively in short hand methods, such as email and, when meeting, could quickly focus on the task at hand. These partnerships were also able to engage staff and implement their assessment projects much earlier in the allocated timeframe.

Working without an internal 'champion'

A further barrier to the work of the partnerships, mentioned by two of the larger partnerships was in not having internal 'champions' to engage others and drive the project from within the participating organisations.

For example, while having staff sit on the Working Party was seen as a positive and productive method to engage staff and develop 'champions', the Loddon Mallee Partnership struggled to communicate about the project with the many District Nursing Service (DNS) sites in the region. They found that staff had varying levels of awareness about the HACC Assessment Framework and the new model for multidisciplinary assessments. There was no one person working in or across the sites able to keep DNS staff in the loop and engage them in the assessment pilots.

The lack of 'champions' to drive the work in member agencies was also, to a lesser extent, a barrier to the Ballarat Partnership. This was more pronounced in the early days of the project. At that time, before the partnership had 'produced' anything, it was a challenge, in some agencies, to communicate key messages to operational staff. This issue faded over time for two reasons: the resources being produced by the partnership started to filter through to staff levels, and the members on the Partnership Steering Committee were developing a greater sense of the task and the level of communication required within their own organisations.

Other barriers to partnering

It is important to note that while other 'barriers' were discussed, few of the partnerships ascribed these with any particular weight or gravity - they weren't significant enough to stop or derail the partnership's work. These issues included:

- ◆ the challenges in promoting understanding of a new project across and within large and diverse organisations
- ◆ geographical distance between partner agencies
- ◆ organisational capacity to adapt and allocate staff time and generate energy
- ◆ the difficulties inherent in enlisting and engaging staff while a project was in its conceptual stages, and
- ◆ changing messages from the Department about the Living at Home Assessment tool.

Sustainability of the partnerships

Key findings:

The Partnerships' sustainability was seen to be conditional on continuing organisational support; goodwill; a common, agreed purpose and appropriate and effective resourcing.

Each of the Partnership Pilot Projects believed their model to be sustainable in the short to medium term.

The conditions seen as necessary to sustaining partnerships included:

- ◆ that the partnership:
 - has a common purpose
 - members continue to see the benefit of working together in pursuit of that common purpose

- has the support of executive and middle management, and
 - informs direct practice staff (for example, clinical staff, allied health staff and community care staff) about the partnership and involves them in its work.
- ◆ That the partnership is supported by the goodwill of all members.
 - ◆ That the partnership has sound structures and processes to ensure it will survive independently of the people and personal relationships involved in its establishment.
 - ◆ Having the personnel /resources (either from within the organisation or external to it) dedicated to driving and coordinating the work of the partnership – at least until change is embedded in both practice and formal supporting documentation.

The Ballarat Partnership has successfully secured funds from the Department of Health, Grampians Region, for a further project around Allied Health and Living at Home Assessments. The partnership is also working on personal care protocols and medication management projects. This partnership in particular was adamant that the partnership 'will be sustained while it is doing valuable work', but that the impetus would dissipate if there was no longer any value or purpose to the work of the partnership.

Transferability of partnership models

Key findings:

Transferability of partnership models was seen to be conditional on an environment of trust; a common purpose in working together, and sufficient goodwill to persevere should the process become difficult.

Most partnerships believed their model could be transferred to other, like partnerships.

Again, some conditions were seen as necessary to support a successful transfer. These included:

- ◆ open, trusting communications
- ◆ a common and articulated purpose/goal, and
- ◆ sufficient goodwill between the partners to work through difficulties and support staff and management to do the same.

The consultants were particularly struck by the potential benefits to be gained if the model and assessment project of the Yarra Ranges Partnership were to be successfully transferred to other, like partnerships.

