

CONTENTS

BACKGROUND TO THE PROJECT

OBJECTIVES OF BUILDING BRIDGES

OUTCOMES OF BUILDING BRIDGES

1. To build bridges of understanding, trust and co-operation between services

2. To develop a local plan for service co-ordination and improved consumer input, with the option of continued participation in the Community Care Demonstration Project process

3. To establish and support five working parties

a. Participation

b. Co-ordination

c. Assessment and referral

d. Consumer rights and participation

e. Quality improvement

THE FUTURE OF COMMUNITY CARE IN SUTHERLAND SHIRE

BACKGROUND TO THE PROJECT:

The Building Bridges Project represented a vital step in the development, expansion and strengthening of community service networks in the Sutherland Shire. As the project logo demonstrates, the project was grounded in the desire - indeed need - for services funded under the Home and Community Care (HACC) Program to build bridges of co-operation between themselves and consumers, and each other, in order to produce improved outcomes for consumers.

Indeed, the project logo embodied a series of powerful conceptual aims for Building Bridges:

- Encircling the design:
 - **Improving Co-ordination**; and
 - **Quality of Care**;
- Inside a ring of linked hands:
 - **Co-operation**; and
 - **Quality Improvement**; and
- Forming the central bridge between **Services** and **Consumers**:
 - **Communication**;
 - **Empowerment**;
 - **Trust**; and
 - **Participation**.

These aims constituted a submission tendered to the then Office on Ageing (now Ageing and Disability Department of NSW) by a group of Shire services in 1994, under the leading agency of Southcare, for a demonstration project to assist in the development of a community-based approach to addressing the needs of frail older people, people with disabilities and their carers in the Sutherland Shire. The project was subsequently funded with an initial injection of \$3,000. (see **Statement of Expenditure**, attached)

In 1996, five working parties were established to address the key aspects of Building Bridges:

- Consumer Rights and Participation;
- Information;
- Referral and Assessment;
- Care Co-ordination; and
- Quality improvement.

(See **Outcomes of Building Bridges**, below, for a full explanation of the working parties).

Also in 1996, a project worker, Leigh Clear, was employed to facilitate Building Bridges under the auspices of Menai District Neighbourhood Services Inc, which also held the auspice for two other HACC-funded projects, the Sutherland Shire HACC Development Project and Menai District Neighbour Aid. All three projects were co-located at Bangor Community Centre, to the west of the Sutherland Shire. The HACC Development Officer, Gorgina Dalley, and her Administrative Assistant, Linda Bunclark, were particularly active in the Building Bridges project and became responsible for the completion of the Final Report following the premature departure of the project officer in December 1997.

It should be noted that the departure of the project officer, followed by the HACC Development Officer herself, in early 1998, resulted in a significant pause in the activities of Building Bridges. Indeed, there was confusion amongst services regarding the official conclusion of the project, with many believing that their commitment had ended once the Final Report was completed in December 1997. This, together with the employment of a new HACC Development Officer who had not previously been involved in Building Bridges has created additional challenges in fulfilling the accountability requirements of the project and following through with the outstanding project recommendations.

Indeed, this report has largely been written by the current HACC Development Officer, Melinda Paterson, with references from the **Building Bridges: Final Report**¹ and the assistance of remaining representatives of the Building Bridges Steering Committee, now known as the Sutherland Shire Community Care Network Inc:

- Building Bridges Steering Committee (Bill Saville);
- Combined Caring Centres (Evelyn Thompson);
- Consumers and Carers Forum (Mary Bills);
- Home Care Service of NSW (Meg Boswell);
- Southcare (Cathy Farrington);
- Sutherland Shire Neighbour Aid Network (Janet Brown);
- Sutherland Shire Council (Maree Hutchens);
- Wesley Home Care (Brenda Mullins-Jackson); and
- The Public Officer (Linda Bunclark).

OBJECTIVES OF BUILDING BRIDGES:

Given the genuine desire of services to improve co-ordination and consumer outcomes, it was inevitable that the concept of “building bridges” became integral to the project objectives established by the Steering Committee following initial meetings in September and October 1994:

1. To build bridges of understanding, trust and co-operation between services; and
2. To develop a local plan for service co-ordination and improved consumer input, with the option of continued participation in the Community Care Demonstration Project process.

A further five interrelated “jigsaw puzzle pieces” of community care were identified at the outset of the project as a third fundamental objective:

3. To establish and support five working parties to address the following areas:
 - a. Participation;
 - b. Co-ordination;
 - c. Assessment and referral;
 - d. Consumer rights and participation; and
 - e. Quality improvement.

