



HEALTH AND COMMUNITY INFORMED CHOICES PROJECT REPORT

INTRODUCTION

- **Background**

Southern Services Reform Group (SSRG) was successful in obtaining HACC Non Recurrent Funding in 2011-12. This resulted in the appointment of a project officer to develop an innovative information resource on community services that are available for older people to remain living at home in southern metropolitan Adelaide. The SSRG is part of a Commonwealth Government initiative termed Collaborative Projects. Collaborative Projects are funded to build and maintain networks and relationships, facilitate service system reform and improve service cooperation and coordination at a regional level.

The SSRG engages with services that support frail older people and their carers primarily through Workgroups. Service representatives include community care service providers, health professionals, council employees and individuals that provide or have an interest in services that assist older people living in the southern areas of Adelaide.

Smooth transition for consumers from acute care to community care was identified by the group as an area that required innovative improvement to ultimately add value to the existing services - carelink and Access 2 HomeCare (A2HC). The project aimed to work with the current structures but enhance their ease of use and success, thus increasing consumer satisfaction. In September 2012 a Project Officer was employed by the SSRG to work on the project in partnership with the In-Home Services Workgroup.

- **Purpose**

To develop an innovative resource that promoted the understanding and knowledge of community services that are available for seniors living in the southern suburbs within the cities of Holdfast Bay, Marion, Mitcham and Onkaparinga located in metropolitan Adelaide.

To develop an innovative resource that added value to existing information resources such as Carelink and Access2Home Care (A2HC)

- **Scope**

Primarily the resource was aimed for professionals working in the health sector, especially those people new to working in the sector. However, the scope of the information resource expanded to include service providers in the community sector as well as health consumers.

BODY

- **Background Review**

A Consumer Survey was undertaken by SSRG in 2011 (1) to better understand consumer empowerment in the southern region. One of the questions the survey asked consumers was “How

easy or difficult did you find the process of accessing services”. Answers varied in the degree of difficulty experienced and provided evidence to support this project. Examples included “You simply have to hope you hit the right person,” “... the whole process is confusing and frustrating”, trying to access services is a well-kept secret” and “... the system was difficult to work through – it was like a bowl of noodles.” This survey highlighted the lack of knowledge and understanding of the community sector from a consumer’s perspective.

The Health and Community Informed Choices Project is underpinned by the Home and Community Care (HACC) SA Service Principles one to three that were relevant at the time of the tendering process. They are:

1. Quality of Life: promote each person’s opportunity to maximise their capacity and quality of life.
2. Individual Need: Provides services tailored to the unique circumstances and cultural preferences of each person, their family and carers.
3. Choice and Control: Ensure choice and control is optimised for each person, their carers and family (3).

The underlying assumptions taken from the background review was that if the health sector had a better understanding of the community sector and what it offers, consumers would have better quality information to make informed choices about how they return or remain living in the community.

- **Methodology**

The methodological approach utilised for the Health and Informed Choices Project was based on a community development framework as this approach underpins the SSRG’s engagement with services. Specifically for this project the In-Home Workgroup took a lead a role in actively participating, commenting and providing feedback on the issue that they had identified. The other SSRG workgroups (Dementia, Carer Issues, Social Inclusion, Consumers as well as the SSRG Steering Committee), key stakeholders such as representatives from the Cities of Holdfast Bay, Marion, Mitcham and Onkaparinga Community Services Teams and significant individuals from organisations such as Seniors Information Service and Access to Home Care were approached for comments and feedback. The collaborative efforts of a diverse group of stakeholders sharing knowledge and ideas have resulted in the development of an innovative, accurate, relevant and sustainable information resource.

- **Summary of Project Phases**

- 1. Initiation**

Identified Issue - A gap in the knowledge and understanding of health professionals, community sector workers and consumers of what the community sector can offer to older people and their carers.

HACC Funding success - Employed Project Officer

- 2. Plan**

Engaged, collaborate and consult with stakeholders

Engagement with stakeholders was ongoing throughout the project. The project officer attended monthly meetings with the In-Home Services Workgroup to consult, share information and gain feedback about the project. Initial working party meetings were held to refine the resource structure.

The other SSRG workgroups (Steering, Carer Issues, Dementia, Social Inclusion and Consumers) were consulted regularly, provided with updates and gave feedback.

Meetings were organised with key stakeholders such as Seniors Information Service, A2HC, City of Holdfast Bay, Marion, Mitcham and Onkaparinga community services teams and allied health

professionals through the Acute Community Information Network meetings at Noarlunga Hospital to seek support and provide comments on the proposal.

Researched community sector information

Researched available community information resources including flyers, brochures, paper base directories and online directories and databases.

