Victorian Primary Care Partnerships

Submission to the Roadmap for reform: strong families; safe children Consultation

October 2015

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Purpose

This submission has been prepared to inform the Roadmap for Reform process of work undertaken by Victorian Primary Care Partnerships that has a bearing on the wellbeing of vulnerable children and families in this State.

This submission particularly focuses on systemic issues that relate to the ways in which individuals and communities access, or fail to access, appropriate services, particularly those in disadvantaged communities. It will also focus on barriers and enablers to effective capacity building work, with particular emphasis on the leadership and partnership dimensions of this work. These are areas in which Primary Care Partnership (PCP) staff has direct knowledge and expertise.

In preparation for this submission, staff from all 28 PCPs had an opportunity to contribute feedback and report on their current areas of focus.

PCPs recognise that the past decade has seen a number of partnership platforms develop, including Child First, Services Connect, Integrated Family Services Alliances and Children and Youth Area Partnerships. We believe this has been a strategic error and that greater strength and capacity would be achieved by the consolidation of partnership platforms so that the health and community sectors are able to work more closely together.

A unique feature of the Victorian context has been the establishment of PCPs in 2000 and the way in which these partnerships have shaped and influenced the development of the service system. PCP collaboration has placed Victoria ahead of many other States in the delivery of a range of health and human services. In particular, in Aged Care, Family Violence response and prevention and health promotion work, Victoria stands out among the States as having a system defined by strong collaborative processes and a focus on consumer and community empowerment and participation. Any reform process should take these strengths into account.

This submission will not answer every question that is posed as part of the consultation process. Rather it will focus on the following questions:

1. What changes are required to how the service system delivers the following:
    - Identification of vulnerable children and families
    - Access of services
    - Case management and monitoring
2. What changes are required to how we work?
    - Workforce collaboration
    - Workforce tools and enablers
3. What changes are required in how the service system is structured, governed and funded considering:
    - How Service Providers (including the Department) work together

PCP expertise in the area of Service Coordination is of particular relevance to these questions. Discussion of this work forms a significant part of this submission.

Victorian Primary Care Partnerships

Primary Care Partnerships (PCPs) are established networks of local health and human service organisations. They collaborate together to find smarter ways of making the health and community sector system work better, so the health and wellbeing of their communities is improved. Since they were introduced by the Victorian Government in 2000, PCPs have become a vital component of the Victorian healthcare system.

In the 15 years of operation PCPs have grown significantly, in both size and reputation, as more and more health and social services and community groups join them in the quest to deliver better healthcare outcomes for Victorians. Today, PCPs facilitate partnerships with a wide range of health and social service providers and community groups; and they support collaboration and service integration. Most importantly, they play a key role in enhancing the wellbeing of people within our local communities.

There are now 28 PCPs around Victoria that connect more than 800 organisations across many different sectors. This includes: hospitals, GPs, local government, universities, community health services, disability services, problem gambling services, women's health and family violence services, mental health services, sports groups, schools, police and many more. A membership list of Primary Care Partnerships is attached as Appendix One to this submission.

These diverse organisations are working together to plan around the needs of the community, to share their skills and expertise, and align their efforts. In bringing these health and social service organisations together, PCPs find new ways to collaborate and share valuable learnings, research and information. When it comes to the health and wellbeing needs of the community PCPs also enable more effective integrated planning, and develop the service system through co-ordination and integrated care as well as by making better use of data, evidence-informed interventions and a common planning framework.

PCPs are delivering real results – particularly, better health and social outcomes for community members – at the local level. Indeed, a comprehensive evaluation report[1] found that PCPs have: improved integrated planning, improved service co-ordination, increased organisational capacity and learning for health promotion, delivered economic benefits and resource efficiencies and contributed to healthier communities

The Primary Care Partnership platform is used extensively by the Department of Health and Human Services to roll out new initiatives in the areas of service coordination, integration and chronic disease management. The platform is also pivotal in the delivery of prevention and health promotion work across Victoria.

Importantly, PCPs operate from a social model of health. This model is particularly relevant to outcomes for vulnerable children and families. PCPs are in a unique position to assist with activities that build community capacity and may prevent families from requiring the support of tertiary services. The focus of this submission is on how Primary Care Partnerships can enhance outcomes for vulnerable children and families in this State.

[1] Department of Health (2011) Primary Care Partnerships: Achievements 2000-2010

Figure 1: PCP program logic 2013–17

Service coordination

Key messages in this section:

Early intervention is crucial to maximising wellbeing and building a family's capacity to offer safe and nurturing environments to children. Effective and widespread screening is a fundamental building block for earlier intervention.

At the current time, there are significant connectivity barriers to achieving more comprehensive screening and to ensuring more effective linkages between universal health services for children, community support services and tertiary services linked to the Child Protection system.

Across PCPs there is a clear understanding that tertiary services provide an essential specialist response. Our focus on improving service coordination is to ensure families that experience difficulties have an increased/improved support and referral pathways. Specialist family and children's services are integral to providing children with safe environments.