These objectives have remained constant throughout the Building Bridges Project and have been strengthened by the ongoing commitment of the Sutherland Shire HACC

¹ Leigh Clear, **Sutherland Shire Community Care Demonstration Project Building Bridges: Final Report** (November 1997).

Forum and representatives of the following organisations, who constituted the membership of the Steering Committee and five working parties:

- Combined Caring Centres;
- Health Promotions Unit, Sutherland Hospital
- Home Care Service of NSW;
- Individual consumers and carers
- Menai District Neighbourhood Services;
- Multiple Sclerosis Society;
- Southcare (including Aged Care Assessment Team);
- Southern Sydney Therapy Centre;
- Sutherland Shire Carer Support Project
- Sutherland Shire Council;
- Sutherland Shire Food Services (formerly Meals on Wheels);
- Sutherland Shire HACC Development Project;
- Sutherland Shire Home Modifications and Maintenance;
- Sutherland Shire Neighbour Aid Network (including Caringbah, Cronulla, Gymea, Jannali, Menai and Sylvania Neighbour Aid services);
- Veterans' Affairs Department;
- Volunteer Link; and
- Wesley Home Care.

OUTCOMES OF BUILDING BRIDGES:

The Building Bridges Project has produced a range of outcomes that continue to support close links between HACC-funded services and maximise the outcomes for aged people, people with disabilities and carers in the Sutherland Shire. These included:

- *Care Co-ordination Policy and Protocols;*
- *Consumer Participation: A Guide for Service Providers;*
- The Consumers and Carers Forum;
- *HACC Snippets* newsletter;
- A community services page in the Yellow Pages;
- The Shared Information Form;
- *Quality Staff, Quality Service, Quality Future;* and
- The project worker's Final Report and Project Recommendations.

Specifically related to the three objectives these outcomes were as follows:

4. To build bridges of understanding, trust and co-operation between services

Clearly, the greatest achievements of Building Bridges have been its success in overcoming fear and mistrust which had formed barriers of division between a number of individual services and between services and staff in the community sector, such as Sutherland Shire Council, and the Health services, which are auspiced by Southcare. Members of the HACC Forum, which includes both Health and community services, have become more co-operative and the project has resulted in the establishment of personal and service links that may not have otherwise been made.

These outcomes are largely attributed to the theme of building bridges inherent in the design and operating processes of the project. Services came together through regular meetings of the working parties (see below) and developed a teamwork approach to problem solving. They improved their existing relationships and in some cases developed new ones through face to face communication. This allowed improved understanding of each other's work and greater potential for client referrals.

Of course, this process was far from complete, due in part to the unwillingness of at least one major HACC service provider in the area to be involved in Building Bridges and the difficulty of maintaining representation of all services amidst staff movements during the four year span of the project.

5. To develop a local plan for service co-ordination and improved consumer input, with the option of continued participation in the Community Care Demonstration Project process

In the **Building Bridges: Final Project** the project officer proposed the establishment of an Incorporated Development Organisation in the Sutherland Shire which would allow for the integration of a range of different, complementary philosophies of care into a single management structure to create "a high quality system of integrated [community] care for all consumers in the Sutherland Shire"².

Aspects of the proposed model included:

- Close links with the HACC Forum;
- Broad representation on its management committee;
- A neutral auspicing body for projects providing a Shire-wide development focus;
- A management structure similar to Building Bridges, in which a management committee oversees a series of project-specific steering committees;
- Effective consumer participation through appropriate support and resource allocation;
- Development of a caring ethic; and
- Openness to learning.

Following the hiatus at the start of 1998, services who had been represented on the Building Bridges Steering Committee were invited to renew their commitment to the formation of a new association under the above model. Consequently, the first meeting of *Sutherland Shire Community Care Network* was held on 24th June to pass resolutions regarding incorporation in accordance with the requirements of the *Associations Incorporation Act, 1984*. These included the objects and activities of the association to be incorporated:

OBJECTS OF SUTHERLAND SHIRE COMMUNITY CARE NETWORK:

1. To work towards improving co-ordination and quality of care for people in the HACC target group; and
2. To work towards implementation of principles established through the recommendations of the Building Bridges Community Care Demonstration Project:
 - I. Care Co-ordination
 - II. Consumer Rights and Participation
 - III. Information, Referral and Assessment
 - IV. Quality Improvement

² p. 23.

