WA Home and Community Care Program

WA ASSESSMENT FRAMEWORK:

THE JOURNEY

April 2015
Researched and prepared by GGJ Consultants

health.wa.gov.au
# TABLE OF CONTENTS

| ABBREVIATIONS | .................................................................................................................. | ii |
| 1. EXECUTIVE SUMMARY | .................................................................................................................. | 1 |
| 2. INTRODUCTION | .................................................................................................................. | 3 |
| 2.1 THE HACC PROGRAM | .......................................................................................................... | 3 |
| 2.2 THE WA ASSESSMENT FRAMEWORK (WAAF) | ............................................................................... | 4 |
| 3. WAAF: THE IDEA | .................................................................................................................. | 6 |
| 3.1 NATIONAL REFORMS | .......................................................................................................... | 7 |
| 3.2 WESTERN AUSTRALIAN REFORMS | .................................................................................. | 8 |
| 3.3 WAAF – THE FIRST STEPS | ......................................................................................... | 10 |
| 4. WAAF: PLANNING THE JOURNEY | ...................................................................................... | 13 |
| 4.1 PROJECT MANAGEMENT | ................................................................................................. | 13 |
| 4.2 STAKEHOLDERS | ........................................................................................................... | 13 |
| 4.3 WORK PLAN | ................................................................................................................ | 14 |
| 4.4 KEY DELIVERABLES | ...................................................................................................... | 14 |
| 4.5 EVALUATION | ................................................................................................................ | 15 |
| 5. WAAF: IMPLEMENTATION | ....................................................................................... | 16 |
| 5.1 GOVERNANCE | ................................................................................................................ | 16 |
| 5.1.1 Steering committee | .................................................................................................... | 16 |
| 5.1.2 Project reference groups | ..................................................................................... | 16 |
| 5.1.3 Working groups | ......................................................................................................... | 17 |
| 5.1.4 WACCRAG | ............................................................................................................ | 17 |
| 5.2 CONSULTATION AND COMMUNICATION | ........................................................................ | 17 |
| 5.3 MAPPING THE CURRENT SITUATION | ............................................................................. | 18 |
| 5.4 RESOURCES | .................................................................................................................. | 18 |
| 5.5 IMPLEMENTATION | ................................................................................................................ | 19 |
| 5.6 TOOLS | ......................................................................................................................... | 19 |
| 5.6.1 WA Assessment Framework Interface (WAAFI) | ................................................................ | 19 |
| 5.6.2 Client needs identification tool | ............................................................................ | 20 |
| 5.6.3 Assessment and referral form | .................................................................................. | 20 |
| 5.6.4 Commonwealth Carelink Centre Information System | .................................................. | 20 |
| 5.6.5 Availability register | .............................................................................................. | 20 |
| 5.6.6 Policy statements | ..................................................................................................... | 21 |
| 5.7 EVALUATION | .................................................................................................................. | 21 |
| 5.7.1 Objective of the evaluation | .................................................................................. | 21 |
| 5.7.2 Continuous improvement | .......................................................................................... | 21 |
| 6. LESSONS LEARNED FOR FUTURE IMPLEMENTATIONS | ....................................................................... | 23 |
| 6.1 CHANGE MANAGEMENT | ................................................................................................. | 23 |
| 6.1.1 Step 1: Establish a sense of urgency | ........................................................................ | 24 |
| 6.1.2 Create a guiding coalition | ....................................................................................... | 25 |
| 6.1.3 Create a vision | ......................................................................................................... | 26 |
| 6.1.4 Communicate the vision | ............................................................................................... | 26 |
| 6.1.5 Empower people to act on the vision | ........................................................................ | 28 |
| 6.1.6 Create short term wins | ............................................................................................... | 29 |
| 6.1.7 Consolidate and build on gains | .................................................................................. | 31 |
| 6.1.8 Institutionalise the change | ........................................................................................ | 31 |
| ATTACHMENT 1: WAAF: KEY EVENTS TIMELINE | ........................................................................ | 33 |
| ATTACHMENT 2: WAAF: KEY DOCUMENTS | .............................................................................. | 39 |
**ABBREVIATIONS**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>ACCD</td>
<td>WA Department of Health Aged and Continuing Care Directorate</td>
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<td>ACAT</td>
<td>Aged Care Assessment Team</td>
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<td>CNI</td>
<td>Client Needs Identification tool</td>
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<td>CRCC</td>
<td>Commonwealth Respite and Carelink Centres</td>
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<td>HACC</td>
<td>Home and Community Care</td>
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<td>HNI</td>
<td>HACC Needs Identification tool</td>
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<td>MDS</td>
<td>Minimum Data Set</td>
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<tr>
<td>SLK</td>
<td>Statistical Linkage Key</td>
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<td>E-ACCR</td>
<td>Electronic Aged Care Client Record</td>
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<td>WA</td>
<td>Western Australia</td>
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<td>WAAF</td>
<td>WA Assessment Framework</td>
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<td>WAAFI</td>
<td>WA Assessment Framework Interface</td>
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Direct quotations are shown in italics.
1. Executive Summary

Thirty years ago (1985) the Home and Community Care (HACC) Program was implemented across Australia to provide basic support services to eligible older people, people with a disability and their carers to assist them to continue living independently at home.

