



**Benalla Health and Wellbeing Action Group
and
Benalla Family Violence Prevention Network**
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Pathways to Safety, Improving Access for Vulnerable Clients

Project Report

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HEALTH

GLOSSARY

Benalla Community Care /Ray Sweeney Centre:

The building housing services provided by Benalla Community Health (diabetes education, dietetics, community health nursing, counselling, speech pathology, podiatry), Benalla Rural City (health and home care services) and visiting organisations providing legal aid, financial counselling, victims support, dental services and psychological care amongst others.

Benalla Health:

The organisation encompassing Benalla Community Health, Benalla Hospital, Home Nursing services and Morrie Evans Wing (residential aged care).

Customer service:

The act of taking care of consumer needs by providing and delivering professional, helpful, high quality **service** and assistance before, during, and after the **consumer's** requirements are met.

Client/s:

This refers to any service user. Some organisations may refer to those accessing their services as consumers, customers, care recipients, patients, residents, service users. Whilst these terms are not necessarily interchangeable, with regard to this document, the term client will be used in most instances.

No Wrong Door:

This refers to an approach where all staff (regardless of discipline or agency) will help clients navigate the local system to access the care they need, delivering the right care at the right time and in the right place.

Resident:

A person residing within the Benalla Rural City

Service provider:

Clinician, administrative and support staff, managerial staff, employees.

Terms such as agency/ies, organisation/s and service/s are used interchangeably within this document.

INTRODUCTION

The Pathways to Safety project has been funded by the Central Hume Primary Care Partnership (CHPCP) to strengthen service delivery through improving access for all community based clients in need of multiple services. The primary aim was to improve the client journey through the system, with a particular focus on the initial point of contact and on those who may be deemed more vulnerable.

To achieve these improvements it was anticipated that enhancements would need to be made regarding how the system responds to, and provides for, clients with complex needs. For example, referral pathways, the intake process, client health literacy, client awareness of, and access to, available services were all considered potential avenues for improvement.

BACKGROUND

The target groups for the project were to be women and children with particular attention being paid to the needs of Aboriginal and Torres Strait Islander population and those at risk of family violence. Benalla Rural City (BRC) has significant levels of family violence, high rates of mental ill health and higher than average rates of social disadvantage across (Vinson and Rawsthorne 2015). There is evidence to suggest that individuals amongst these groups are at increased risk of chronic disease, lower rates of engagement with health services and that there are a number of factors contributing to this (National Rural Health Alliance 2017). This is further evidenced by the comments made to by the Australian Government in regards to the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 (Australian Government 2013) and this quote:

“The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. In Australia country people are subject to the same types of social disadvantage as can occur in cities (such as lower educational attainment, job uncertainties and unemployment, poor access to appropriate housing etc).

However, in rural and remote communities the health effects of this disadvantage are compounded by poor access to communications (such as high speed broadband, mobile phone coverage, public transport) and environmental challenges (such as drought, floods and bushfire)” (National Rural Health Alliance 2013).

Historically Benalla Community Health has implemented a series of programs to address some of the inequalities around health care access that are evident in our particular community.

In 2010 The No Wrong Door (NWD) program was rolled out, as part of a larger State government program promoting inclusion of clients regardless of their first point of contact with a particular service. Since then, specific agency groups have taken this concept further and developed service provision models, training packages and online referral tools to facilitate NWD within their respective target groups. These programs have seen success, particularly in the mental health and youth sectors. For example the local government health services in the Outer East of Melbourne,

Victoria have implemented No Wrong Door for all their youth specific services. The effective implementation includes policies and procedure documents, online referral tools and associated literature for both staff and consumers (South-Western Victorian Region Youth Partnerships and Access Service Coordination Project 2017). You can view this program at www.nowrongdoor.com.au.

With the NWD approach being enacted, specific local issues were identified. This resulted in Benalla Health implementing the REACH program in 2011. This approach delivered services to those who were most disadvantaged. This 18 month pilot project was designed to address community feedback around the awkward geographical location of community health and barriers faced by individuals with regard to transport. It was also designed to remove the perceived and actual barriers, of cost and unknown referral pathways.

The process of taking services from Benalla Community Health into another location closer to those who were requesting had some unexpected outcomes. For example,

- New issues around confidentiality were raised by the consumers
- It was not possible to provide all the services the community was requesting within the skill set of staff whilst also maintaining a service at the Ray Sweeney Centre and
- The facilities available and support from other organisations somewhat limited the ongoing feasibility of this project (Stott, 2012).