Most families with children who are struggling come into contact with numerous health and community agencies rather than, or before they seek help from, Child Protection or specialist agencies. To mitigate risk, mainstream health and community service providers need to be equipped to adequately identify and respond to child protection issues, including family violence. Effective partnerships are critical to ensuring that people receive the right care, in the right place at the right time.

PCPs are well placed to work with stakeholders to develop a more integrated service system and strive towards a more consistent, coordinated and timely responses.

Primary Care Partnerships have 15 years of expertise in service coordination having worked extensively in this area to ensure better access to services across a range of health and community services. Our experiences have taught us that improvements in service coordination practices are critical to maximising health and wellbeing in our community. Timely access to appropriate services is the key to ensuring the capacity and resilience of vulnerable children and families.

The service coordination context

Service coordination stems from *Better Access to Services: A Policy and Operational Framework* (DHS, 2001). Implementation of service coordination is supported by policy, practice standards, training and other resources.

What is service coordination?

Service coordination places consumers at the centre of service delivery to maximise their opportunities for accessing the services they need. Service coordination enables organisations to remain independent of each other, while working in a cohesive and coordinated way to give consumers a seamless and integrated response.

What are the benefits of service coordination?

Service coordination can offer many benefits to consumers and service providers.

The benefits for consumers include the following:

- Provision of up-to-date information about local service availability and support options to contact the most appropriate service
- No wrong door – every door in the service system can be the right door for consumers to access services
- Clear entry points, plus transparent and consistent referral pathways and processes that are easy to navigate
- Improved and timely identification of needs through the initial needs identification process
- Improved response times to requests for information, referral and provision of service.
- Confidential transfer of information without collecting or storing client data for referral purposes in a way that does not require the consumer to repeat their information
- Improved access to assessment and coordinated shared care/case planning clarity regarding who is involved in service provision and what their responsibilities are to meet the consumer's goals
- Reduced duplication of assessments and services as well as identification of service gaps
- Increased knowledge of the local service system and access to resources that support service coordination, such as the National Health Services Directory (NHSD)
- Consistent service standards from each service provider through the use of regional protocols and memorandum of understandings between service providers.
- A positive experience of the service system that puts the consumer at the centre of care.

The benefits for service providers include the following:

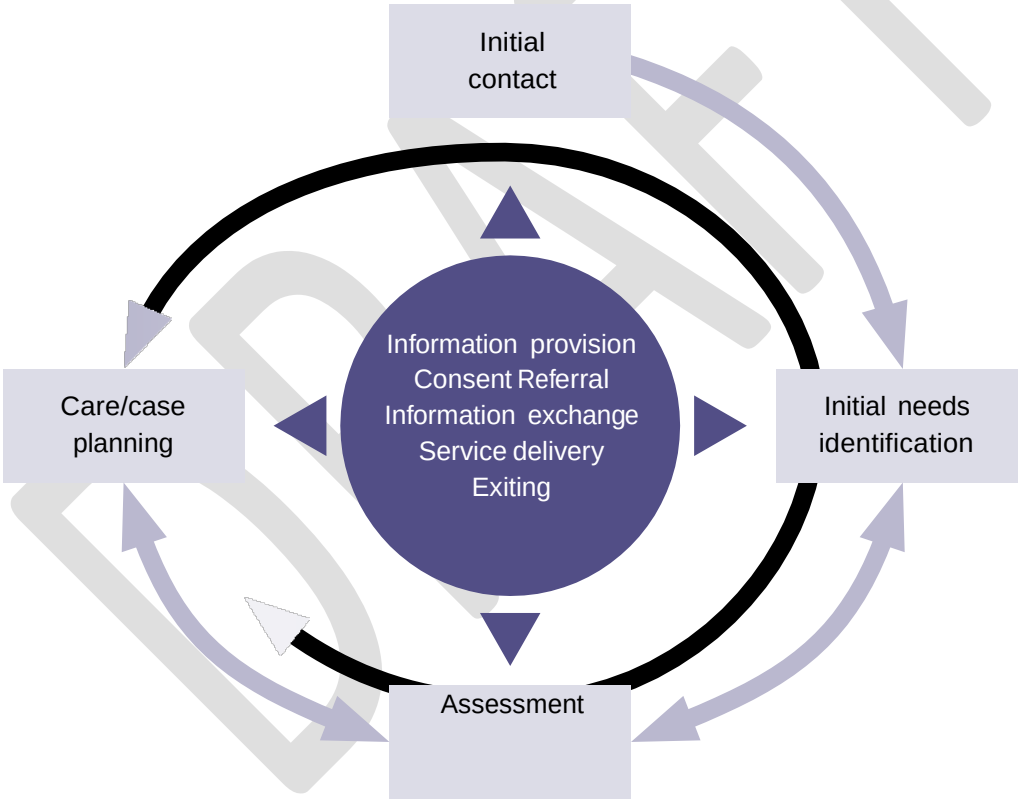
- Practices, processes, protocols and systems that set out clear guidelines and expectations around key areas of work and inter-organisation practice, including continuous quality improvement strategies aligned with accreditation standards
- Documented practice standards for the elements of service coordination including; initial contact, initial needs identification and shared care/case planning, providing a common language between services
- Improved consistency and quality of consumer information through the use of common tools such as the Service Coordination Tool Templates which has increased efficiency by combining over 300 different versions of templates.
- More efficient use of resources through improved information and feedback from referrals, fewer inappropriate referrals and less duplication of services
- Streamlined services through the provision of a consistent, agreed, standardised way for practitioners within and across organisations to identify consumer needs, identify appropriate services, make referrals, provide feedback, communicate and coordinate