The HACC Program was jointly funded by the Commonwealth Government (60%) with the state and territory governments and client fees and donations funding the remainder. Funding was provided to not for profit organisations (and later some for profit organisations) to deliver the services to eligible clients.

The target group for the HACC Program is:

- Older and frail people with moderate, severe or profound disabilities
- Younger people with moderate, severe or profound disabilities
- Unpaid carers of HACC eligible people.

Under the initial model for HACC, the funded service providers were responsible for assessing the eligibility of people seeking assistance and providing services to people found eligible.

Over time a number of issues were identified with this approach including:

- There was a complex array of services with no clearly identified point of entry for clients or referrers
- The quality of assessments, if completed, varied significantly between service providers
- Assessments often reflected the services on offer from a particular agency rather than the needs of the service user
- Inconsistencies in the application of the HACC guidelines.

In 2010, equipped with learnings from several significant WA projects, including the implementation of a single assessment process, the introduction of Wellness and the pilot Access Demonstration Project, and a new philosophy towards community care, the WA Department of Health Aged and Continuing Care Directorate (ACCD) commenced the implementation of the WA Assessment Framework (WAAF). This was a major reform of the HACC program that was successfully implemented across the whole of Western Australia through collaboration with ACCD, CommunityWest, HACC service providers, peak organisations, and a range of other key stakeholders.

The WAAF addressed the issues with the previous assessment arrangements and established a framework that will ensure better client outcomes well into the future.
The key elements of the WAAF are:

- An identifiable point of entry into the community care system that provides information, screening for HACC eligibility, and referral for an appropriate assessment.
- A regional assessment service that conducts:
  - All HACC assessments, client goal setting and support planning
  - Reassessments and reviews
  - Client care coordination
  - Referral for formal and informal services to meet the identified needs, or
  - Referral for a more complex or specialised assessment
- HACC service providers maintaining responsibility for service provision and client monitoring.

This report summarises the significant change management process undertaken by ACCD and the community care sector in implementing the WAAF. ‘The Journey’ is documented from the initial idea through to implementation, noting the steps in the process, achievements and barriers. Whilst the WAAF was successfully implemented over a number of years from its inception to full implementation there are, in any project of this scale, things that could have been done differently or better. These key learnings are noted throughout the report and detailed in Section 6: Lessons Learned for Future Implementations and structured according to Kotter’s Change Management Model¹.

Key learnings from this analysis include the need to:

- Identify and communicate the need for change
- Implement an evaluation framework to analyse processes and outcomes, gather feedback and provide improvement opportunities
- Involve and engage all stakeholders on an ongoing basis to ensure all perspectives are considered and understood
- Plan, develop and disseminate targeted information to engage, inform and educate stakeholders
- Maintain structures for ongoing input from stakeholders.

Throughout the implementation of the WAAF the Commonwealth Government has utilised many of the ideas, strategies and tools to inform its planning and development of its national agenda for community care and more broadly for aged care. It is hoped that this report can inform other reform projects of a similar scale.

2. Introduction

In 2011 the Health Department of WA commenced implementation of the Western Australian Assessment Framework (WAAF) as a major reform to the Home and Community Care program.

The WAAF provides an identifiable point of entry into the community care system that supports clients with information, screening for HACC eligibility, and referral for an appropriate assessment. Professional assessments are conducted by Regional Assessment Services throughout WA.

The need for reform and the ‘Journey’ of the WAAF from the initial idea through to implementation; noting the steps in the process, achievements, barriers and key success strategies, is described below.

2.1 The HACC Program

The Home and Community Care (HACC) program was implemented in 1985 to provide basic support services to eligible older people, people with a disability and their carers to assist them to continue living independently at home.

The program was jointly funded by the Commonwealth Government (60%) with the state and territory governments and client fees and donations funding the remainder. Funding was provided to not for profit organisations (and later some for profit organisations) to deliver the services to eligible clients.

Changes to the HACC program since its inception have aimed to make it more responsive to service user needs and more sustainable given the rapidly growing aged population. In 2009, the Australian Bureau of Statistics estimated that there were approximately two million people aged 70 years or over and that this number will double by 2029\(^2\). Within WA, in 2009, there were approximately 192,000 people aged 70 years or over.

The target group for the HACC program was and still remains:

- People who are older and frail and having difficulty with everyday tasks
- People with a disability a disability
- The carers of a frail older person or someone with a disability.