3. Execute

Complete Resource structure

Toucan was selected as the development partner on the basis of cost and previous positive work relationships. Data was collated into resource sections – directory (where to find a service), definitions (explanation of what the service is) and options (fact sheets to support an enabling approach to ageing).

Promotional Planning and implementation

Communication modes included the following:

- Advertorial

Development of an Advertorial that can be emailed to organisations to include in their newsletters and to distribute to their networks

- Power point

Completion of a universal PowerPoint for members of the In-Home Services Workgroup to use as an aid for presentations

- Post Card

Development of a postcard to promote the directory – something that can be widely distributed ie at presentations, mailed, information stands

- Presentations

To groups, at meetings and one-to-one appointments, conferences

For greater detail refer to appendix – Summary of marketing Activities

4. Close

Evaluation

Evaluation – collated verbal and emailed responses, Evaluation Form completed

Maintenance

Sustainability – Engaged App Developer, Toucan to install regular updates to apps, Apply changes to information as determined by Aged Care Reforms, Seek service updates from stakeholders

CONCLUSION

The aim of the Health and Community Informed Choices Project was to develop an innovative information resource that explains and directs users to community services that are available for older people to remain living at home in southern metropolitan Adelaide.

The result of the Health and Community Informed Choices Project is an innovative, multifaceted resource titled *Seniors Southern Services Directory*. The directory includes iPhone and iPad apps, a paper-based pocket-sized directory and interconnectivity to the SSRG web site. At the website information can be viewed and printed.

DISCUSSION

DESIGN

The design of the Seniors Southern Services Directory has both strengths and limitations to the uptake and use of the resource.

Strengths

- The inter-related resources provide a range of options to use to access information.

- Information is clearly written and logically categorised.
- In built sustainability within the apps and the website information
- Compliments already available information -straightforward access to existing online data directories and websites.
- Interactive contacts – email, website and phone calls (iPhones)
- Light and small ie the pocket directory fits in a pocket or handbag as does the phone
- Mobile information that can be accessed away from the office

Limitations

- Apps can only be viewed on iPhone and iPad apps- budget limitations
- New method of accessing information - not all people feel comfortable with technology
- Small font size of pocket directory not suitable for many older people.

COLLABORATION

Strengths

- Strong connections with stakeholders in the community services sector due to the strength of the southern Collaborative Project, SSRG's networks.
- Collaborative and inclusive approach employed in the development of the information resource. Community development approach ensured that knowledge and ideas were shared throughout the Workgroup meetings.

Limitations

- Connection and collaboration with the health sector was limited. Engagement with all stakeholders' ie young potential or newly graduated health professionals could have been improved. A greater involvement of health organisations from the beginning would have developed a shared vision and ownership of the resource resulting in better uptake by the primary target population.
- Ideally the project should have incorporated a pilot or trial into the development phase of the project. The trial could have highlighted any barriers and the information and outcomes achieved from a pilot can re-define the approach used in the development and implementation phases.

Ideas to Consider

- When developing a new resource consider the barriers to implementing change and cater for them within the project development.
- Develop relationships with key contacts to develop an ongoing dialogue around the planning and development of the resource.
- Attempt to identify change champions, the innovators; these are the people who will be prepared to introduce change within training and health positions that encourage innovation and collaboration and sharing of ideas and knowledge.

INNOVATION

The Seniors Southern Services Directory is a new and different way of presenting information. New methods often take time to be accepted by people and people take on change at different rates. Everett Rogers sought to explain how, why and what rate new ideas and technology spread through a culture. Ideas are first picked up by people that Rogers referred to as Innovators, then Early Adopters as shown Table 1. (4) Eventually, the new idea either dies off, or it takes off.

TABLE 1: UP TAKE OF NEW IDEAS AND TECHNOLOGY

Adopters Category	% of Population	Comments
Innovators	2.5%	Crave change and innovation. Seen as

		slightly radical. Cope well with uncertainty
Early adopters	13.5%	Gatekeepers of new ideas into a system, the 'opinion leaders'.
Early majority	34%	Will adopt new ideas after deliberation.
Late majority	34%	Might adopt as a result of increased pressure from peers. Skeptical of change.
Laggards	16%	Isolated from social network. Will be the last to change, suspicious of change agents.

Source: Rogers EM, 2000 (4)

REFERENCES

- (1) SSRG, Consumer Survey: Consumer Empowerment in the Southern Suburbs, 2011.
- (2) Commonwealth Government of Australia, Collaborative Project Report, Department of Health and Ageing, 2011.
- (3) Government of South Australia, HACC Service Principles, Department for Communities and Social Inclusion, 2010.
- (4) Roger EM. Diffusion of Innovations, Glencoe, Free Press, 1962.

APPENDICES

Marketing Summary

Advertorial

Fact sheets

PowerPoint

Pocket Directory