The Yarra Ranges Partnership has as its objectives:

- ◆ an improved understanding of the cultural contexts (both mainstream and Indigenous) that impact on the delivery of appropriate assessment and services to Indigenous communities
- ◆ the development of strong and respectful relationships which enable the stories of each partnership organisation to be shared, and understanding to grow and develop from this foundation, and

- ◆ enhanced joint processes and practices to deliver Living at Home Assessments to Indigenous clients.

If this model were to be adapted by other mainstream/Indigenous partnerships, it is anticipated that the benefits for the partners, their staff, clients and carers would extend beyond the process of assessment.

When people perceive you are aware of and sensitive to their purposes and concerns, they communicate and collaborate¹²

Domain: Partnership processes

Protocols, agreements and tools developed

Key findings:

The development of protocols was seen as an important process in formalising partnerships and guiding future communications and partnership decisions.

The protocols were viewed as tools to support the serious and practical work of the partnership.

Once endorsed by executive level management, protocols also served to establish that the partnership was no longer primarily reliant on the individuals driving them at the time, but represented a commitment to the partnership at an organisational level.

While each of the partnerships maintained that the protocols served a key purpose, they felt the greater value and more important work of the partnership lay in the processes of developing relationships; establishing trust and open communications; articulating, agreeing and acting on common goals.

Each of the six Partnerships developed a series of tools to support or formalise their partnership. These included:

- ◆ Memoranda of Understandings (MoUs)
- ◆ Terms of Reference (ToR)
- ◆ Statements of Purpose for Advisory Groups, and
- ◆ Partnership Protocols.

The structure of these documents was fairly standard across all Partnerships. For example, the MoUs generally outlined the purpose of the partnership; defined the roles and responsibilities of the partner agencies; identified processes for dispute resolution

¹² *Active Service and Partnering Development Southern Metropolitan Region*, Final Report, Click Consulting, July 2009

between partnership agencies, and outlined the key values and principles to be adhered to by the partners in their joint activities.

The Terms of Reference (ToR) which were produced defined the membership of the Steering/Advisory/Working Groups; outlined the aims and key tasks of the groups; documented when meetings would be held and identified the roles and responsibilities of the participants.

Overall, these documents were viewed as a way of formalising or giving the partnership a structure. They were seen to be tools which would support the serious and practical work of the partnership.

The Partnership Protocols developed by some pilot projects included elements of both MoUs and ToR, that is, they provided the context for the partnership – outlining its goals, aims and tasks, values and principles and the roles and responsibilities of member agencies.

Table 1 below summarises the structures and tools used to support the work of the partnerships.

Table 1: Partnership structures, tools and resources

Partnership structure, tools and resourcing	Partnership					
	Ballarat	Loddon Mallee	Moonee Valley	SMR	Whittlesea	Yarra Ranges
MOU		✓	✓			✓
Steering committee	✓	✓	✓	✓	✓	
Working party		✓				✓
Terms of Reference /Statement of purpose	✓	✓	✓	✓	✓	
Project officer	✓	✓		✓		
External consultant			✓	✓	✓	
Policies and procedures	✓					✓

Four of the partnerships also developed tools specific to the work or project they had partnered to progress, that is, the Living at Home Assessment. These included:

- ◆ a Referral protocol (Ballarat Partnership)
- ◆ a Home Safety Checklist and Risk Assessment for service providers (Ballarat Partnership)
- ◆ Protocols for the trial of the Home Safety Checklist (Ballarat Partnership)
- ◆ an Outcome of Assessment form (Ballarat Partnership)
- ◆ Protocols to guide the implementation of the Integrated Assessment Model (Loddon Mallee Partnership)

- ♦ Triggers indicating the need for a referral to partner agencies (Loddon Mallee Partnership)
- ♦ a training schedule to meet identified learning needs (Moonee Valley Partnership)
- ♦ a 'Goodness of fit' policy review (Yarra Ranges Partnership), and
- ♦ Revised policies and procedures (Yarra Ranges Partnership).