care, leading to improved operational efficiency and a reduction in the demand on the service system through more effective client / consumer outcomes.

What is the Service Coordination Framework and what are the elements?

The operational elements of service coordination, as described in the *Better Access to Services: A Policy and Operational Framework* are depicted in the figure below. Initial contact, initial needs identification, assessment and care/case planning are the key service coordination elements. Additional processes such as information provision, consent to share information, referral, information exchange, service delivery and exiting can occur at any stage.

Service coordination elements are implemented in a range of ways according to the consumer, the service provider and context in which services are provided. For example, in some services, initial contact and initial needs identification are carried out by the same person and assessment is conducted by a different person; in other services, one person may conduct both initial needs identification and assessment processes at the same time.



Service Coordination in Victoria is documented in the *Victorian Service Coordination Practice Manual* (VSCPM). The manual and associated resources were designed for managers and service providers involved in the implementation of service coordination. We recommend this resource to the Commissioners. Initially developed in 2006 by the Statewide Primary Care Partnership (PCP) Chairs' Executive, with funding from the formally known Department of Health, the resources aim to provide an overarching service coordination framework applicable to a range of sectors and services including:

- Aboriginal community-controlled organisations (ACCO)

- Ambulance Victoria
- disability services
- family violence services
- general practice
- health
- housing
- mental health
- multicultural and ethno-specific services
- welfare and community services
- youth and family services

Representatives from each of these sectors were involved in the revision of the manual and associated documents. However, implementation of the framework has not been strong across the children and families service sector.

Defining areas of service coordination practice

Initial contact

Initial contact is the consumer's first contact with the service system. It is an important function of every service provider and usually includes the provision of accurate, comprehensive service information and facilitated access to initial needs identification. It may or may not include the completion of a comprehensive screening tool which some agencies will undertake at a later date.

Initial needs identification

Initial needs identification is a brief, broad, screening process to uncover underlying and presenting issues. Initial needs identification canvasses the consumer's needs as well as opportunities for intervention and information provision early in their contact with the service system. The service provider engages in a broad conversation to identify these needs. It is not a diagnostic process, but includes identification of the consumer's safety risk, eligibility and priority for service. Initial needs identification involves a whole-of-person, consumer-centred approach.

The Service Coordination Tool Templates (SCTT) were developed to collect client information and undertake initial needs identification, referral and information sharing processes. These templates have been adopted by hundreds of agencies across the state replacing over 300 different screening and referral forms. This has led to greatly improved consistency in screening, referral and data collection. The templates have been regularly updated since they were first introduced.

In 2012, a single page screener (which screens for family violence) was introduced. There is capacity for other screening tools to be developed in the future. Examples of single page screening tools that have been introduced in response to agency and community needs can be found in the Appendices (Appendix 3 & 4). These demonstrate the way in which PCPs have been responsive and flexible to embrace the inclusion of new sectors and partners and the needs and requirements of their work.

Assessment

Assessment is a decision-making methodology that collects and interprets relevant information about the consumer. Assessment is not an end in itself, but part of an ongoing process of delivering services. It is an investigative process using professional and interpersonal skills and in-depth enquiry to identify relevant issues that will guide a responsive intervention. It is often service Specific.

Some PCPs have worked closely with the family violence sector to ensure staff have the capacity to respond to disclosure made as part of the assessment process. This has occurred through training in the CRAF Framework which is designed to assist professionals working with women, to identify risk factors associated with family violence and to respond appropriately.

The model that is being used by PCPs could be employed more broadly across the health and community sectors.

Care/case planning

Care/case planning is a dynamic process that incorporates assessment coordination, care/case management, referral, information exchange, review, reassessment, monitoring and exiting. Care/case planning involves balancing relative and competing needs, and helping consumers make decisions appropriate to their needs, wishes, values and circumstances. Care/case planning may occur at an individual provider level and both within and across agencies.

Additional processes

Information provision

Providing information that is relevant to the consumer's needs may be undertaken at any and all stages of the service coordination process. When choosing the type and complexity of information to provide, service providers will be receptive to and guided by the consumer's needs, learning styles and their capacity to understand information (taking into account issues such as preferred language and visual or cognitive requirements). Service providers will check that consumers have understood and, importantly, are able to utilise the information that is being provided.