HACC services include:

- Support to participate in social activity in a group or one-on-one
- Assistance with everyday household tasks

\(^2\) Australian Bureau of Statistics 2009 Population projections Australia 2006 to 2010 (series B) ABS Canberra
Assistance to enhance nutrition, function, strength, independence and safety

Assistance to support your independence in your personal care activities such as showering and dressing

Assistance to keep up with essential activities such as shopping, banking and maintaining social contacts.

The extent of the HACC program in WA in 2013-14\(^3\) is illustrated by the following:

- There were approximately 260 funded service providers in WA
- Approximately 72,000 Western Australians received HACC services plus over 3,000 carers
- There were around 54,000 HACC clients in the Perth metropolitan area and 18,000 in rural and remote areas
- Approximately 40% of clients received one HACC service type, and over 45% received two or three HACC service types on a regular basis
- Approximately 44,000 assessments, re-assessments and reviews were completed
- Approximately 950,000 hours of domestic assistance were delivered
- Approximately 330,000 hours of personal care were delivered
- Approximately 1,760,000 hours of centre based day care were provided
- Almost 900,000 occasions of transport were provided.

2.2 The WA Assessment Framework (WAAF)

The WAAF was the first implementation of specialist screening and assessment services for HACC clients across a jurisdiction in Australia. Implementation occurred over a six year period commencing in 2009 with a discussion paper. Full implementation was achieved in 2014.

The objectives of the WAAF are to:

- Provide an identifiable point of entry into the community care system that supports the client/carer with clear, accurate and relevant information and referral to appropriate assessment and/or services to address identified needs
- Conduct or refer to appropriate assessments and provide targeted and responsive service delivery to support the client/carer to maintain and improve their well-being and independence
- Ensure the client/carer journey in the community care system is supported by effective communication and cooperation between all parts of the system and the client/carer is at the centre of the decision making
- Improve the collection and exchange of client/carer information to prevent duplication.

\(^3\) WA HACC Minimum Data Set Annual Report 2013-14
The changes implemented through the WAAF to achieve these objectives included:

1. Establishing a central point of entry and defined pathways into the community care system (within the Commonwealth Respite and Carelink Centres) for information provision, eligibility screening and referral

2. Establishing a network of Regional Assessment Services to conduct face to face assessments, commence support planning, and make recommendation for appropriate levels of support that build independence and well-being

3. Removing assessment and care coordination from most HACC service providers requiring them to focus on the delivery of services.

This report documents the journey from the provision of client access and assessment by service providers directly, to the implementation of integrated access and professional assessments through the implementation of the WAAF from 2009 to 2014.
3. WAAF: The Idea

Since the inception of the HACC program, HACC services in WA were mostly provided by non-government organisations working independently to provide a range of services to people living in their catchment area. For consumers, there was a confusing pathway to access services and poor linkages between providers. Whilst the intention was for needs to be assessed based on an eligibility screen, needs assessments were inconsistent, and sometimes based around the services offered by providers, rather than the needs of clients. The funding model was also based on service types, which is likely to have encouraged the delivery of service types offered by specific providers, rather than specific services required by each client.

The key features of the previous model were:

- HACC service providers assessed HACC clients and potential clients through funding provided by the HACC program
- Service providers utilised the eligibility screen and a range of assessment forms to assess and review their clients
- There was no formal protocols, processes or priority timeframes for meeting client needs
- Consistent assessor training was not provided giving rise to inconsistent client assessment
- Assessments were not strength-based or goal focussed
- Not all clients were appropriately assessed or had support plans that reflected their needs
- The quality of assessments and support plans varied significantly
- Service solutions to meet individual needs were rarely sought outside of HACC funded services
- Clients accessed HACC services either directly (self-referral) or through referral from a range of agencies including the Aged Care Assessment Teams (ACATs), hospital staff, general practitioners or other community groups
- There was minimal sharing of data between referrers and service providers and between service providers leading to duplication of assessments for clients receiving services from more than one service provider.

A range of issues around the initial HACC model at both a National and State level and coalesced around the need for:

- A sustainable system that accommodates the growing demand and cost of community based care
- A less complex system
- A clearly identifiable entry point
- A focus on the service user
- Consistency in the screening and assessment of clients
• A quality, holistic assessment based on service user needs and with a wellness focus
• A single system approach and streamlined client pathways.

The key features of this model include:
• An easily identified entry point, information and eligibility screening
• Assessment and client care coordination
• Client goal setting
• The option of time limited service support
• Service provision and monitoring
• Choice of service provider (if possible).

Since the introduction of the HACC Program WA has taken a lead role in identifying issues and promoting new thinking and practices in the delivery of community care. The WAAF is a culmination of the thinking that developed around issues impacting on the effective and efficient delivery of HACC services to clients. The changes inherent in the WAAF were intended to not only reform the entry and assessment process into community care, but also to: ensure the system was well placed to cope with future challenges resulting from the growing aged care population; provide greater choice for clients and input into services; and to increase the accountability of service providers.

Contributing to this thinking were a number of national and Western Australian reviews and reforms as detailed below.