In another attempt to engage with the most vulnerable members of the community the Benalla Health board approved the implementation of REACH Plus. This program continued the focus on taking services to consumers but running them along-side other successful programs and in familiar locations, rather than a new, or health specific, venue. Example: One of the successful programs at REACH was a cooking class run by the Dietitian. This program was transferred from the Food Share building to Waminda (Neighbourhood House). The result was the program continued and successfully engaged with other community members living within the Benalla West precinct.

Additionally Benalla Community Health has looked to develop effective multidisciplinary service models within Benalla Health (Home Nursing, Health Independence Program (HIP)) where multiple clinicians from either one, or across many organisations, are involved with care.

This led to the development of the REACH key worker model. Under this model, the so called 'key worker' would be responsible for helping the identified client navigate the health system, access the service/s they needed and attend to related health care tasks including but not limited to, referrals, development of a care plan and care co-ordination. This service model has had some revision during the course of implementation and currently applies to all clinicians undertaking community health funded service delivery. Furthermore, rather than consumers needing to be specifically referred into the care model, any client who is deemed (by any clinician or themselves) in need of the support of a key worker is provided with one if they consent.

CURRENT SITUATION and PROJECT OVERVIEW

We are currently seeing an increased focus on client centred care, changes to referral pathways, initiatives to address specific health related issues. It is important that any work of this project acknowledges and enhances these.

Connect Benalla

Locally for example, during the course of the project the Connect Benalla initiative was launched in response to community concerns about mental health access and support. Connect Benalla is an online portal that forms one part of mental health support in the community and endeavours to help individuals, and service providers to find the information and support they need, when they need it.

More information can be found at www.connectbenalla.org.au

Who? What? Where?

This initiative fits well with the Benalla Rural City website *Who? What? Where?* (www.benallaservices.com.au) which covers numerous services available to the Benalla community, including those which are health related. Benalla Rural City previously had information packs for new residents containing all this information in written form but it proved difficult to keep up to date. As technology has moved forward a more compact written guide has been produced to compliment the online resources. Benalla Health, and its programs are listed on this website and it is presently the responsibility of our administration team to keep the *Who? What? Where?* information up to date.

Closing the Health Gap (Koolin Balit)

Over the past five years, Benalla Health and other agencies within the region have been working to implement the recommendations of *Closing the Health Gap* project (which now has become the Koolin Balit) project. The *Pathways to Safety* project has taken these recommendations into account to provide a consistent message with the *Closing the Health Gap* program.

Connecting Care

The Connecting Care (www.connectingcare.com) referral platform has undergone changes to facilitate e referrals into health services local and otherwise. This electronic communication system allows for secure e-referrals to be sent and received but requires each service to be listed accurately (and be registered for secure emails). Benalla Health regularly reviews and updates the information on this site but this will be an ongoing task if the system is to be promoted and used by others to access our providers.

Other Referral Portals

Prior to, and during the course of the project, we have also seen the launch of the government run centralised referral systems for ACSO (<http://www.acso.org.au/>) and My Aged Care (www.myagedcare.gov.au). Part of this project was examining referral pathways and attempting to make them more personal to the client, lower the burden on each service user. This was made somewhat more challenging by the apparent rigid referral systems seen within these aforementioned programs. As such, the referral pathways we could improve were internal, rather than external.

Improving the way in which those within the building communicate with each other, both between and, within organisations was also identified as an issue important to staff.

STAGE ONE - CONSULTATION

Assessing community needs, actual and perceived, in regards to service access was key to determining the pathways and interventions of this project.

There were several steps to the consultation process.

A survey of staff regarding current practice with regard to referrals and intake procedures was conducted using survey monkey (See **Appendix 1** for a copy). This survey was sent electronically to all Benalla Health staff, across all departments and to Benalla Rural City staff based at Benalla Community Care via their manager. Electronic and hard copies were provided to others within the building and to visiting services. The response rate from those outside of Benalla Health was poor despite follow up email contact. From within Benalla Health there was a more positive response (See **Appendix 2** for specific results).

Focus groups were conducted with several (six) groups of individuals who fall within some or all of the target populations of this project. Each focus group was posed the same questions for discussion (See **Appendix 3** for details). Mainly around what services they were or were not aware of, how best to communicate with them, what information they wanted about Benalla Community Care and the barriers they faced in accessing services at the Ray Sweeney Centre.

Additionally there were three one-on-one interviews with clients who frequent multiple services within the Benalla Community Care, Ray Sweeney Centre. These interviews were not structured and were designed to further explore some of the issues identified by the focus groups and by the individual.