Consent to share consumer information

Privacy legislation requires the protection of an individual's personal information and their right to decide how the information is used, disclosed to or shared with others. Consumer consent is a compulsory part of the information exchange process. The primary purpose of information collection is the purpose for which the information was originally provided. The secondary purpose is any additional use that is not directly related to the consumer's original disclosure. Consumers must agree to the disclosure of information for secondary purposes.

Referral

Referral may occur at or result from any stage of the service coordination process. Referral is the transmission, with consent, of a consumer's information from one service provider to another for the purpose of further assessment, or service provision. Ideally, interagency or service referral should occur via a secure messaging platform. It is acknowledged that secure messaging is currently limited by inconsistent uptake of systems that have this functionality. Interoperability issues between different agency referral systems is also a factor.

Information exchange

Information exchange is essential to provide consumers with a seamless, coordinated service delivery. Information exchange includes: acknowledgement that a referral has been received and the subsequent action to be taken, provision of summary information to other service providers at key points in the consumer's pathway, such as following assessment, care/case planning, review or change in service delivery, handover, transition, exiting, or at other points in the consumer's service delivery pathway as appropriate.

Service delivery

Service delivery is generally undertaken in accordance with local protocols and in keeping with the needs of the consumer and the level of skill of the person providing the service. Within local PCPs, all work is underpinned by core service coordination principles as outlined in the Victorian Service Coordination Practice Manual[2]:

Central focus on consumers

- Service delivery is driven by the needs of consumers and the community rather than the needs of the system, or those who practice in it.

Partnerships and collaboration

- Service providers work together and take responsibility for the interests of consumers, not only within their own service but across the service system as a whole.

The social model of health and the social model of disability

- The social model of health is a distinct conceptual framework for thinking about health and wellbeing. This framework is concerned with addressing the social and environmental determinants of health and wellbeing, such as education and housing, as well as biological and medical factors. This includes the spiritual and family connections that contribute to wellbeing.
- The social model of disability adopts a human rights approach to disability and differentiates between physical impairment and the disabling effects of society.

Competent staff

- Elements of service coordination must be undertaken by staff that are appropriately skilled, qualified, experienced, supervised and supported.

Duty of care

- A duty to take reasonable care of a consumer. The duty of care extends to service coordination, where staff have a duty of care to provide accurate and timely information, and assist consumers with referrals.

Protection of consumer information

[2] Victorian Service Coordination Practice Manual 2012, http://www.health.vic.gov.au/pcps/downloads/sc_pracmanual2.pdf

- All confidentiality and consumer information requirements are met. The brochure *Your information – It's private* and the SCTT *Consent to share information* template are designed to improve consumer outcomes, information flow and practice.

Engagement with a broad range of service sectors

- Service coordination embraces the broadest range of partnerships across sectors including non-government, government and private providers.

Consistency in practice standards

- Service coordination procedures and tools are developed to provide consistent, coordinated service delivery.

Unfortunately some sectors have not embraced service coordination principles and in some cases vulnerable clients have to repeat their "story" multiple times to get access to services. The uptake of service coordination principles by all sectors would be beneficial. The directive to enable this to happen needs to come from government mandate.

This submission does not focus on service delivery as this is not the primary area of PCP expertise. PCPs are capacity building change agents not service providers. However, we do note that effective service delivery requires adequate resourcing. In particular, many of the systemic issues we have identified and the current limitations of our IT systems will not be addressed without additional resourcing, as well as stronger directives to agencies that they must operate from systems that interface effectively with other help service providers and health agencies.

Exiting

Exiting can occur at any stage of the service coordination process and is generally managed in accordance with local protocols. Before exiting, a case closure plan should be put in place particularly in cases where support provided has been complex and extensive. Effective planning once again requires good communication to internal and external staff and agencies. It should be secure, timely and include processes to ensure all service providers are informed. The use of secure message delivery should be expanded across sectors to enable best practice in this area.

PCPs acknowledge that working with vulnerable children and families can be complex and protracted. In many instances, families who have "exited" will require further services in the future. Improved connectivity with client management systems and secure means of transferring client data will ultimately lead to more efficient and effective service delivery.

Recommendations – Service Access and Coordination

1. **Implement the Service Coordination framework across all funded agencies and resolve issues with connectivity to ensure secure and efficient practice in relation to all aspects of service coordination:**

- SCTT frameworks, guidelines and templates should be mandated for a broader range of agencies, especially agencies providing specialist family services.
- The Department of Health and Human Services (DHHS) should work with software providers to ensure that all future upgrades to the SCTT tools are included in software products. Furthermore, future developments should occur in consultation with vendor providers' development teams to enable implementation of the upgrades in a timely manner.
- DHHS should complete the standardisation of the SCTT as a priority. Use of the single page screener should be mandated across all agencies and health funded services using the SCTT.
- Mandate use of secure messaging to ensure the safety and privacy of vulnerable children and families.
- Department of Health and Human Services should continue to work with message vendors to ensure interoperability between secure messaging platforms
- Continue to support the ongoing development of platforms to enable interoperability of CMS in future developments that align with NEHTA standards.