3.1 National Reforms
At a national level in 1994, The Home but Not Alone Report the first Triennial Review of the HACC program, identified “assessment and coordination as important factors in fulfilling the aims of the HACC Program and noted that the HACC assessment system needs to be broader than any single service and, indeed, should extend beyond the boundaries of the HACC program so that consumers are assisted in accessing the most appropriate services for their needs, whether or not these fall within the HACC Program”.

This report suggested “a natural extension of the concept of a common assessment agency for community care is an agency to assess for a range of related services. In the aged care sector, for example, an appropriately staffed and independent agency to assess frail elderly people would be able to assess eligibility and level of need for nursing homes, hostels, Community Aged Care Packages and community care, including but not restricted to, HACC services”.

The Western Australian HACC Program Assessment Framework Service Redesign report outlines the history of the service redesign undertaken over time.

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A National HACC Assessment Working Group was established in 1995 to progress the development of a National HACC framework for assessment. It was the responsibility of the individual jurisdictions to progress the principles locally. The National Assessment Working Group was reconvened in 2003 to revisit the framework based on progress made by jurisdictions and a new national framework for assessment was developed based on a two tier system - intake assessment and comprehensive assessment. The National HACC framework for assessment is included in the National HACC Program Guidelines July 2007 and provides the basis of all future work on the development of a consistent approach to assessment across Australia.\(^5\)

On a national level, in 2002, the Commonwealth Government review of community care programs identified the current system of community care was complex and confusing for individuals and carers to navigate, there were inconsistent eligibility criteria, gaps and overlaps in service delivery and clients were being assessed multiple times and in a variety of ways. This led to the release of *A New Strategy for Community Care – The Way Forward* in 2004 which identified five broad areas of action:

- Address overlaps and gaps in serviced delivery
- Provide easier access to services
- Enhance service management
- Streamline Australian Government programs
- Adopt a partnership approach.

Subsequent studies by the Council of Australian Government (COAG) 2006 and the Productivity Commission 2011 have raised concerns about the need to ensure that the program is sustainable with the growing aged care population, and have introduced further reforms aimed at better targeting of services, clearly identified points of access and more efficient assessment processes. “Access to the Home and Community Care Program will be improved through joint work with the states and territories to simplify entry and improve eligibility and assessment processes.”\(^6\)

### 3.2 Western Australian Reforms

Alongside the national reviews and reforms, the WA Department of Health, Aged and Continuing Care Directorate’s own research identified issues with the HACC program and introduced significant improvements to the delivery of HACC services across the state.

In 1997 the WA HACC program funded the WA Community Care Classification (WACCC) Project to examine the relationship between characteristics of HACC clients and the costs of community care services. The project was supported by the development of a standard instrument for assessment, the WACCC Primary Assessment Form (WACCCPAF) that

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\(^5\) Western Australian (WA) Home and Community Care (HACC) Program Assessment Framework Service Redesign April 2009 (pages not numbered)

\(^6\) Australian Government Department of Health and Ageing COAG Budget paper: Improving arrangements for Aged Care Assessments and Access to HACC services 2006 p 1
was used by all participating service providers. This was further developed in 2003 (see below).

In 1999 ACCD introduced the HACC Fees Policy. This was reviewed in 2006 and a revised policy was implemented in 2007 which further formalised the delivery of services and encouraged service providers to focus on outcomes for clients.

In 2003, ACCD, in partnership with the [Commonwealth] Aged Care Assessment Program developed a single assessment process to establish a standard minimum set of assessment information that would be collected for all HACC clients. This single assessment process included the development and implementation of the WA HACC Needs Identification (HNI) instrument.

In 2005, the WA Aged Care Network, established to progress the reforms outlined in the WA Health Clinical Services Framework 2005 – 2015 in relation to the health and support needs of older people in Western Australia, developed an overarching policy document, “Models of Care for the Older Person in Western Australia.” This document, underpinned by the Council of Australian Government’s endorsed Age Friendly Principles and Practices, promoted care and support that is orientated to the needs of the older person in WA, is coordinated, and emphasises a partnership approach across the continuum of care that spans the primary, community, acute and residential aged care sectors.

Alongside this, and in response to emerging trends in health care and consumer advocacy, in 2006 the WA HACC program adopted a Wellness Approach to the delivery of HACC services across the state and provided significant support to assist service providers to understand and implement changes in the way they assessed, viewed clients and delivered services.

Wellness resulted in a broad philosophical change amongst the sector. Community care was no longer about meeting every need of the client, it now included consideration of how to assist the client to develop and maintain their independence. Through this approach the WA HACC sector, including government, would develop and implement service models that built capacity by actively working with the service user to:

- Prevent loss of independence by focusing on the retention of existing skills through a strength based assessment
- Develop a partnership approach between the client and the service provider to set goals, identify strategies and solutions and promote client choice and decision making
- Where appropriate, focus on regaining skills and a subsequent increased level of independence and well-being.

