Addressing training needs for community care assessment in remote Indigenous communities

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Abstract

Access to Home and Community Care services in Australia is based on the assessed needs of individual clients, with individual Home and Community Care organisations generally being responsible for initial assessment of eligibility and need. Home and Community Care funded services are expected to operate within the agency’s program guidelines and to adhere to minimum service standards. However, service delivery contexts in remote areas of Australia present particular challenges for staff in the practice of assessment and care planning.

This paper discusses the findings of a project which investigated approaches to assessment of client needs in remote Home and Community Care services. Some of the challenges of providing care in remote/Indigenous contexts are discussed. The research project highlighted that there was an inadequate knowledge base to assist staff with assessment and care planning in these cross-cultural contexts; a greater focus on developing the assessment skills of staff was needed. Subsequently, an education program incorporating the International Classification of Functioning, Disability and Health was developed for Home and Community Care assessment staff in remote communities. Rather than focussing on process skills and procedures, the program was designed to equip staff with a solid and consistent conceptual framework to assist with assessment and care planning.
Introduction

The Home and Community Care (HACC) Program is a joint Commonwealth, State and Territory scheme under the auspices of the Commonwealth Home and Community Care Act 1983. The HACC Program provides funding for services that support people who live at home in cases where either capacity for independent living is at risk or there is risk of premature or inappropriate admission to long-term residential care. Access to the HACC program is based on a systematic assessment of an individual’s specific support needs. HACC agencies coordinate and commonly provide the service for clients. Each HACC agency is generally responsible for initial assessment of eligibility and needs of new and potential clients. Once a person’s needs have been established, appropriate home and community care services are identified to meet these needs.

HACC funded services are expected to operate within, and adhere to, specific guidelines and minimum service standards. HACC National Service Standards are important for the maintenance of a quality framework for HACC service providers to ensure services are of high quality and consumer rights are upheld. The Northern Territory (NT) government outlines an assessment framework in the HACC Pack manual (NT Department of Health & Community Services, 2003). This manual contains suggestions for how agencies in the NT can meet national service standards. It is recognised that service delivery in remote areas of Australia presents particular challenges for staff in the practice of assessment and care planning and that this may mean that assessment may be conducted in a very informal manner compared to other service delivery contexts.

International Classification of Functioning Disability and Health

The International Classification of Functioning Disability and Health (ICF) is a conceptual framework developed by the World Health Organisation (WHO) for the classification of client capacities and problems. The ICF describes an individual’s functioning and disability as a dynamic, multi-dimensional interaction between health conditions and contextual factors, where contextual factors include participation, environmental and personal factors (WHO, 2001).

The ICF provides a common language for describing health and health-related states to improve communication and permit comparison of data across countries, health care disciplines, services and time, that transcends traditional disciplinary boundaries. The ICF is considered to enhance interprofessional learning, communication and collaboration by promoting a multidimensional perspective of an individual’s health concerns (AIHW, 2004; Allen, Campbell, Guptill, Stephenson, et al., 2006).

People often dislike the idea of being assessed even more than being labeled. They associate the specificity and limitations of assessment with definition and classification. The ICF can help to overcome these problems and clarify the differences (AIHW, 2003). There is considered to be a need for greater recognition of the value of including in assessments the everyday activities in which people want to participate in a wider social arena, as well as the day-to-day activities of daily living. Further, the person’s environment is increasingly being recognised as crucially affecting their functional performance and health status (AIHW, 2006).

Senior (2000) researched the applicability of the International Classification of Impairment and Handicap (ICIDH), the predecessor to the ICF, for Indigenous communities. The study, carried out in a remote and an urban Indigenous community, indicated that the ICIDH was broad enough to be used in an Indigenous context and could be used to document and classify health, as well as being a classification tool. Furthermore, the AIHW (2006) proposed that there was a demonstrated need to develop a new, compact outcome module that could co-exist with, but relate to and draw upon, existing tools such as the Aged Care Funding Instrument (ACFI), HACC and Australian Community Assessment Team (ACAT) assessments. Existing tools sometimes omit important ICF domains.
Context of service delivery in remote locations

Remoteaccess creates many issues for HACC services; often issues are common to remote communities as a whole and not just HACC clients. These include elevated rates of chronic disease, lack of basic infrastructure (electricity, safe drinking water, heating (firewood), and means of communication), and limited or insufficient delivery of food and other necessities.