Having protocols documented and endorsed by management was seen to underscore that the partnership was not primarily reliant on the individuals involved, but represented a commitment to the partnership at an organisational level.

However, while each of the partnerships maintained that the protocols served a purpose, they felt the greater value and more important work of the partnership lay in the processes of developing relationships; establishing trust; establishing open communication and articulating and agreeing on common goals.

It's the doing, not the written words that make the difference¹³

Domain: Benefits and outcomes

Impact of partnering on member organisations

Key findings:

The impact of working together to support a coordinated and person-centred HACC assessment process is evident in the optimism of, and collaboration between member agencies.

For those partnerships which had already established relationships, and a history of working together, the impact of the partnering process has been more evident than for those which had to start the process from a less well defined starting position.

The experience of formalising agreements and developing protocols assisted member organisations to better define their relationship and roles in HACC assessment.

Overall, the partnering process has provided a greater understanding between organisations of others' roles and capacity in assessment

The time required to do the groundwork to establish a partnership has meant that some partnerships have not yet had a measurable impact either on the participating organisations or their assessment practice. However, the impact of working together to support a coordinated and person-centred HACC assessment process is evident in the optimism of, and collaboration between member agencies.

¹³ Weiss, J Hughes, J. & (2007) *Simple Rules for Making Alliances Work*, Harvard Business Review, Nov 2007, Vol 85 (11) pp 122 - 131

The impact on practice has been more readily apparent for those partnerships which were well established.

For example, the structure of, and relationships within the Moonee Valley Partnership have evolved with the experience of previously successful and collaborative projects. This Partnership was able to use the twelve month project to implement their assessment project to develop and present training sessions for the MVCC HACC Assessment staff, and involve staff from both agencies in discussing their assessment processes.

The training was designed to meet a series of learning needs identified in the initial stages of the project and covered a range of topics (see Attachment 5 for the Moonee Valley Partnership Case Study).

Subsequent to these training sessions, staff of both organisations reported a greater level of awareness of each others' roles, and the stressors each deal with in meeting demand. Council Assessment staff reported feeling confident to make appropriate calls for allied health involvement in HACC assessment and better equipped to 'drill down' to explore the reasons underlying a service request.

The 'training' encouraged a broader view of joint assessment. Both the Royal District Nursing Service (RDNS) and the local Aged Care Assessment Team (ACAS) were invited to attend to discuss their potential involvement in the HACC assessment process.

Better knowledge of yourself and others provides an increased chance of success in the partnering arena.¹⁴

For other partnerships, the impact was in formalising previously informal processes and structures. The Assessment staff participating in the Loddon Mallee project reported having referred to the Rural Health Team (RHT) for allied health input previously, but the partnership has now articulated trigger events for a shared, coordinated assessment. Staff acknowledge the benefits of a team approach - albeit 'virtual' - and the value associated with embedding practice by 'formalising' it in policies and procedures. Staff of the RHT reported feeling energised by the changes and being more outward looking in their practice.

The Ballarat Partnership reported member agencies deriving a range of benefits from the partnership process. All felt there were benefits in meeting in a cross-disciplinary, cross-organisational forum to discuss assessment and develop a network of support and collaborative problem-solving. Developing tools and resources together was time-saving and efficient. Partners then had the benefit of using the standard resources and tools produced by the partnership (for example, the *Referral Pathways and Partnering Information Brochure* and the *Service Provider Home Safety Checklist*). Consistent messages were provided to staff through information sessions developed and delivered by the Project Officer.