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7 Western Australian (WA) Home and Community Care (HACC) Program Assessment Framework Service Redesign April 2009 (pages not numbered)
8 ibid
11 Australian Health Ministers’ Advisory Council Care of the Older Australians Working Group (COAWG) Endorsed by Australian Health Ministers July 2004
In retrospect, the implementation of Wellness readied the sector, including ACCD, for further change.

In 2007-2008, as part of a national trial of Access Network Points\textsuperscript{12}, three pilot sites were implemented in WA; one metropolitan and two country. Existing providers of HACC and/or CRCC services were appointed to the role of Access Network Points. Their role was to:

- Provide information about community care services
- Complete telephone eligibility screening for community care services
- Refer clients to providers of community care services for a more complete assessment, or
- Refer clients for a specialist assessment
- Refer ineligible clients to other appropriate external services for support.

In all, whilst there were some shortcomings in the model, the pilots demonstrated that there was much to be gained from an integrated assessment framework. Several agencies commented that a single point of entry, independent from service provision, was preferable to a network model, and that the CRCC was best placed to undertake this role. This represented a significant shift in thinking from ‘service provider entry’ to ‘centralised entry’ into the community care system. The pilot program also provided the opportunity to develop relevant documentation and other tools that were later adapted for the WAAF.

3.3 WAAF – The First Steps

In response to the concerns, thinking and philosophical changes towards community care at the time (indicated in the state and national reviews, research and reforms noted above) and the unique challenges of providing HACC services in WA; ACCD developed the idea of implementing regional access points across the state using the Commonwealth funded CRCCs. This strategy utilised the infrastructure of the CRCCs and also strengthened their role at a time when it was being questioned. A HACC assessment model was also developed to address the range of issues around assessments utilising the information and learnings from the significant previous work with assessments by both the State and Commonwealth.

In April 2009 the discussion paper, The Western Australian Home and Community Care (HACC) Program Assessment Framework (WAAF) – Service Redesign was released. This paper outlined the proposal to significantly change the way in which HACC services were accessed and needs assessed in WA, including a single system approach to access and assessment, with streamlined client pathways and agencies working closely together to deliver appropriate services. This was the WAAF, in its first documented iteration.

Consultations with the sector were conducted to float the ideas in the paper and to obtain sector input. Implementation of the WAAF commenced in 2011 in the metropolitan area. The extent of change required was well understood, and a change management process

\textsuperscript{12} Refers to the WA Access Network Demonstration Projects referenced in Western Australian (WA) Home and Community Care (HACC) Program Assessment Framework Service Redesign April 2009 (pages not numbered)
was mapped out and appropriately resourced. This is described in Section 4: Planning the Journey.

Evaluation was built into the WAAF from the outset. A continuous improvement approach was implemented to ensure that stakeholders were engaged in identifying and resolving issues and that learnings from each stage of the project were incorporated into the next stage.

Once fully implemented across the state, changes to the governance structure ensured that this continuous improvement process is embedded into the ongoing management and enhancement of the WAAF ensuring it is responsive to changing community needs and thinking around the best ways to meet these needs in a rapidly changing environment. The current WAAF model is shown in Figure 3.1: Western Australian Assessment Framework (WAAF) – Client Pathway August 2013\(^\text{13}\).

As noted in Section 2: Introduction, the objectives of the WAAF were to:

- Provide an identifiable point of entry into the community care system that supports the client/carer with clear, accurate and relevant information and referral to appropriate assessment and/or services to address identified needs
- Conduct or refer to appropriate assessments and provide targeted and responsive service delivery to support the client/carer to maintain and improve their well-being and independence
- Ensure the client/carer journey in the community care system is supported by effective communication and cooperation between all parts of the system and the client/carer is at the centre of the decision making
- Improve the collection and exchange of client/carer information to prevent duplication.

\(^\text{13}\) WA Assessment Framework Policy Statements October 2013
Figure 3.1: Western Australian Assessment Framework (WAAF) – Client Pathway August 2013

- **General enquiries regarding aged care**
  - My Aged Care: 1800 200 422
  - www.myagedcare.gov.au

- **People seeking community care**

- **Current HACC Clients**

- **WA Assessment Framework - Assessment and Service Linkage**
  (Regional Assessment Service 1300 785 415 or Fax: 08 9443 5622)

- **NEW ENQUIRY**
  - Identify areas of need over the phone
  - Face to face Assessment provided if appropriate
  - If eligible for HACC support determine level of need and refer for appropriate formal and/or informal support.
  - If more appropriate for ACAT liaise with ACAT and share record with client consent.
  - If not eligible for HACC or ACAT refer for alternate support.

- **KNOWN CLIENTS**
  - In consultation with the referral source consider if the person needs a face to face assessment.
  - Use current assessment information to inform support plan.
  - RAS may liaise with HACC service provider directly to put services in place. RAS to consider if client requires reassessment in 3-6 months.