2. **Ensure a well trained and competent workforce**

- All staff working in the sector should be trained in Service Coordination principles including implementing minimum compulsory training standards for all existing staff in privacy and confidentiality and the transfer of client information. This should include information about secure messaging.
- Ensure that Service Coordination is included within the curriculum at university to all medical, health and social students with some detail about the secure messaging, privacy and systems.

3. **Invest sufficient resources to ensure that all agencies can meet best practice standards in relation to service coordination**

- Resource and strengthen existing partnerships and platforms. New initiatives should not be introduced independently of existing structures, as it can be counterproductive to create new partnerships, governance structures and organisations.
- Consider extending and enhancing co-location arrangements so that specialist workers in the children's and families sector are working alongside non specialist staff in community health and other community settings.

A person centred view of care essential to reform

A focus on consumer and community participation and empowerment is critical to the success of any reform agenda within the children, youth and families sector. This is a core area of practice for Victorian PCPs which they have been actively applying in the health sector and we would welcome the opportunity to extend our work in this area further into the community sector.

Choice and personalisation of care requires increasing the health literacy of the whole population, providing individuals with improved access to specific health related and service information. Person centred care should provide greater options for entering the health and community services system (no wrong door) and access to care that meets individual needs not only from a health care perspective but from a social perspective. This includes people from rural and regional areas and disadvantaged communities.

The way in which individuals experience health and community services systems is a product of their life experiences, expectations and knowledge. It is important to provide everyone with the tools and knowledge to understand their experience of these systems and to be an active participant in the decisions that are made.

PCPs strategically embed the consumer voice within the design of services and service system reform. Their consumer reference groups make sure the voice of consumers, carers and community members are heard loud and clear in all aspects of their partnership work. PCPs focus on reform that includes an iterative consumer engagement process. Consumers then engage with reform in a meaningful and sustainable way, validating their engagement in the primary care pathway as a key partner in the process.

PCPs diverse localised partnerships enable them to mobilise service providers and government to develop local plans that meet the needs of priority groups. They enable local action that is coordinated and consistently focused on service system reform that will improve the consumer journey across the service system. PCPs lead improved referral processes through e-referral systems, with a focus on continuous improvement to ensure greater access for clients.

The PCP platform has extraordinary reach across services and priority population. The table over page demonstrates the breadth of work that PCPs undertake. It highlights that over half of all PCPs already prioritise children, youth and families. In addition, children are the primary beneficiaries of much of our prevention work especially in the areas of obesity and family violence. Our focus on a person and family centred view of care means the platform is well able to adapt and respond to new and emerging issues. Our change management platform is flexible and open to new partners and ways of achieving positive outcomes for our communities. To this end, PCPs welcome discussion about consolidation of partnership activities and strategic directions. The needs of vulnerable children and families are always at the forefront of our thinking.

Table 1 – Alignment of PCP priority activities and target populations

Domain/ Alignment	Priorities	% of PCPs
Service Coordination	Chronic Diseases	93%
	Integrated Care Planning & Pathways	93%
	Secure Messaging	75%
Prevention	Obesity Prevention/Healthy Eating	61%
	Prevention Family Violence/ Elder Abuse	50%
	Mental Health Promotion	43%
Early Intervention and Integrated Care	Diabetes	71%
	Mental Health	50%
	Cardio Vascular Disease	36%
Client and Community Empowerment	Health Literacy	82%
	Consumer Participation	79%
	Person Centred Care	50%
Target Populations	Young People and their families	57%
	Children and their families	61%
	Older People	68%
Total Number of PCPs		28

Summary of feedback in response to consultation questions

This submission has sought to provide insight into a number of matters posed as questions at this beginning of the consultation paper. An extensive discussion of Service Coordination principles and practice was included because is sheds light on many of the questions posed. Returning to these questions at this point is useful as a way to distil key PCP learnings.

1. What changes are required to how the service system delivers the following:
    - Identification of vulnerable children and families
    - Access of services
    - Case management and monitoring

Full implementation of service coordination guidelines as identified above would deliver significant benefits to the State's vulnerable children and families. PCPs are available to assist family and children's services to undertake this work. PCP work in this area has been critical to improving consumer pathways and access to services in the health sector. Family and children's services have much to gain by working closely with PCPs to learn from their expertise with electronic systems for secure referral, case management and care planning.

PCPs create and maintain partnerships and deliver projects that influence and inform how services use evidence to plan and deliver their services, using their significant knowledge and capacity in evidence informed change management. PCPs have facilitated a systemic change in the way in which services use information to make evidence informed decisions in the areas of service coordination and service planning and continue to drive collaborative planned action across catchments to respond to gaps in the service system in a co-ordinated way.

As discussed above, consumer and community participation, engagement and empowerment should be a key focus of any service system redesign. Community engagement is critical to the identification of vulnerable children and families, facilitates access to services and leads to better outcomes for children and vulnerable families.