Meetings for guided yet informal discussion with community service group leaders were conducted with Benalla Rural City, The Salvation Army, St. Vincent de Paul Society, Waminda staff, Tomorrow Today and the Tomorrow Today Parents Early Education Partnership (PEEP) staff, the Flexible Learning Centre and Indigenous Health Worker. The particular focus of these discussions was their client needs, reported barriers to accessing services and the most appropriate ways to disseminate information (referral and service details) to the community groups, service co-ordinators and their clients.

By the end of the consultation phase we had consulted:

Staff Members	29 survey responses 5 one-to-one interviews
Community Groups	8 groups with at least 2 and up to 5 representatives each
Individual Community Members	3 x one-to-one interviews 45 individuals across all focus groups

Results

Each group involved in the consultation process had differing priorities as a result of their different roles within the health system. However, there was cross over in some of their responses. Below is a summary of the data collected in general terms, direct quotes and examples as provided by the responders.

Staff Survey Results (Appendix 2)

- Staff awareness of programs, within the service, within the building and across the organisation is variable.
- There is inconsistent awareness of other services and the referral pathways involved.
- There are too many different ways to refer. Referring using the SCTT is time consuming, difficult and appears to be duplicating processes and documentation.
- Knowledge of processes and recommended procedures with Benalla Health community based services is lacking and of variable depths.
- Referrals to community based programs from the acute sector are often inappropriate, contain insufficient information or do not occur because the process is too difficult. Generally staff would appreciate a simpler, more accurate process.

Other issues identified by staff

- There are variable, non-standardised referral pathways, duplication of consent forms, fee structure and eligibility criteria both within and across services.
- Maintaining currency of service information is a challenge.
- Delegation of roles for maintaining website, resources, online service directories and communication with the community is yet to occur or staff are unaware of who is responsible for maintaining this information.

Focus Groups and One to One Interviews (Appendix 4)

- Navigation of the health service site is difficult (finding education, pathology from car park or finding Community Health from main hospital reception for example).
- Signage is inconsistent and unclear, especially from car parking area.
- Poor information and directions to services from Benalla Health staff. For example, if someone presents at Hospital reception instead of Benalla Community Care Ray Sweeney Centre, direction and facilitation to the correct location should be straightforward and efficient. Ideally, communication about service location is clear in the first instance and this mis-presentation does not occur.
- It can be difficult to get to Benalla Community Care (transport lacking, walking distance from most of town is too great especially if it is wet and/or hot)
- Some individuals feel it is difficult to find information about what is available at Benalla Community Care (online or in the community).
- Consumers are worried about the cost involved with some services (particularly counselling and legal services).
- Many consumers were not sure how to access services – are referrals needed and if so, who can refer?

- The public don't necessarily understand the terminology in the same way employees do. For example Community Care and Community Health are used interchangeably in the public domain but they find it confusing if they are trying to locate hospital related information using the Benalla Health name. Many consumers didn't know if Benalla Health included the hospital or was JUST the hospital or JUST Benalla Community Health. The Ray Sweeney Centre terminology was not well used in the community and certainly wasn't spoken by consumers in their conversations about the services.
- Poor website and electronic media presence 'I look at Facebook for everything' or 'I just google it, but can't find what I need'.
- Lack of written material being provided to new residents or being available when they look for it.
- Hospital and pathology/specialist room staff were unfamiliar with community health services or where they are delivered from.
- Reported unhelpful, unfriendly staff at Benalla Community Care reception
- Client concerns about confidentiality in the waiting area – having to explain the service they are accessing in an open forum.
- Lack of bulk billing GP services
- Lack of youth specific health services

Interestingly, on several occasions, when exploring where consumers go to find out about other services or Benalla Community Care providers, they commented that they go to someone they are already involved with, know and trust. For example, young parents ask at PEEP and those using Salvation Army services, ask the staff there. This makes it particularly important for Benalla Health and specifically Benalla Community Care services to ensure that information available to these agencies is up to date, easy to navigate and in a format they can apply.

Service Providers

The service providers gave a similar picture to the general public. It should be noted that it is possible that some comments made by service providers were based on their own experience, rather than that of their clients but as they are also service users, this was considered valid feedback. The main points to note are:

- Written information should be clear, concise and to the point; 'not too busy'
- As service providers, it is important to know who (which organisation at least and preferably which individual) we are referring to.
- It is not clear what Benalla Health is - is this the Hospital? Or Community Health? Or Both? How does this vary from Community Care?
- Getting to the location with public transport can be challenging, also it can be a long walk with little shelter for many of the community (not near other services, doctors, shops or banks for example).
- Information resources should be on display where ever possible but need to be kept track of and updated/restocked regularly.