¹⁴ ibid

New practices

Key findings:

Each of the six partnerships has taken significant steps towards establishing practices which will ensure a coordinated, person centred approach to HACC assessment

These have included:

- ◆ the development of a Home Safety Checklist and Risk Assessment (Ballarat Partnership)
- ◆ a broadening of the assessment network beyond the Moonee Valley partnership members
- ◆ the development of 'triggers' by the Loddon Mallee Partnership to indicate whether an assessment requires the input of allied health
- ◆ co-locating an occupational therapist at Bayside City Council in the Southern Metropolitan Region to work with the assessment team to build capacity and knowledge of restorative practices
- ◆ the development of a framework for engagement between the member agencies of the Whittlesea Partnership, to support work at both a strategic and operational level
- ◆ the initiation of joint assessments for Indigenous clients in the Shire of Yarra Ranges.

While it is still early in the journey for the majority of the six Partnering Pilot Projects, all have been able to demonstrate significant practice changes to ensure a coordinated, person-centred approach to HACC assessment.

The Ballarat Partnership has established itself as a strong, productive group within the Grampians HACC network. They are well positioned to collaborate on other pieces of work requiring a partnership approach and, sitting within the larger Central Highlands Aged and Disability Alliance (CHADA) the Ballarat Partnership are able to share knowledge and expertise within the region.

The Partnership produced a Service Provider Home Safety Checklist which has been adopted by two hospitals and more broadly by community service organisations across the region. The completed tool supplements the referral information available to service providers on discharge. Practice change has not been fully implemented, but member agencies are confident that they had undertaken the necessary preparatory work and that positive impact will be evident over the next six months. The tool will be implemented within the partnership in the short term and will then become a requirement for referrals within the partnership. It is anticipated the tool will be adopted widely throughout the PCP and across the region, primarily because of its importance for staff safety but also for the fact that use of a single tool provides consistency of practice and assists referrals.

- ◆ The Ballarat Partnership, through their work, addressed a common need with concrete benefits for all involved, and demonstrated the efficiencies that can be gained from working within an effective network.

The Loddon Mallee Partnership developed protocols and tools to guide and support a consistent approach to partnering across the region, plus a series of triggers that

assessment staff use to identify the need for input from the Rural Health Team in an assessment. The triggers include:

- ◆ Are you unsure if an allied health referral is required/necessary?
- ◆ Are you concerned about carer, client or worker safety?
- ◆ Can you identify an opportunity for client rehabilitation using an active service approach?
- ◆ Are you concerned that a client's behaviour did not match the formal assessment answers?
- ◆ Are you concerned by the clients' presentation or behaviour during Assessment?

Referral processes between Moonee Valley City Council and the Doutta Galla Community Health Service, while not substantially changed, are better informed as a result of the work of the partnership. Council Assessment staff report feeling confident making appropriate calls for allied health involvement in HACC assessments and more equipped to 'drill down' to explore the underlying reasons for a service request. For example, as a result of discussions with the Dietician, assessment staff were prompted to consider whether a lack of socialisation might be an issue underlying a client's poor level of nutrition? Or could it be poor dental health that is affecting their intake? Or is a physical disability compromising the client's capacity to shop and cook safely and independently? Assessment staff feel better equipped to ask whether HACC services are - or are not - the answer for this client at this time and have now built into their procedures a 4 – 5 week review to examine 'what effect HACC services have had?'

The Moonee Valley Partnership Project, through its training program, invited RDNS and the regional ACAS to speak with the council Assessment staff about their roles in assessment. Assessment staff subsequently feel able to exploit these connections for future referrals and joint assessments.

Further, Moonee Valley City Council and DGCHS now include the principles of restorative care and the ASM approach in their induction training for new staff, to ensure consistency in approach.

In the Southern Metropolitan Region, the need for occupational therapy (OT) input into assessment and person-centred, goal directed interventions was recognised as being key to the new assessment framework. Funds have been pooled to build capacity for OT interventions across the region. As a consequence of the project, an OT is now co-located with Bayside City Council to support Assessment staff in implementing an active service model approach to assessment and care planning. The work of the Southern Metropolitan Partnership has also ensured the partnership as a whole, and the smaller LGA-based partnerships, have an improved understanding of what makes an effective partnership.