Whilst many beneficial changes can be achieved through partnership and collaboration, improved connectivity may be best achieved through mandated use of secure messaging and strong guidelines and best practice measures. Mandated timelines for acknowledgement and referral processes on discharge may greatly benefit the sector.

2. What changes are required to how we work?
    - Workforce collaboration
    - Workforce tools and enablers

PCPs have more than a decade of experience implementing workforce capacity building initiatives across the health and community sectors. For example, PCPs have delivered initiatives to ensure consistent workforce standards and practice in areas such as chronic disease management, service coordination and increasingly responding to family violence. The structures and mechanisms that have enabled PCPs to be successful in this area are available to the family and children's services sector.

A particular area of PCP knowledge and expertise lies in the platform's use of the SCTT tools and associated electronic platforms for secure referrals, information sharing, case

management and care planning. It is critical to improved practice in the future to have in place functional and consistent practices in this area. PCPs invite the DHHS to consider how SCTT tools and existing electronic platforms could be adapted and improved so that they could extend to the family and children's services sector rather than adopting approaches that effectively mean starting from scratch.

3. What changes are required in how the service system is structured, governed and funded considering:
    - How Service Providers (including the Department) work together
    - How Service Providers are funded, measured and incentivised

PCPs are keen to see a consolidation of partnership platforms. We recognise that the past decade has seen a number of partnership platforms develop, including Child First, Services Connect, Integrated Family Services Alliances and Children and Youth Area Partnerships. This may have been a strategic error as greater strength and capacity would be achieved by the consolidation of partnership platforms so that the health and community sectors are able to work more closely together. When new platforms are established to roll out new initiatives, additional demands are placed on the existing workforce. The same group of senior managers and agency leaders are asked to attend more and more leadership, governance and advisory groups leading to a phenomenon that might be described as partnership fatigue. The merger of the Departments of Health and Human Services presents a unique and timely opportunity to review the community based partnership platforms that have grown up in response to the previously siloed structures.

The PCP governance model provides an independent and autonomous platform for system reform and capacity building that encourages all stakeholders to have an equal voice through fair and equitable decision making. Through their focus on facilitation, not service provision, they support collaborative action towards an integrated health system to promote better health outcomes for local communities.

PCPs drive a focus on service redesign and sustainable system change, bringing together a range of stakeholders, with a diverse set of skills and experience, to investigate options for solving the complex systemic issues faced by member agencies. This provides greater capacity for sharing of ideas, innovation and strategic thinking, while recognising that cross sector partnerships are pivotal to addressing these complex problems.

The importance of supportive funding and service agreements

Service agreements between agencies and government funding bodies present a real opportunity to embed better practice with regards to earlier identification and support of vulnerable children and families.

Better alignment between tertiary services and mainstream service is critical but enablers for this must be embedded in all service agreements across all government sectors. Adequate IT platforms across sectors form a large part of this picture but other dimensions include the way agencies are required to meet and record target client hours / visits, data recording, and more widespread adoption of screening for family violence.

Across the State, PCP member agencies have service agreements with multiple government departments and statutory bodies including: Justice, Police, Housing, Education, Health and Human Services, Local Government, the Victorian Responsible Gambling Foundation, VicHealth, the Office of the Public Advocate, etc. **There is a major opportunity to improve alignment and achieve a whole of government and whole of community approach to**

responding to vulnerable children and families but this will not occur without interdepartmental leadership at the highest levels.

Case example - PCPs at the heart of bringing agencies and workforce together!

PCPs adopt a holistic approach to health and wellbeing recognising that in order to achieve positive outcomes, we need to work at all levels with systems, communities, workplaces and individuals..

Central West Gippsland Primary Care Partnership (CWGPCP) has a long history of working with local communities and agencies to improve outcomes for vulnerable children and families. The PCP holds 3 forums per year to encourage cross sector collaboration and provider networking. In 2015 the PCP facilitated the forums with Mental Health services, Youth Services and a Paediatric Health NDIS implications forum.

These forums provide an opportunity for local services to share their work and ensure others are familiar with their staff, programs and referral pathways. Typically these forums are attended by 25-50 people which is a significant proportion of the local workforce. Evaluations of the forums have found that they are a great way to improve cross-sector partnerships between health and social services.

CWGPCP also sits on the working groups for Child First/Integrated Family Services for Central West Gippsland and through their involvement in this area have lead the following work:

- Development of a memorandum of understanding between ACSO (Alcohol and Other Drugs and Mental Health intake for Gippsland) and Child First / Integrated Family Services
- Development of Anxiety and Depression care pathways for youth and adults to prevent development of more severe mental health issues
- Development of Parental Capacity Building pathway to help service guide parents to services that will enhance parents skills and resilience and ultimately reduce the number of children in out of home care (this pathway is still under development)

In addition, CWGPCP worked with member agencies to improve Paediatric Allied Health (PAH) services for clients with a mild-moderate developmental delay. The Gippsland PAH Project was initiated in 2013 following results of a scoping project report which revealed that the availability of Paediatric Allied Health (PAH) services in Gippsland was significantly lower than other regional areas of Victoria. The Gippsland PAH project assisted partner agencies in Baw Baw and Latrobe to develop new PAH Services in the region. To achieve this Latrobe Community Health Service and West Gippsland Healthcare Group re-directed some of their core Community Health funds to provide PAH services. This has increased the community's access to services that were previously not available through community health. (This initiative has been written up as a full Case Study and is available as Appendix 4).