Summary

Following consultation, and upon reviewing the project goals, the common themes to be addressed by this project to improve client journey to, and through the service, were determined to be:

- Effectively communicating to (potential) clients all information regarding service provision including
 - Locations (where and what it is called)
 - Costs
 - Referral requirements
 - Service availability/type
- Reducing barriers to accessing services
 - Online information about services
 - Optimising customer service
 - Communicating information about referral and costs (see above).

The following issues were raised during consultation as valid and useful strategies to better meet the needs of our community but are, unfortunately, beyond the scope of the current project. They will be duly noted and communicated to Benalla Health.

- Bulk billing GP and/or youth specific services
- Navigating the site
 - Signage from car park and hospital reception
 - Possible consideration of colour coded ground markings to assist in this matter.

STAGE 2 – ACTIONS AND IMPLEMENTATION

Following consultation and determination of project priorities the following tasks were undertaken simultaneously.

Memorandum of Understanding (MOU)

To address the ‘No Wrong Door’ aspect of the project whereby clients who enter the system at one point are supported to navigate, literally and figuratively, the system to access all the services they need, a memorandum of understanding or MOU was written to be agreed to by all services operating from the Benalla Community Care, Ray Sweeney Centre.

The MOU was circulated in draft form, for comment, to all stakeholders with a view to integrating as much of their feedback as possible. There was an approximate 50% response rate to the draft for comment with minor changes to content being requested.

This document is now with the Director of Community (as the lead agency) will finalise the MOU and request all the partner agencies to sign as soon as possible. It will be offered to any new services seeking to operate from Benalla Community Care, Ray Sweeney Centre going forward. See **Appendix 5** for details.

Consumer Information Poster

The initial project proposal highlighted the need for better communication about what, where and how to seek help from Benalla Community Care. With what is now known as the ‘Do you need help?’ poster we hoped to highlight the services on offer and better communicate with consumers about how to access them.

The poster went through many transformations and revisions and was presented to the community for comment and feedback prior to it being finalised.

The poster (and subsequent postcard size version) was distributed to other sites within the community including, but not limited to, GP clinics, Tomorrow Today, Church Group, NESAY, Waminda House, Schools, Child Care Centres and Charitable service providers.

These publications can be viewed in **Appendix 6a and Appendix 6b**.

Service framework for other community based providers

Part of the issues for those external to our building around referring in, stem from being unsure about how to refer or who they are referring to. Whilst trying to map a complicated set of requirements in a simple and clear manner was a challenging task, we have been able to develop a framework document to encompass basic referral information and first point of contact for all those working from the Benalla Community Care, Ray Sweeney Centre. This chart (**Appendix 7**) is designed for use by those in the acute hospital setting, at GP clinics and other services such as police and law enforcement, emergency financial assistance and welfare organisations. It was printed and distributed to these organisations with the 'Do you need help?' poster.

Internal Referral Pathways

At Benalla Community Health, some programs already have strong, internal referral systems helping support their client centred care approach. During consultation it was identified that within community health no such processes existed and providers were undertaking many different referral methods born of their own initiative or experiences in other settings. This was discussed at team meetings where Health Independence Program co-ordinator spoke to the current processes working within their team and highlighted aspects relevant to the community health setting.

Additionally it was identified by those enacting referrals to Benalla Community Health from the Benalla Health acute setting, and those receiving them that both the referral process and the details contained within the referrals could be improved. *Initially this was to be examined in the context of this project but was later abandoned as concurrent work was being undertaken from the acute sector to address this specific issue.*

Staff Service Manual

To encompass the application of the MOU, internal referral pathways and procedures, and support the efforts to raise client health literacy, the staff service manual was written (**Appendix 8**).

This manual is specific to Benalla Health but could be adapted for use by other organisations. It complements the MOU and gives guidance to all employees as to how to practically apply the theory. It is published on the intranet for all employees, new and existing.

Community Health Brochure and Visiting Service Listings.

Improving client health literacy and improving public understanding of our organisations is likely to be improved with consistent branding across all printed material. With the help of Benalla Health's media relations officer, improvements were made to the Benalla Community Health brochure which is a document that

required a content update, community consultation and formatting to match other Benalla Health publications.

