Eastern Metropolitan Region (EMR) Home and Community Care (HACC) Diversity Plan Review March 2014

health

The HACC program is supported by funding from the Commonwealth and Victorian Governments

Priority/goal (Reflecting the Victorian Government's health priorities and HACC priorities)	What we want to achieve over the three years (Measurable outcomes)	Strategies/actions	Time frame (Years 1-3)	Outcome: Implemented Partially implemented, or Not implemented Key achievements, barriers and/or challenges
1. Enhance opportunities to improve assessment processes, coordination of services and referral pathways for all HACC eligible people - regardless of their diversity or disadvantage.	Increased recognition in the implementation of the Active Service Model (ASM) of diversity and disadvantage issues and understanding how to respond to such issues. ASM working groups are representative of the sector and diversity of the community.	1.1 Utilise the ASM Alliance to discuss and explore issues associated with assessment, service coordination and referral related to diversity and disadvantage and identify areas for improvement. 1.2 Review the ASM working groups to enable discussion and action around diversity priorities and other HACC quality improvement initiatives.	1 – 2 1 - 2	Partially implemented / ongoing. ASM Alliance meetings utilised to facilitate local area diversity planning (2012) and reviews (2013) as part of the joint ASM and Diversity Planning and Practice process in the EMR. Implemented. Review completed (March 2012 and November 2013) by ASM Alliance Executive.

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2. Improve cultural responsiveness across generic HACC services to meet the needs of older HACC eligible Aboriginal[1] people across the region, with particular attention to areas which do not have a specific HACC Aboriginal service (for example, Knox, Monash and Whitehorse LGAs and parts of the Maroondah LGA).	Proportional utilisation of services by the Aboriginal population across the region.	2.1 Consult with Mullum Mullum Indigenous Gathering Place and Yarra Valley Community Health Services to identify opportunities to support generic HACC providers across the region to identify and meet the needs of Aboriginal people.	1-3	This activity is being implemented through the EMR Access and Support Working Group.
		2.2 Explore the feasibility and value of promoting and supporting a small number of generic HACC services across the region which can be recognised as providing culturally appropriate and welcoming HACC services for the Aboriginal population.	1	Not proceeding. This strategy is similar to 2.1 and 2.4. In addition the HACC Diversity Adviser (HDA) role will be supporting agencies to more broadly identify priorities.
		2.3 Support access to Aboriginal cultural awareness training for relevant generic HACC providers.	1	Implemented through a HACC Training Calendar consultation November 2013. Additional training to be provided via the EMR HACC Alliance. Centre for Culture, Ethnicity & Health to present 'Negotiating between Health Beliefs' June 2014.

[1] Aboriginal refers to people who identify as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander

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		2.4 Implement workshops led by Mullum Mullum Indigenous Gathering Place and Yarra Valley Community Health with generic HACC providers to support Aboriginal cultural awareness/understanding.	2	Completed – Presentation and discussion supported via EMR HACC Alliance June 2013.
		2.5 Develop an Action Plan with Mullum Mullum Indigenous Gathering Place to support transition of HACC funding to Access and Support (A&S) direct service provision.	1	Implemented. Mullum Mullum Indigenous Gathering Place HACC Aboriginal Liaison Officer funding transitioned to A&S 1 January 2013.
		2.6 Monitor change in the number of Aboriginal people utilising HACC services.	1-3	Not commenced – sourcing data to support this activity in year 2-3.