These are considered excellent outcomes with positive implications for assessment practice.

The Whittlesea Partnership project resulted in achievements including:

- ◆ the establishment of a Partner Committee to support a new assessment model
- ◆ a commitment to joint training programs for staff about the new model
- ◆ an improved understanding of agency service provision and significantly enhanced agency relationships
- ◆ an improved client focus through reduced duplication of assessment functions, and
- ◆ the development of a framework for engagement between agencies at both a strategic and operational level.¹⁵

The Yarra Ranges Partnership has undertaken a number of joint assessments of Indigenous clients involving both staff of council and the Indigenous Health Team. The partnership's work to promote culturally sensitive assessment practice, including the involvement of the broader family network, made this possible. Council staff are now equipped to conduct culturally appropriate assessments of Indigenous clients either jointly (with staff from the Indigenous Health Team) or alone, allowing Indigenous clients greater choice about which agency provides their HACC services. The IHT now facilitate the relationship between clients and council, and as they are confident of the readiness of council staff to conduct culturally appropriate assessments, are more inclined to encourage clients to take this option where appropriate. These new developments are positive outcomes for the Partnership, its clients and staff.

Local Elders met with Council's Assessment and Community Care staff, to provide an understanding of salient issues around the Indigenous community and why many Indigenous clients fear dealing with non-Aboriginal organisations. From the perspective of those involved, this process was invaluable to developing better understanding in the community, and because 'we all live in the Shire, we see each other around town, better we can smile and say g'day to each other'.

Active Service Model approach

Key findings:

Each of the six partnering pilot projects is, at the time of writing, actively aligning their thinking and practice with the philosophy of the Active Service Model approach.

Staff are aware of the need to explore the reasons underlying service requests; to identify client goals and seek the most appropriate service response to meet them.

A key objective for each of the partnering pilot projects was to implement assessment processes which are aligned with the principles and philosophy of the Active Service Model (ASM) approach. The ASM approach requires that assessment, service delivery and care planning processes reflect a person-centred approach and embody the philosophy of HACC services 'doing with' rather than 'doing for' clients.

The SMR Partnership is, on a broad scale actively articulating the link between the HACC Assessment Framework and the Active Service Model approach. The OT co-located with

¹⁵ *HACC Assessment Partnering Project Report*, Quest Consulting, 2009

Bayside City Council will support Assessment staff in their implementation of an active service model approach with a concomitant focus on restorative/rehabilitative care to assessment, service delivery and care planning practice.

The partnership anticipates that other LGA-based partnerships in the SMR will have embedded the ASM approach in their practice within 6 - 12 months.

The City of Ballarat participated in trialling the *Active Service Model Practice Review* tool.¹⁶ They found the experience to be instructive, particularly in terms of understanding the ASM approach in operational terms, and it is anticipated this information will be shared with other partnering organisations. On completion of the partnering pilot project, the members had developed a shared understanding of what an holistic assessment entails; they were developing tools supportive of an holistic assessment and were aware that their assessment practice was evolving to take account of the client's goals - not just to 'improve walking' but to 'be able to walk to the shops'. They were also confident that the ASM approach would not only benefit clients but would bolster opportunities for learning and development for Community Care workers and improve the level of professional satisfaction of Assessment and clinical staff.

The training sessions developed by the Moonee Valley Partnership have provided staff with a clear understanding of the principles underpinning the Active Service Model approach. The opportunity to be involved in training sessions and discussions with allied health staff provided Assessment staff with the impetus and confidence to explore, more deeply, the reasons behind a service request. Assessment staff feel confident in asking what might be behind a request for, for example, delivered meals. Is apparent weight loss related to poor dentition, a compromised swallow or an inability to move around the kitchen and cook safely? Are HACCC delivered meals an appropriate or adequate response? Is a referral to a dietician, dentist, speech pathologist or occupational therapist required? This information is vital in ensuring that service interventions are targeted to the client's needs and goals and effective in restoring, wherever possible, a client's independence.