- **CURRENT HACC CLIENTS**
  - In consultation with the referrer consider if the person needs a face to face reassessment/review.
  - If client requires additional support or a new service type and current service provider has capacity - RAS to finalise arrangement and update the support plan.
  - If client requires additional support or a new service type and current service provider does not have capacity - RAS to refer client to a service provider with availability where possible.

- **HACC SERVICE PROVIDERS**
  - HACC service providers must respond to referrals (accept or decline) from Regional Assessment Services within two working days.

  - If client requires a minor increase to existing HACC support adjust support.

  - If current client requires new HACC service types discuss the need for a re-assessment with RAS and refer client to RAS where necessary.

  - If current client requires review reassessment refer client to RAS.
4. WAAF: PLANNING THE JOURNEY

The WAAF was implemented over the six year period commencing in 2009 with full implementation in 2014 as follows:

- **2009**  Release of the discussion paper: Western Australian (WA) Home and Community Care (HACC) Program Assessment Framework Service Redesign April 2009
- **2010**  Planning and stakeholder engagement
- **2011**  Metropolitan implementation
- **2012**  Implementation in Kimberley and South West
- **2013**  Implementation commences in remaining country regions
- **2014**  Full implementation across the state.

The WAAF discussion paper\textsuperscript{14} was released in April 2009 and was followed with a period of planning and consultation, with the first implementation commencing in the metropolitan area almost two years later in January 2011.

### 4.1 PROJECT MANAGEMENT

A project management and change management approach was taken for the implementation, with clearly defined roles for each of the key players:

- **WA Health ACCD**  Overall management
- **CommunityWest\textsuperscript{15}**  Executive support and project management.

A WA Assessment Framework Project Officer (part time) was recruited in South West and Kimberley regions to work with local stakeholders, ACCD and CommunityWest to develop local approaches to implementation. These positions were discontinued after a time as the role was identified as not necessary for successful implementation.

### 4.2 STAKEHOLDERS

A broad range of stakeholders were involved in the implementation of the WAAF including:

- State and Commonwealth Governments
- HACC service providers
- HACC clients and their carers

\textsuperscript{14} Western Australian(WA) Home and Community Care (HACC) Program Assessment Framework Service Redesign April 2009

\textsuperscript{15} CommunityWest and is a non-for-profit agency funded to provide training and other services to advance quality in the WA community aged care sector.
HACC Project Officers

Referral agencies – for example, ACATs, CRCCs, hospital social workers and discharge teams, general practitioners, Disability Service Commission Local Area Coordinators

Peak organisations: - for example, Aged and Community Services WA, Carers WA, Health Consumers’ Council, Department of Veterans Affairs.

4.3 WORK PLAN

A project plan\textsuperscript{16} was developed by CommunityWest in partnership with the ACCD for the overall implementation. The project plan included:

- The background and rationale for the model
- WAAF project goals, outcomes, deliverables
- Clarification of the role and function of each element of the WAAF
- Governance structure
- Evaluation criteria
- Risk analysis
- Communication plan
- Implementation timeframe

In addition, separate work plans were developed for each of the regional implementations to reflect local needs. Work plans focussed on the role of CommunityWest and the WAAF Regional Project Officers in the South West and the Kimberley and did not cover the tasks required by CRCC and Regional Assessment Services. Initial work plans differed widely. However, subsequent work plans all followed a standard template and provided greater detail of actions and outcomes.

4.4 KEY DELIVERABLES

The key deliverables as set out in the project plan\textsuperscript{17} were to:

- \textit{Involve key providers in developing and implementing the Assessment Framework}

- \textit{Develop and introduce revised tools and processes that will enable consistency of information, entry, assessment and service delivery approaches and processes across all community care services}

- \textit{Develop the access, assessment and service delivery model/s to client/carer needs in the metropolitan and non-metropolitan regions}

\textsuperscript{16} WA Assessment Framework Project Plan April 2010 CommunityWest

\textsuperscript{17} WA Assessment Framework Project Plan April 2010 CommunityWest
- Develop an implementation plan for the roll out of the Assessment Framework initially across the metropolitan area and for each of the rural and remote regions
- Implement the Assessment Framework across WA
- Develop and implement training, education and information material for public, community care and health service providers
- Evaluate the implementation of the Assessment Framework across WA.

4.5 EVALUATION
As noted above, evaluation was built into the WAAF implementation process from the outset and commenced with the metropolitan implementation in 2011.
5. WAAF: IMPLEMENTATION

5.1 GOVERNANCE

A governance structure was established to oversee the planning and implementation of WAAF. The governance structure was revised as the project commenced to meet the demands at different stages of implementation.