This brochure (**Appendix 9**) is an outline of services, with photographs of the building and entrance to help clarify the services being advertised and begin to familiarise consumers with the setting.

In this same vein, the service listings (previously maintained by the Community Health Nurse) were updated to have a more uniform image thus making them readily identifiable and able to tie in with the 'Do you need help?' poster and post card. These documents previously had no logo or heading and were not accessible by all staff (**Appendix 10a and 10b**). They are primarily used by Benalla Rural City in their packages provided to new Community Service clients and circulated by email to local service providers external to Benalla Community Care.

Media Strategy

All documents for public use were taken to the community for feedback and opinion. This feedback was entered into survey monkey and reports generated for the CDCC and the Guiding Documents committee prior to final approval and publication.

As this project was being undertaken, there was a move by Benalla Health to update both their website (www.benallahealth.org.au) and social media (namely [Facebook](#) and [Twitter](#)) presence. This was particularly timely for this project as it helps to address many of the community concerns about what services are offered, where they are located and how to find information online. In particular, an improved social media profile, if well managed, has the ability to raise Benalla Health's public profile and that of specific programs/events. It gives an added avenue for improving client health literacy.

Alongside promoting this project on social media was a more traditional approach of a media release to the local newspaper, including a photographs and copies of the associated resources.

STAGE THREE – EVALUATION

Measuring the effectiveness of the above actions and published resources is important in evaluating the outcomes of this project. It is anticipated that a review of intake data, at 6 months and 12months, will help determine any changes to referral sources and indicate if there has been an increase in self referrals or those seeking referral to a particular service.

Surveying and repeating focus groups with the target population is also recommended to qualitatively assess changes to client health literacy regarding local services and their accessibility.

Ongoing staff feedback about internal referral pathways will inform any further improvements in this aspect of the project and should be considered as the need arises.

STAGE FOUR – MAINTENANCE, SUSTAINABILITY AND FUTURE RECOMMENDATIONS

The success of the project relies heavily on printed material and accurate online resources. As such it is imperative that these are maintained with current and accurate information.

It is recommended that the following actions take place

Immediate Actions

1. The MOU is to be distributed by the Director of Community Health and signed by all partners.
2. Printing and distribution of the project poster, postcard and service framework is to occur as soon as possible in conjunction with an appropriate cover letter (**Appendix 11**) and press/media release for promotion of the project materials.
3. An intranet page is established for staff to access this report, the MOU, staff service manual and other resources.
 - a. The task of maintaining the online copies of said written material be appropriately delegated.
4. The other documents such as the Benalla Community Health Service Brochure, “Do you need help?” poster and service listings be made available online on the relevant page of the Benalla Health website
5. Online directories (Connecting Care, Benalla Who? What? Where? And Department of Health and Human Services) are scheduled to be reviewed and updated on a regular basis and that this task also be appropriately delegated.

Ongoing Actions

6. Distribution and upkeep of stock at public venues be appropriately managed.
7. Ongoing education to staff be provided in regards to:
 - a. Referral pathways,
 - b. The No Wrong Door approach to service delivery
 - c. The use of UNITI for functions such as creating a SCTT, nominating self as key worker, and using shared care plans
8. Round table discussions of all those working in the Ray Sweeney Centre occur at least annually to help facilitate internal referrals and staff familiarisation with services.

Future Actions

9. Improved signage and markings to help with on-site navigation between different locations with the Benalla Health site.
10. Utilising TV screens in waiting areas and at patient bedsides in the acute setting, to advertise programs, display our advertising material such as the “Do you need help?” poster.

Initially this project was also intending to look at shared care models (as per Benalla Home Nursing Service) with Benalla Rural City (BRC) but this proved particularly difficult in terms of electronic access, client consent and was therefore deemed beyond the scope of this project.

APPENDICES

Appendix 1: Pathways to Safety Pre survey questions (to staff)

Appendix 2: Pathways to Safety Pre survey results

Appendix 3: Guided questions for focus groups

Appendix 4: Focus group results

Appendix 5: Memorandum of Understanding (MOU)

Appendix 6a: “Do you need help?” poster

Appendix 6b: “Do you need help?” postcard

Appendix 7: Service Framework

Appendix 8: Staff Service Manual

Appendix 9: Community Health Brochure

Appendix 10a: Benalla Community Health Service Listings

Appendix 10b: Visiting Service Listings

Appendix 11: Cover letter for distribution with printed material

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Australian Government 2013, *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*, Canberra, viewed September 2016, [http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/\\$File/health-plan.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/$File/health-plan.pdf)

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