The triggers developed by the Loddon Mallee and Whittlesea Partnerships which identify the need for a multidisciplinary assessment are aligned with the principles of an Active Service Model approach. These encourage staff to collaborate with clients, carers and allied health staff in exploring and designing a service response appropriate to the client's goals.

The YVCHS Indigenous Health Team has recognised that the principles of the Active Service Model approach are already embedded in their practice. They approach assessment from an holistic viewpoint, involving clients, carers and family. Sharing information about these aspects of cultural respect and responsiveness was critical to the objectives of the partnership. Council staff now have a greater appreciation of the importance of engaging family, and are able to apply these principles - reflecting both the ASM approach and cultural respect - in their assessment of Indigenous clients

¹⁶ The trial of the *Active Service Model PREPARE tool* was conducted from July to August 2009

Outcomes for clients and carers

Key findings:

For most projects, it is too early to draw any conclusions about the actual benefits of the partnership for clients and their carers, however most partnerships were confident of the *potential* benefits for this group.

During initial project briefings between the Department of Health and the consultants, some wariness was expressed about whether outcomes for clients and carers would be evident at the end of the 12 month pilot projects.

This concern was realistic. None of the partnerships have data or evidence to demonstrate that clients and carers have as yet benefited from the practice changes resulting from the partnerships' assessment projects. For the past 12 months the focus of most of the partnerships has been on the activities required to establish the partnership; defining how the partnered assessment practices will work, engaging staff in the implementation and/or developing resources.

The consultants do not expect that measurable outcomes for clients and carers will be evident for another six to twelve months.

However, in the professional judgement of the member agencies, there was a high level of confidence that clients and carers will benefit from the changes being implemented. Some of the practices seen to offer potential benefits to clients include:

- ◆ assessments with focused attention on the goals and more particularly, the motivations of the client
- ◆ greater opportunity for carers to participate in assessment and for their goals to be considered when developing a service response
- ◆ enhanced pathways and relationships between agencies
- ◆ the opportunity for Indigenous clients to choose to have an Indigenous Health Team member present at their assessment
- ◆ an improved understanding of how and when to access allied health services
- ◆ a better understanding about providing intensive and short term interventions targeted to restoring or maintaining a client's independence, and
- ◆ standardised referral tools, commonly understood triggers for referral and clearer referral pathways.

Conclusions and recommendations

This section of the Report outlines the consultants' conclusions regarding the *Evaluation of the Partnering Development Pilot Projects* and their recommendations for the development of future partnerships around the HACC Assessment Framework.

Conclusions

While the history behind the Partnering Development Pilot Projects and the assessment projects developed by each were very different, the processes undertaken to establish the partnerships were similar, as were their learnings.

Bringing different organisations together, even for a clearly defined and common outcome, is a complex operation requiring time, sound relationship, commitment and effective resourcing.

The six Partnering Pilot Projects clearly demonstrated that the process of partnering requires:

- ♦ a relationship to be established before other work can realistically begin
- ♦ a commitment to maintaining that relationship
- ♦ the engagement and support of staff and executive level management
- ♦ a shared understanding of the partnership's objectives
- ♦ tolerance for different ways of working, and
- ♦ structures and resources which will support and progress the work in between Steering Group meetings.

A clear sense of purpose is also a fundamental requirement to sustaining partnerships. The partnerships evaluated for this project had a key focus on the development of the partnership and important learnings have emerged on that front. In the future, a subtle but important shift may be to refer to the partnerships as 'HACC Assessment Partnerships', thus indicating equal weight for both the partnership and the HACC Assessment function. Given that maintaining a genuine sense of purpose is an important motivator for the partnerships, this name change would reinforce the partnerships' 'raison d'être'.