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3. Respond to the increasing number of people with dementia across the region.	An improved understanding of dementia services and improved processes and program interfaces for HACC clients with dementia, and their carers.	3.1 Map all dementia services, including dementia carer support, available in the region.	1	Completed. EMR dementia guide developed, printed, distributed and now available on the EMR Primary Care Partnerships (PCP) websites.
		3.2 Utilise the EMR HACC Alliance to identify and respond to the cultural needs of the carer population and the changing needs associated with the culture of their clients.	1-3	Completed. Forum held as part of EMR HACC Alliance. Additional work to occur in year 3.
		3.3 Monitor statewide developments in the area of dementia support and service delivery and identify and act on opportunities to improve the HACC/dementia service interface.	1-3	Ongoing activity.
		3.4 Allocate a proportion of growth funding to promote consistent access to dementia services across the region.	3	Completed. Two dementia specific A&S positions commenced as part of 2012-13 HACC growth funding. Workers participate in the region-wide A&S network.

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		3.5 Promote the uptake of the relevant accredited dementia competency units, either as a single stand alone unit or as part of a Certificate qualification, by community care workers and HACC assessors.	1-3	Ongoing activity. Information regarding accredited and non-accredited dementia training (Alzheimers Australia Victoria, Royal District Nursing Service, Dementia Training Study Centre) disseminated as available. AAV to provided dementia training to outer eastern LGAs (2013) as part of the ASM Seeding Grant funding Round 2.
4. Ensure there are appropriate ethno-specific responses to all culturally and linguistically diverse (CALD) communities in EMR – including the emerging Chinese, Malaysia, Indian and Sri Lankan communities.	Appropriate service access by all communities particularly the Chinese, Malaysian, Indian and Sri Lankan communities in line with population data.	4.1 Improve assessment processes and referral pathways between ethno specific agencies and generic agencies. 4.2 Explore the ongoing role of ethno-specific agencies as a strategy for meeting specific cultural needs and their role and responsibilities in providing support to generic agencies to identify potential barriers and cultural requirements for service provision to their communities of interest. This work will inform the diversity plans for the ethno-specific agencies.	1-3 1	Partly commenced through A&S worker role. Ongoing activity as part of the EMR HACC Alliance. Delayed.

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		4.3 Review HACC access funding currently provided to the Migrant Information Centre (MIC) with the view to refocusing the funding to provide direct support to HACC clients experiencing difficulties accessing generic HACC services.	2	Completed. MIC Equity and Access program transitioned to A&S 1 July 2012.
		4.4 Monitor changes in access to HACC services by people from non-English speaking communities.	3	Delayed.
		4.5 Consult with the EMR HACC CALD network to consider the consolidation of the network into the structure of the regional HACC Alliance.	1	Completed. CALD Aged Network ceased operation 30 June 2012. CALD issues being addressed through the A&S worker network and the EMR HACC Alliance.

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5. Facilitate inclusive HACC services to respond to HACC eligible people, including people identifying as gay, lesbian, bisexual, transgender and intersex (GLBTI).	Increased number of HACC service providers who have considered and developed GLBTI inclusive practice.	5.1 Identify opportunities for further identification and dissemination of information about GLBTI inclusive service provision and practice, for example, using the expertise of Gay and Lesbian Health Victoria (GLHV).	1-3	Ongoing. GLBTI resource information (*Val's Top 10* resources from GLHV) disseminated to service providers January/February 2013. GLHV offered GLBTI 101 training to the region and a series of three workshops including undertaking service audits and 'train the trainer' content. Matrix Guild presentation at EMR HACC Alliance December 2013 AAV provided dementia / GLBTI training to outer eastern LGAs (2013) as part of ASM Seeding Grant funding Round 2.
6. Improved knowledge and understanding of HACC eligible people who are homeless or at risk of homelessness and who may not be accessing HACC services.	Gain an improved understanding of people who are homeless or at risk of homelessness and increase utilisation of techniques to engage and provide appropriate services.	6.1 Identify rooming houses and caravan parks across the region where older people may be residing. 6.2 Consult and explore with generic HACC providers their understanding and knowledge of people who are homeless or at risk of homelessness and opportunities to better meet their needs.	3	Delayed. EMR HACC Alliance half day homelessness forum held June 2013. Ongoing opportunities identified through the EMR HACC Alliance.