ACTIVITIES OF SUTHERLAND SHIRE COMMUNITY CARE NETWORK:

1. *Auspice projects that aim to improve co-ordination and the development of efficient and high quality services;*
2. *The organisation should have responsibility for:*
 - I. *Administrative, financial and policy oversight of projects; and*
 - II. *Ensure that projects follow the project specifications;*

All projects auspiced under the association should be led by a steering committee comprised of people with the particular expertise that should bring balanced assistance.

The applications for incorporation were completed for submission on 30th June 1998. (see **The Future of Community Care In Sutherland Shire**, below)

6. To establish and support five working parties

a. Participation

The Building Bridges project aimed for participation by all services in the Sutherland Shire HACC Forum, as well as consumers (including frail aged people, people with disabilities and carers) in all of the 1996 working parties (below), which became known as sub-committees in 1997.

In addition, the Building Bridges Steering Committee consisted of representatives of a range of local services and interest groups, including:

- Mary Bills (consumer representative, Consumers and Carers Forum Support Worker);
- Meg Boswell (Home Care Service of NSW);
- Maureen Carroll/Mike Kofod (Southern Sydney Therapy Centre);
- Gorgina Dalley (HACC Development Project);
- Anne Davies (Sutherland Shire Neighbour Aid Network);
- Richard Ellis (Sutherland Shire Council);
- Cathy Farrington (Southcare);
- Clare Fietz (Menai District Neighbourhood Services)
- Myra French
- Michael North (Sutherland Shire Food Services/Meals on Wheels);
- Bill Saville (Caringbah Neighbour Aid, formerly of Volunteer Link);
- Evelyn Thompson (Combined Caring Centres);
- Ken Stewart (Department of Veterans' Affairs);
- Tracey Carr (Wesley Home Care); and
- Patricia Occelli (Ageing & Disability Department).

The outcomes/outputs of the Steering Committee were:

- Ongoing support and supervision of the project worker; and
- Project worker's Final Report & Project Recommendations.

b. Co-ordination

The outcomes/outputs of the Care Co-ordination working party were:

- Survey of service's usage and views of care co-ordination – a survey across all services undertaken in 1996 to collect data on perceptions and usage of care co-ordination concepts at that time; and
- *Care Co-ordination Policy and Protocols* – a set of guidelines for service co-ordinators and staff that provide for consistency in practice and procedure, thus increasing interagency co-ordination and co-operation. The guidelines were grounded in the so-called “four C's of co-ordination”: communication, co-operation, consultation and collaboration and trialed for two months in 1997. All services in the HACC Forum will be asked to sign a document agreeing to institute the policy following a discussion in the July meeting (see **The Future of Community Care in Sutherland Shire**, below).

This working party included three consumers and representatives of the Home Care Service of NSW, Southcare, Southern Sydney Therapy Centre, Community Options, Wesley Home Care, Discharge Planning from Sutherland Hospital and the Neighbour Aid Network.

c. Assessment and referral

The outcomes/outputs of the Information, Assessment and Referral working parties (which merged in 1997) were:

- *HACC Snippets* – a monthly newsletter produced by the HACC Development Officer to provide a vehicle for information sharing between services and any consumers who wish to be on the mailing list, which currently stands at ninety addresses;
- Community services page in Yellow Pages – updated on a yearly basis to assist potential consumers to access services;
- *Shared Information Form* – a form trialed in 1997 as a part of the yellow CIARR booklet, which has since been mandated for use by all HACC-funded services; and
- Information & Referral Phone Line – ideas for this single point of access to services and the establishment of an Internet website are subject to future funding (see **Recommendations**, attached).

These working parties included two consumers and representatives of the Home Care Service of NSW, Southcare, Southern Sydney Therapy Centre, Neighbour Aid Network, Multiple Sclerosis Society Wesley Home Care, Home Modification and Maintenance, Meals on Wheels, Veterans' Affairs and the Health Promotion Unit of Sutherland Hospital.

d. Consumer rights and participation

The outcomes/outputs of the Consumer Rights and Participation working party were:

- *Consumer Participation: A Guide for Service Providers* - a booklet produced in 1996 as part of a strategy for increasing consumer participation through information sharing and support by service providers;
- Sutherland Shire Consumers and Carers Forum - an informal gathering of people with common interests and concerns who get together to share their experiences of using community services to live with a disability or the effects of ageing. Formed in 1996, the Forum gives feedback to the HACC Forum and annual HACC planning process through the Forum Support Worker (see attached brochure). There are long term plans to expand the Forum model in the form of a group for people from non-English speaking backgrounds; and

- Tool for facilitating communication and rights awareness – a series of three cards produced in 1996 and referred to the Information, Referral and Assessment working parties for inclusion in the yellow CIARR booklet: a card identifying the key worker at a glance, “Difficulties or Suggestions” card encouraging consumer feedback about services and “Your Rights and Responsibilities” card.