CWGPCP works from a social model of health and recognises that all of the drivers of poorer health and wellbeing outcomes must be addressed in order to ensure the best outcomes for vulnerable children and families.

Case example – PCPs improving responses to family violence

PCPs recognise that family violence is a significant contributor to poorer outcomes for children and families. Across Victoria this is a significant priority area for more than half of all PCPs.

The Identifying and Responding to Family Violence project is a Regional PCP initiative that aims to assist PCP member agencies in the North West Metropolitan Region to provide a more streamlined and coordinated service system response to the diversity of women and children experiencing family violence by:

- supporting the rollout of the SCTT 2012 single page screener and improving family violence screening practice and initial response
- developing a resource for PCP member agencies that will assist staff at all levels to identify and respond to family violence and make effective referrals, so the client is seen in the right place, at the right time and clients do not have to repeat their story

In 2012, the *Single Page Screener for Health and Social Needs* was introduced as part of an update to the SCTT suite (see Appendices). The purpose of the single page screener is to support service providers to screen consumers for risk in a number of health and social areas and determine whether there is a need for further action. One of the questions which feature on the single page screener aims to identify issues of family violence. "*Have you felt afraid of someone who controls or hurts you?*"

Since the release of the SCTT Single Page Screener, the North West Metropolitan Region (NWMR) PCPs have been exploring how they can best support member agency staff who screen for family violence. A family violence needs assessment survey was completed by 199 PCP member agency staff in the region in April 2014 and has provided some much needed evidence around staff confidence in identifying and responding to family violence.

The survey investigated the extent to which agencies had implemented the SCTT 2012 single page screener and how confident agency staff are at screening, assessing risk, responding, referring and developing a safety plan for clients accessing their services who are at risk or experiencing violence.

The needs assessment highlighted the following points:

- A large number PCP member agency staff feel they lack the necessary skills and confidence required when screening, assessing, responding, referring and developing a safety plan for victims of violence who access their services.
- The need to improve initial response services in mainstream organisations and improve family violence screening practice by providing a standardised comprehensive approach

The Identifying and Responding to Family Violence Project seeks to address some of these common needs. The project is particularly looking at how this can be achieved.

Case example – PCPs sharing learnings and resourcing local agencies

East Gippsland Primary Care Partnership has worked closely with a range of local children and family services to re-establish the Children's Wellbeing Collective in East Gippsland. The Collective has used the current PCP Partnership model and agreements as a foundation for future partnership work.

This group has been instrumental in the development of local early years service access guidelines that support the delivery of family-centered, coordinated care.

The guidelines were developed in recognition that some families don't access services for a range of reasons, and it is often the way in which services are delivered that makes a difference to how accessible they are.

To label clients as 'hard to reach' puts the responsibility on clients, rather than the service. Services are funded to provide support and need to make sure they are accessible to families and children who need them the most.

An important component in the development of the guidelines was to get feedback from families across East Gippsland on their experiences of accessing services for their families.

The guidelines outline eleven principles and actions to improve service access. These principles and actions have been collated from a range of research papers and service user feedback and have been mapped against father inclusive practice, engagement with indigenous families, the Early Years National Quality Framework, in addition to the Victorian Registration and Qualifications Authority (VRQA).

The guidelines include a self-assessment checklist designed to get agencies to reflect on current practice around service access. The checklist can be used to identify the areas organisations are committed to changing or improving.

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Appendices

Appendix 1 – List of PCP member agencies in Victoria (attached separately)

Appendix 2 - SCTT Single page screener of health and social needs

Single page screener of health and social needs

Service provider administered

Purpose: to assist service providers to screen for consumer's needs.

Consumer

Name:

Date of Birth: dd/mm/yyyy / /

Sex:

UR Number:

or affix label here

Suggested introduction for consumers

The purpose of these questions is to help us get to know you and provide you with the best possible service.

Your participation in answering these questions is voluntary and we treat your information in the strictest confidence, in accordance with privacy legislation.

If you would like to proceed, we will read out several questions about the kinds of things that may be problems/issues for people.

Please answer 'yes' or 'no' to each question.

If you answer 'yes' to a question we will then ask you whether you would like to discuss it further.

Before we start the questions, may I ask you: what is the main reason you are seeking assistance today?