The partnerships made significant shifts in assessment related practice over the course of the evaluation. Some of the most significant include:

- ♦ the development of referral protocols and referral/assessment pathways in a catchment with two HACC Assessment Services [HAS] (Ballarat Partnership)
- ♦ development of a series of 'triggers' which prompt Council assessment staff to engage allied health and/or nursing in assessment as appropriate (Loddon Mallee Partnership)
- ♦ understanding how and what value allied health can add to a comprehensive HACC assessment (Moonee Valley Partnership)
- ♦ an Occupational Therapist being co-located with Bayside City Council to resource/train assessment officers in an ASM approach to assessment and intervention (Southern Metropolitan Region Partnership)

- ♦ improved client focus through reduced duplication of assessment functions (Whittlesea)
- ♦ joint assessment of an Indigenous client (Yarra Ranges Partnership), and
- ♦ Council staff being equipped to conduct culturally appropriate assessments of Indigenous clients either jointly (with staff from the Indigenous Health Team) or alone (Yarra Ranges Partnership).

It is important to conclude this report with the overarching observation and commendation of the high level of goodwill, good humour and commitment to working together that is evident in the HACC sector. This is paired with a high level of commitment to improving assessment practice for the benefit of clients, their carers and enhancing the satisfaction of staff and efficiency of organisations.

Recommendations

The consultants' recommendations for the future development of partnerships between HACC Assessment Services and other relevant service providers are outlined below.

Recommendation 1: Size of Partnerships

It is recommended that incipient partnerships consider starting small and containing the number of member agencies involved – at least in the initial stages. This approach would allow organisations less experienced in working in active collaboration, to:

- ♦ negotiate and define their proposed outcomes within a defined forum, and
- ♦ work out 'how' to work in partnership prior to expanding the partnership's reach.

Recommendation 2: Time for the process of partnering

It is recommended that future partnerships factor in sufficient time for the key players to come together on a regular basis; establish agreement about what they are working towards and what that will look like within each organisation.

The experience of the six Partnering Development Pilot Projects suggests that, contingent on the size of the partnership, and whether the partnership members have existing and positive working relationships, up to twelve months may be required for new partnerships to move through this process and have achieved measurable outcomes.

Recommendation 3: The Partnering relationship

It is recommended that the key players of the partnership explore their reasons for wanting to work collaboratively and how this understanding can be used to support their working relationship. It may be that a number of meetings are required for the group to do the groundwork for their own working relationship.

It is recommended that a partnership analysis tool, such as the VicHealth Partnership Analysis Tool, be tailored to support the work and address the needs of partnerships working to improve HACC assessment.

It is recommended that partnerships work to establish broader Assessment Alliances with assessment organisations and relevant networks such as PCPs, as per the HACC Assessment Framework. These additional links both build the assessment capacity of the member organisations, and ensure learnings around assessment and the active service model approach are shared and built on across the sector.

Recommendation 4: Support for partnering models

The evaluation found that all partnerships developed a suitable governance model representing all member agencies. The models varied in degrees of formality depending on the number of partners and the history of the partnership. The partnerships demonstrated they were able to develop the model which suited their local culture and the objectives of the partnership. In order to support the range of models which may evolve, it is recommended the Department of Health makes available a range of tools (for example, Sample Terms of Reference for Steering Committees and Working Groups) that partnerships can adapt to their own requirements.

It is recommended that partnerships develop a communication strategy to communicate with staff and management about the partnership and its objectives. In this way, the partnership can garner support for its work.

Recommendation 5: Working with Indigenous Organisations

The Evaluation of the Partnering Development Pilot Projects was able to observe and evaluate only one partnership model involving an Indigenous service. It is likely other models would also yield significant outcomes.

It is recommended that the Department of Health consider other partnership projects for HACC assessment involving Indigenous organisations.

It is recommended that the objective of ensuring culturally sensitive practice in HACC assessment is integrated into the objectives of new partnerships.

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*These reports are available on request