This working party included three consumers and representatives of the Home Care Service of NSW, Southcare, Southern Sydney Therapy Centre and the Combined Caring Centres. One of the consumer representatives, Mary Bills, subsequently became the Support Worker for the Consumers and Carers Forum, which meets on a quarterly basis. The last Forum meeting, held in May, was attended by over thirty people.

e. Quality improvement

The outcomes/outputs of the Quality Improvement working party were:

- *Quality Staff, Quality Service, Quality Future* - a manual and training session held in 1997, linked with staff training and concern about the impact on consumer of high staff turnover.

This working party consisted of representatives of the Home Care Service of NSW, Southcare, Southern Sydney Therapy Centre, Volunteer Link and the Neighbour Aid Network. Further training is planned for a HACC Forum in the latter half of 1998 (see **Recommendations**, attached).

THE FUTURE OF COMMUNITY CARE IN SUTHERLAND SHIRE:

The priorities and ideals established through the Building Bridges project have now become a part of the fundamentals of HACC service provision in the Sutherland Shire, and the HACC Forum, together with HACC Development Project, will endeavour to institute the recommendations of the Final Report during the next few months.

These recommendations included the incorporation of a new association, Sutherland Shire Community Care Network (SSCCN). Consisting of representatives of HACC services and consumer groups, SSCCN aims to work towards implementation of principles established through the recommendations of the Building Bridges Community Care Demonstration Project. It will achieve this by auspicing projects that aim to improve co-ordination and the development of efficient and high quality services, starting with the HACC Development Project.

Other recommendations will be addressed in upcoming meetings of the HACC Forum, such as the full adoption of the Client Information and Referral Record (CIARR), the Care Co-ordination Policy and Protocols and quality improvement in service provision. The HACC Development Officer is likely to draw on the expertise and experience of individual members of the five Building Bridges Working Parties/Sub-committees (most of whom have continued their involvement through the HACC Forum) from time to time to assist with these activities.

Of course, the work of Building Bridges has not been a complete success and some of the problems identified at the outset continue to exist, although to a lesser extent. These issues will undoubtedly remain as future challenges for the HACC Forum, Sutherland

Shire Community Care Network Inc and services generally as they attempt to maintain an effective, efficient, caring and co-ordinated approach to service delivery. These include:

- Personality conflicts between individual service co-ordinators and staff;
- The potential conflicts that may arise between individual services “competing” for funding through the Expression of Interest/tendering process;
- Changes in population-based planning processes and the shifting of responsibilities from the funding bodies to local service networks;
- Maintaining the strength of community service networks with the emergence of new for-profit organisations providing community care services;
- Retaining and/or rejuvenating individuals’ interest in the concepts of building bridges and the commitment of services and individuals following the official conclusion of the Building Bridges Community Care Demonstration Project;
- Securing the necessary time, energy and resources (including funding) to achieve some of the outstanding recommendations of Building Bridges (see **Recommendations**, attached).

Over the past four years, the Building Bridges project has shown that with time, initiative and commitment, the strongest of philosophical and operational barriers can be overcome. It is hoped that the bridges that have already been built between service providers and consumers can continue to expand and develop in the future, to the benefit of the community care network in Sutherland Shire and the frail aged people, people with disabilities and carers they serve.

Melinda Paterson
HACC DEVELOPMENT OFFICER

(22nd July 1998)

RECOMMENDATIONS OF BUILDING BRIDGES

- 1. Quality Improvement:**
- 1.1 That the new auspice pursue Quality Improvement as part of its development
- 1.2 That two training days be held in 1998 for services focussing on 'mock' QI projects to get some experience of working on specific issues with a QI approach.
- 1.3 A support person be identified and either existing funding (or additional funding sought through slippage should be used to fund training and some additional hours for someone to take on this role for an initial 12 months. Perhaps this will become part of the HACCC Development Officers' role.