O’Neill, Kirov and Thomson (2004) outlined many of the issues involved in caring for Indigenous people with a disability and the reasons some Indigenous families are unable to care adequately for their disabled member(s). Some of the particular issues facing aged care providers in remote NT have also been highlighted by HK Training and Consultancy (2002) and Lindeman and Pedler (2004). The contextual and cultural issues identified include:

- difficulty attracting and high turnover of staff with workers often limited to people from within the community
- limited training of workers and coordinators, with training for coordinators usually occurring on the job
- different concepts of time, for example, workers being late or being slow to undertake particular tasks
- the burden of grief and stress in many communities leading to inconsistencies in care
- limited access to specialist providers, and long distances from hospitals and allied health services
- upkeep and cost of basic services such as refrigerators and commercial washing machines
- different languages used by care workers and clients
- cultural ceremonial obligations of the client and/or worker, including avoidance with certain kinships, places, people and foods that are banned, and, limited interaction between genders, for example, it is generally forbidden for women to care for men and vice versa (other than for partners)
- family relationships and respect for Elders, with importance for them to remain on the land.

People, particularly Indigenous people, may feel threatened by the assessment process and be worried that they may be taken away, never to return to their community or country. The message that HACC is an essential service, which allows people to remain on their land and in their communities, may need to be communicated to clients in a culturally understandable manner. The clip board approach needs to be avoided.

Despite an inadequate knowledge base available to agencies to assist them with assessment and care planning decisions in these contexts, several HACC agencies have developed documentation to incorporate Indigenous contexts and practices as assessment domains. However, there appears to be a significant proportion of HACC agencies that have no documentation to guide initial needs assessment, instead relying on instinct, commonsense and/or local knowledge (Lindeman & Pedler, 2004; Robertson, 2001).

HACC assessment in remote Central Australia

In 2004, Batchelor Institute of Indigenous Tertiary Education (BIITE) undertook a research project to investigate approaches to assessment of client needs in Central Australian remote HACC services (Lindeman & Pedler, 2004). All but one of the 22 HACC agencies in Central Australia participated in a telephone survey; these HACC agencies provide services for 517 clients. Small group discussions were carried out at an annual HACC forum as were detailed, on-site interviews with two HACC coordinators. All surveyed respondents said that they interviewed clients and their families in their home or dwelling. Although almost half (43%) of the HACC agencies questioned had no documentation to guide an initial needs assessment, several of the agencies reported linking the HACC Program Minimum Data Set (MDS) requirement with their assessment and review/reassessment process. A range of practices were found to be employed for initial needs assessment, with the majority of agencies using an age qualification as the determination for HACC eligibility.
In general, the service providers did not assess against any common criteria. Many relied on their own judgement using information gained from questioning the client about their needs, together with their own local familiarity and personal knowledge of the clients' living circumstances. There appeared to be two common approaches to the determination of the level of services an individual client received from a HACC agency; either to provide all clients with the same level of service or to determine the service based on the resources available to the agency at the time. Waiting lists appeared to be rarely used by Central Australian HACC agencies to cope with demand; rather, strategies of rationing of services were implemented to manage resources. In addition, staff shortages frequently seemed to be an issue, usually stemming from the cultural obligations of the Indigenous workforce.

Most of the HACC coordinators in Central Australian are non-Indigenous with knowledge of the Indigenous culture and remote communities often being learnt on the job. Coordinators generally work in cross-cultural contexts involving multiple languages, literacy and cultural complexities. Incorporating such issues and cultural factors into an assessment and subsequent care plan can be challenging. Additionally, HACC is often just one of a range of programs that the coordinators manage. Because of the remote locality, working and living cross culturally, personal and professional isolation (the opportunity for networking and peer support is limited, if not non-existent), the likelihood of burn out is high. This fragility makes the support of the HACC program itself important.