Questions	Is this an issue? Code: ☐	Would you like to discuss this? Code: ☐	If yes, consider completing optional SCTT templates as relevant including those listed below *For items marked with an asterisks (*) refer to SCTT 2012 User Guide for more information*
Do you have difficulty with daily tasks (such as getting dressed, showering or preparing meals)?			*Need for assistance with activities of daily living Care relationship, family and social network*
Have you been told by a doctor or other health professional that you have a health condition (eg breathing problems, a cancer, heart problems, chronic kidney disease, diabetes, high blood pressure, arthritis, osteoporosis or other condition)?			*Health and chronic conditions*
Have you recently had problems with your teeth, mouth, gums or dentures?			*Health and chronic conditions*
Are you concerned about your medications?			*Health and chronic conditions*
Are you concerned about your lack of physical activity?			*Health and chronic conditions*
Are you concerned about your weight?			*Health and chronic conditions*
Have you recently lost weight without trying?			*Health and chronic conditions*
Do currently smoke tobacco?			*ASSIST*
Have you quit smoking tobacco in the last 5 years?			*ASSIST*
Are you concerned about how much alcohol you drink?			*ASSIST*
Are you concerned about your use of drugs?			*ASSIST*
Are you concerned about your gambling?			*
Is your financial situation very difficult?			*
Do you often feel sad or depressed?			*Social and emotional wellbeing and care relationship, family and social network*
Do you often feel nervous or anxious?			*Social and emotional wellbeing*
Have you felt afraid of someone who controls or hurts you?			*Accommodation and safety arrangements Care relationship, family and social network*
Are you homeless or at risk of homelessness?			*Accommodation and safety arrangements Care relationship, family and social network*
Would you rate your health as poor?			*Health and chronic conditions*
Would you rate your life circumstances as poor?			*

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This information collected by: Page 1 of 1

Name: Position/Agency:

Sign: Date: dd/mm/yyyy / / Contact number:

Single page screener of health and social needs Service provider administered

Appendix 3 - SCTT Accommodation and safety arrangements screen

Accommodation and safety arrangements

Purpose: to screen for consumer's accommodation risk of homelessness and their safety needs, including family violence and personal emergency planning.

Consumer

Name:

Date of Birth: dd/mm/yyyy / /

Sex:

UR Number:

or affix label here

Accommodation

Accommodation Code: ☐

Comments on accommodation:

Is the consumer **homeless** (nowhere to stay tonight) Code: ☐

Is the consumer in housing/ accommodation that is:

At risk (for example eviction, behind in their rent

☐ Yes ☐ No ☐ Not stated/unknown

Unsafe (for example family violence, physical danger or other threats)

☐ Yes ☐ No ☐ Not stated/unknown

Insecure (for example, temporarily staying with friends/ family or using other temporary accommodation)

☐ Yes ☐ No ☐ Not stated/unknown

If yes to any of the above, refer the consumer to the homelessness support service in their area or specialist family violence service, via www.dhs.vic.gov.au/for-individuals/crisis-and-emergency/crisis-accommodation/homelessness-and-family-violence-getting-help

Is the consumer currently living in public/community housing (also known as social housing) and are:

☐ **At risk** (for example eviction, behind in their rent

☐ **Unsafe** (for example family violence, physical danger or other threats)

If yes to any of the above, refer to their local housing officer on www.housing.vic.gov.au/about-us/contact-us/local-housing-offices

Safety

Family violence

Is the consumer afraid of someone close to them who controls, hurts, insults or threatens them, or who prevents them from doing what they want?

☐ Yes ☐ No ☐ Not stated/unknown

***If yes**, proceed with the following questions:*

Who is the consumer afraid of? *(including the relationship to the consumer)* _____

What form does the abuse take? _____

Is the abuse becoming worse or happening more often or both?

☐ Yes ☐ No ☐ Not stated/unknown

Are any children involved experiencing the abuse or violence directly or by hearing or seeing it?

☐ Yes ☐ No ☐ Not stated/unknown

Is the consumer very scared for themselves or any children?

☐ Yes ☐ No ☐ Not stated/unknown

Has a safety plan been prepared with the consumer?

☐ Yes ☐ No ☐ Not stated/unknown

*For **women** experiencing family violence — refer to the Women's Domestic Violence Crisis Service on 1800 015 188.*

*For **men** experiencing family violence — refer to the Victims of Crime Helpline on 1800 819 817.*

*For **older people** experiencing elder abuse — contact Seniors Rights Victoria on 1300 368 821*

Living arrangements: Code: ☐

Comments on living arrangement:

Personal emergency planning

Does the consumer have a personal emergency plan in case of fire, heat wave or flood?

☐ Yes ☐ No ☐ Not stated/unknown

If no, encourage people living in high bushfire or other risk areas to develop personal emergency plans.

Does the consumer have a working smoke alarm in the house?

☐ Yes ☐ No ☐ Not stated/unknown

If no, and the person is unable to do this themselves, discuss options for assistance from families, friends, neighbours.

Other relevant information:

Accommodation and safety arrangements

Produced by the Victorian Department of Health, 2012

This information collected by:

Name: Position/Agency:

Sign: Date: dd/mm/yyyy / / Contact number:

Appendix 4 – Case Study Central West Gippsland PCP (separately attached)