ACCD and CommunityWest conducted fortnightly and then monthly project management group meetings for the first two years of the project to plan, drive and implement the reforms. This group then reported to the Steering Committee. As part of this monthly project management meeting, progress reports were prepared and discussed, tasks prioritised, the issues arising (captured in a decision data base) were discussed and tasks allocated and monitored. This group also acted on decisions and required actions identified thought the evaluation reports.

5.1.1 Steering committee

The Steering Committee comprised of members of ACCD, the Commonwealth Department of Health and Ageing (now Department of Social Services) and CommunityWest (in a project support role and to update on the implementation progress) and was chaired by the Director ACCD.

5.1.2 Project reference groups

Prior to the implementation of WAAF, three reference groups were established:

- Access
- Assessment and Client Care Coordination and
- Client Support and Monitoring.

Membership included ACCD and CommunityWest and was open to the sector by expressions of interest. The groups met monthly 11 times a year and reported to the Steering Committee. The groups considered options for providing eligibility screening and assessment services and client pathways that met the needs of clients in effective and efficient ways.

Approximately sixty sector representatives contributed significant time to the development of comprehensive protocols and policies through membership of the reference groups.

Once their work was completed, the reference groups were suspended and replaced by two reference groups responsible for the implementation phase of WAAF: a CRCC Reference Group and a Regional Assessment Service Reference Group. HACC service providers had the opportunity to have representation on these groups, again by expressions of interest in each metropolitan region.
5.1.3 Working groups

Three working groups comprised of members from the three reference groups supported the work of the reference groups and also met monthly.

In addition a Disability Services Local Area Coordinators working group and an ACAT working group were established to provide advice on protocols and to conduct workshops with their sectors.

An operational group of Regional Assessment Service Assessors was established to inform operational guidelines, processes and protocols, including the assessment tool and the WAAFI.

A WAAFI reference group was formed that met monthly and included ACCD, CommunityWest and the University of Western Australia (UWA). The group was integral in the planning and development of the WAAFI including the trialling of forms, testing interactions and troubleshooting operational issues. CommunityWest and UWA subsequently delivered training for the RAS and CRCC personnel in the use of the WAAFI. Subsequently, when the CRCCs and RASs were established a monthly WAAFI group met to work through operational issues and discuss and find solutions and improvements to the system. This group flagged the need for a WAAFI user manual for CRCC/RAS and service providers.

5.1.4 WACCRAG

The WA Community Care Reform Advisory Group (WACCRAG) was established in 2003 under the Way Forward reforms to provide advice on implementing the reforms. The WA HACC Program utilises the WACCRAG for advice on guidelines, policies, engaging with the sector, and developing approaches to lead sector reform. The WACCRAG includes representatives from a range of aged and community care service providers, carers and consumers through peak bodies such as Aged and Community Services WA (ACSWA), Aged Care Association Australia WA (ACAAWA), COTA WA (formerly Council on the Ageing), Health Consumers’ Council and Carers WA. The WACCRAG provided ongoing input into the development and implementation of the WAAF.

5.2 CONSULTATION AND COMMUNICATION

Prior to implementation, consultative forums were held in each region to promote and clarify the model, provide an update on the planning activities and to discuss the work that agencies needed to prepare for the implementation, such as:

- Communicating changes to staff
- Reviewing current staffing structures
- Reviewing unit costs

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18 Home and Community Care Program in Western Australia Triennial Plan 2012-2013 p 8
- Reviewing current referral and information sharing processes.

Regular stakeholder presentations, workshops and forums continued to be held throughout the implementation process to provide feedback on progress and barriers identified through feedback to CommunityWest and the evaluation and to engage stakeholders in identifying and resolving any issues.

Consultations were also held with peak bodies and representatives of HACC special needs groups to ensure that the needs of these groups were understood and to provide them with an opportunity for input into the development of the WAAF.

Regular bulletins and written summary reports on each phase of the implementation were prepared by the ACCD to provide an update on progress, information about the next phase, to clarify new policy and protocols and clarify any misconceptions. CommunityWest developed bulletins, communiques, minutes of meetings, a WAAF specific newsletter and articles that were available on the CommunityWest website. CommunityWest staff supported the sector through the provision of wellness information, training and implementation support.

5.3 MAPPING THE CURRENT SITUATION
Baseline regional reviews were undertaken to provide a picture of the current services, service providers, clients, stakeholders and any issues. These were used to inform the development of a project plan for each region (see Section 4 WAAF: Planning the Journey).

5.4 RESOURCES
The need for resources to support the changes was identified at the outset, and CommunityWest was resourced to provide project management. Resources were also required for the external evaluation, development of the WAAFI, employment of the regional WAAF Project Officers, and for the change management workshops with the sector including; working groups, education sessions, forums, and one on one visits to service providers and key stakeholder groups such as ACATs and hospital discharge staff.

In September 2010 six organisations were selected, through expressions of interest as part of the HACC 2010-2011 growth funding round, to provide nine Regional Assessment Services across the metropolitan area. One organisation was selected to provide the Regional Assessment Services across all regions. HACC service providers that had previously been funded for assessment and service coordination, negotiated the reallocation of the funding for assessments into service provision.