2. Consumer Rights and Participation

- 2.1 That the Consumer Forum be supported by the HACC Forum, through identifying a position on the executive responsible for liaison with consumers and carers.
- 2.2 That the Consumers and Carers Forums consider amalgamating to enable greater amount of resources can be brought to bear in this area.
- 2.3 That the Consumers Forum consider a suggestion put by some of its members to split into three hourly sections, one hour for younger people with disabilities, one hour for carers, and one hour for older people with consumers able to stay for all or part of the time. This will help to ensure accurate representation of Community Care consumers.
- 2.4 That Volunteer Link trial a scheme where volunteers could participate in the Consumer Forum on behalf of those consumers who are housebound.
- 2.5 That a part time position, responsible for supporting the Consumer Forum, encouraging participation on management committees and through the planning process needs to be created. Funding is being sought through Council Grants to trial this, but it should also be considered as a high priority in the next funding round.
- 2.6 That increasing consumer participation is the responsibility of all services. It should become a measure of best practice to have consumer representation on all management committees.

3. Information

- 3.1 That the HACC Forum pursue funding for a worker to further develop a strategy for access to the internet for all services.
- 3.2 That the worker's brief include development of strategies for ensuring consumer access to this information regardless of the service they approach.
- 3.3 That every service identify a member of staff who will be responsible for keeping their home page (service information) up to date.
- 3.4 That if the funding for this project is unsuccessful then this should be pursued through the HACC Forum.
- 3.5 That the Yellow Pages "Community Information Section" be updated on an annual basis. A reminder to services should be given at the October and November HACC Forums.
- 3.6 That resources (particularly reports and research) be kept in a central location, either with the HACC Development Officer or with the new auspice to ensure access to information and to reduce duplication.

4. Referral and Assessment

- 4.1 The CIARR is being mandated by ADD. However, services (particularly smaller services) to consider lobbying to use this as a shortened version where appropriate. This to also be addressed through the Neighbour Aid Review.
- 4.2 That the yellow Information and Services Record be continued to be used by all services.
- 4.3 That services be supplied with 2 different cards for the yellow Information and Services Booklet to insert for each consumer (either the "key worker" card or an "in case of emergency" card).
- 4.4 That Service Coordinators be responsible for ensuring their staff participate in supplying the Information and Services Records to consumers/carers.
- 4.5 That insertion of the "Consumer Rights and Responsibilities" cards be the responsibility of the HACC Development Project, but it is recommended that ADD take this up as a state-wide initiative.

5. Care Coordination

- 5.1 That the Care Coordination Policy be adopted by all services at the First HACC Forum of 1998.
- 5.2 That a statement of agreement to adopt the policy to be drafted by the HACC Development Officer be signed by all services (symbolising a commitment to coordination).
- 5.3 The Care Coordination Policy should be a living document and as such should be reviewed annually with changes and alterations made. It was the intent of the sub committee to 'bind' the Policy so it can be recalled and pages with changes inserted each year.

- 5.4 That responsibility for updating and reviewing the Care Coordination Policy rest with the HACC Forum. A sub committee may be called for a couple of meetings around the time the policy is to be reviewed.
 - 5.5 That consumer input into the Policy and its ongoing development be sought and encouraged.
- 6. Departmental**
- 6.1 That departments reassess their relationship with services. A true partnership respects the expertise of each party and ensures a better outcome. From a QI perspective, departments are responsible for providing quality support to services. Consumers will not receive a high quality service if the line of supply of that service is not also high quality.
 - 6.2 That ADD in particular give clear guidelines to local areas about the planning process. As this is an area with a lot of potential for conflict, the responsibilities of the various levels need to be clearly outlined. Local areas to also receive feedback from ADD as to the reasons for changes by the Joint Officers' Group to the priorities, or there is a risk services will become cynical and less involved with the planning process.
- 7. General**
- 7.1 That the HACC Forum adopt and move toward the concept of a structure for cooperation as outlined above.
 - 7.2 That the HACC Development Project incorporate under this structure/auspice with the condition that the constitution and mission statement will be developed by the HACC Forum.
 - 7.3 That consideration be given to broadening the HACC Forum to include related services such as Nursing Homes/Hostels and other disability services to further enhance coordination. The term community care may become more appropriate than HACC as it is more inclusive.
 - 7.4 That the HACC Forum Mission Statement be further developed (possibly in line with the new auspice) to include goals and strategies so the focus is on the forum as being more 'active'.
 - 7.5 That a campaign to re-educate organisational personnel also include new images and symbols that represent the values that everyone in the organisation can learn to identify with" (Bosserman and McCormick, in Social Alternatives, 1996, p10) It is therefore recommended that a symbol be produced to represent the HACC Forum that is meaningful to all participants and which represents cooperation.