Conclusions and recommendations from the research of assessment in HACC in Central Australia

Eligibility for HACC services was found to be inconsistent and in some cases contrary to HACC policy. The inconsistent practices in HACC assessment in Central Australia reflect the diversity of contextual factors. There were several instances where access to services was based on age and other factors, rather than the functional ability of the client. Also, HACC coordinators sometimes (particularly those who are part of a small community) had difficulty in denying services because of pressures from family or community members. In such cases, it seems that no formal eligibility or need assessment occurred.

The need for a focus on training and professional support for HACC coordinators/assessors, as well as education for the general community about the goals of the HACC program were the main recommendations from the study. Additionally, further development of assessment protocols could be undertaken to ensure that specialist providers and HACC service providers can work together more collaboratively.

It was considered that any strategy implementation to improve consistency of assessments should consider the necessity for HACC agencies to be flexible and culturally responsive to the needs of individuals in a particular community.

Development of a HACC client need assessment training program

Following completion of the research project investigating client assessment practices in Central Australia, an additional project was undertaken in 2005 to address some of the most pressing training needs of the HACC workforce in relation to assessment. The overall aim of this latter project was to contribute to an improvement in the practice of assessment and care planning in NT HACC agencies, particularly in remote areas, in accordance with HACC policy and standards.

A steering committee was established to provide regular guidance and support to the project. Membership of the steering committee included staff from the NT Department of Health and Community Services (NTDHCS) Aged and Disability Services, NTDHCS Allied Health, and a clinical nutritionist. Additionally, an expert review group of individuals with particular expertise relevant to the project was established to provide comment and input on the draft curriculum framework and course materials.

The project commenced with key informant and stakeholder consultation, and a literature review. This initial activity established current key issues
for the development of the curriculum framework and the subsequent implementation strategy of workshop materials for HACC assessors in the NT. The National Ageing Research Institute (NARI) was sub-contracted to provide expertise on the ICF in a community care assessment training context and to develop a module on the subject for the education package.

Two workshops were held each of two day’s duration, one in Central Australia (Alice Springs) and one in the Top End (Katherine). Attendances at both workshops were less than hoped (12 of 18 for Alice Springs and eight of the 15 people expected at Katherine), although in both cases Indigenous coordinators/assessors participated. However, the low attendance was not surprising because unplanned events often occur in remote communities, such as workers attending ‘sorry camps’ after a death, requiring coordinators to stay in the community to provide HACC services. In this instance, the workshops were held after unexpected heavy rain, causing some communities, and therefore staff, to be cut off.

The workshop program was developed to provide an opportunity for participants to discuss:

- definitions and processes of assessment and care planning commonly accepted in community care in Australia
- application of HACC assessment and client data documents (recommended by NTDHCS)
- ICF as a key conceptual framework
- risk screening processes that can be undertaken by a diverse range of staff. This does not include clinical assessment, but will include skills for the identification of triggers for referral for specialist assessment
- issues in care planning and collaborative working
- nutritional risk assessment.

The workshop program consisted of five modules reflecting the above themes:
1. What is assessment?
2. ICF: a conceptual framework.
3. Application of assessment tools.
4. Care planning and collaborative practice.
5. Assessment for nutritional risk.

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**NEWS**

**Care standards developed by Palliative Care Australia**

Palliative Care Australia (PCA) is the national organisation representing the interests and aspirations of people facing the last stage of their life, their families, professional and non-professional carers and their communities.

As the peak body for the palliative care community, PCA developed 13 Standards for Providing Quality Palliative Care for All Australians. These standards set out what all Australians can expect from palliative care services. Since the release of the PCA Standards, the Australian Institute of Health and Welfare (AIHW) have assessed the progress made by palliative care services in adopting and measuring their performance against them.

The president of PCA, Professor Margaret O’Connor, commented on the results of the AIHW report saying that ‘good progress’ had been made in planning for the delivery of palliative care across Australia. PCA believes the results of this study are an important contribution to learning more about the delivery of palliative care throughout Australia.

More information about the Standards and/or the AIHW report can be obtained from PCA.

**Appointment to Cancer Australia**

Joanne Ramadge RN PhD, has taken up one of three new appointments at the newly established organisation, Cancer Australia. Joanne has now left her position at the Federal Department of Health and Ageing where she was the clinical adviser in aged care. As the first nurse to be appointed as a clinical adviser, Joanne had to start from scratch, which included writing job descriptions, among other activities. During her time with the Department she contributed greatly to the care of older people, in particular, the development of palliative care guidelines for residential aged care.

GeriAction congratulates Joanne on her appointment and wishes her well.
Dieticians/nutritionists presented the latter sessions at the workshops, providing valuable contacts for the HACC coordinators.

The workshops were highly interactive and made use of case studies to highlight key concepts and enable practice of skills. Attendees had personal goals for the workshops, and these included 'to develop basic understanding of requirements' and 'rationalise paperwork for assessment'. Attendees agreed that all their individual goals had been met. As the workshop progressed several important issues were raised and discussed. These ranged from strategies to address refusal of services to a client, to removal of a clip board approach to assessment.

Feedback from the attendees on the workshops regarding the most useful aspects, and suggestions for improving the program, were all constructive and positive. The major issues that the program seemed to address for the attendees were practical assessment, care planning and networking/discussion opportunities. The resulting published manual (Lindeman & Newman, 2006) can be used by trainers/facilitators with the knowledge and confidence that issues identified by a range of stakeholders in HACC assessment, including in remote contexts, have been incorporated in the design of the program.

Discussion
Assessment represents the first point of contact between a client and the service system. Since assessment provides the criteria upon which the intervention is based, it is fundamental to good health and welfare practice. Assessment provides criteria for the decision process for eligibility for HACC services. Intervention and/or service responses will only be as good as the assessment from which they transpire (Hughes, 1995) so any initiative which contributes to improving the quality of the assessment process should improve outcomes for clients. Good assessment leads to good quality and appropriate care for clients. Inappropriate assessment can lead to adverse outcomes and even to inappropriate admission to a residential facility.

Assessment processes are often targeted for reform in community care because of the critical function of assessment. There is a solid policy framework for assessment in HACC and considerable research that considers the function of assessment. However, very little of the program reforms or research has taken place to assist assessment and care planning processes in Australian remote/Indigenous settings.

Some instances, such as where access is based on age and other factors rather than functional ability, make it difficult to deny service particularly where HACC coordinators are part of the community. However, such outcomes seem to be part of the characteristics of working in remote communities. These practices are not sustainable and are of questionable value when considering the best use of HACC resources.

HACC coordinators in the NT, who are usually responsible for conducting client assessment within their agencies, do not generally receive training in relation to assessment and care planning, and many have limited prior experience working in this sector. The findings of the Central Australian research project (Lindeman & Pedler, 2004) described in this article, endorses that there is a training need in assessment in many remote communities in the NT. It should be noted that this project found that HACC was generally considered to be one of the more successful and continuous programs in remote communities of the NT.

The development of the workshop program (Lindeman & Newman, 2006) addresses the training need gap. While particular attention was paid to the contexts of remote HACC, the workshop materials are applicable for all HACC assessment staff. Feedback from participants of the workshops was all constructive and positive. Using the ICF as a framework around which client needs assessment can be carried out was found to be appropriate, relevant, acceptable, and easy to use by attendees of the workshops. It was found that the data compilation is easily translated into data collection documentation requirements of the
HACC program. However, the unpredictable nature of training/workshop attendance for staff in remote communities suggest alternative approaches, such as CDROM or web-based learning opportunities, could also be developed to increase access to assessment training for this workforce.

Other outcomes from the workshops and the earlier research (Lindeman & Pedler, 2004) suggest that there is a need for further development of assessment protocols. In particular, there is a need to ensure that specialist providers and HACC services can work more collaboratively and that additional support, such as networking opportunities, are provided for remote assessors and HACC coordinators. These areas could be the focus of further efforts to improve assessment and care planning practices in remote/Indigenous communities. A ‘normal’ evaluation of the HACC assessment training is also recommended.

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