The design of the WAAF maximised the use of existing infrastructure with minimal additional infrastructure required. Overall, the cost of providing HACC services in WA did not increase as a result of the WAAF and no service providers had a reduction in funding.
5.5 IMPLEMENTATION

Implementation of the WAAF in each region was preceded by discussions with stakeholders regarding the introduction of the WAAF, its objectives and benefits and the implementation process. Implementation involved:

- Establishment of the RAS including accommodation, staff recruitment and training and the provision of other necessary infrastructure such as information technology and connection to the WAAFI
- The provision of information and training to all service providers and liaison to resolve their concerns
- The identification of all other stakeholders including referrers, ACATs, hospital discharge staff and other organisations with involvement in the HACC sector and the provision of information, and consultation and liaison if required.

Discussion with stakeholders in the metropolitan area commenced in September 2009 and implementation commenced in January 2011, with the WAAF fully operational by July 2011. Improvements to the systems, processes and tools continue on an ongoing basis.

Implementation of the WAAF in the South West and Kimberley regions commenced in July 2012 and benefited from the development work undertaken in the metropolitan area. A particularly successful strategy was the colocation of the RAS with the ACATs. This resulted in improved communication and coordination further reducing the assessment burden on clients and was implemented in other country regions.

Implementation across the state was completed in June 2014.

5.6 TOOLS

A number of HACC client tools had been developed over the years preceding the WAAF and were further developed for use in the WAAF through input from working groups of HACC service providers and other key stakeholders (see Section 5.1.3: Working Groups). The key tools utilised in the WAAF are as follows:

5.6.1 WA Assessment Framework Interface (WAAFI)

The WA HACC Program engaged the University of Western Australia to develop the WA Assessment Framework Interface (WAAFI) for the storage and retrieval of client data. The WAAFI utilises the Statistical Linkage Key (SLK) as a unique client identifier which enables it to link with other client data systems including the HACC Minimum Data Set (MDS) and the electronic Aged Care Client Record (E ACCR). The WAAFI was developed to facilitate the sharing of data to minimise the assessment burden on clients and is centred on a screening and assessment form.
The WAAFI was operational for the implementation of the WAAF in the metropolitan area in 2011 and has been reviewed and revised continuously since then. A major documentation revision occurred in 2013 to implement improvements identified by stakeholders through the evaluation and other consultations. WAAFI V2 was tested in Oct 2013 and introduced to the WAAF sites in early 2014.

5.6.2 Client needs identification tool
The Client Needs Identification Tool is a screening tool developed from the 2003 HACC Needs Identification Tool (HNI) implemented to reduce the number of screenings for clients. The HNI was revised to screen for eligibility for other State and Commonwealth funded programs and during the course of the WAAF implementation was further refined to:

- Make it more user friendly
- Include triggers for specialist or more comprehensive assessments
- Include a unique client identifier (the SLK).

The resulting tool identified needs broader than the HACC program and was renamed the Client Needs Identification (CNI) tool in 2007, was tested and evaluated, and was incorporated into the client assessment form of the WAAFI.

5.6.3 Assessment and referral form
An assessment form reflecting the Wellness Model and including the full scope of client needs that fall within the HACC Program, was developed for inclusion in the WAAFI for use by all RAS. The tool included goal setting and support planning, setting it apart from traditional assessment forms. A form for referrals to HACC service providers and other agencies was also developed.

5.6.4 Commonwealth Carelink Centre Information System
One of the advantages of using the CRCCs as the access points into the WAAF was their access to the Commonwealth Carelink Centre Information System (CCCIS) which was developed by the Commonwealth Department of Health and Ageing (now department of Social security) to provide a comprehensive directory of community based service options. This was particularly valuable in the metropolitan area where there is a complex array of services. Initially service providers did not maintain up to date information; this was resolved once service providers realised the benefit of doing so.

5.6.5 Availability register
RASs required a database on the availability of HACC service providers in their region in order to refer clients to services with the capacity to meet their needs. Initially each CRCC developed their own availability database which in a majority of cases required intensive work to maintain.
In 2013 the two organisations with the most functional databases shared them with the other CRCCs ensuring all RASs had databases that were easily maintained.

5.6.6 Policy statements
In the initial development of the RAS protocol documents were developed that included processes, flow charts, priorities and response timeframes. Initial protocols were region specific, complex and wordy. Over the course of the WAAF implementation a simpler set of policy statements applicable to the whole state were developed and were enthusiastically received by all stakeholders. As with other tools, the policy statements continue to be refined.

5.7 EVALUATION
The external evaluation commenced shortly after implementation in the metropolitan area. It was initially planned to evaluate just the metropolitan implementation, but this was subsequently expanded to include the South West and Kimberley implementations.

5.7.1 Objective of the evaluation
The objective of the evaluation was to evaluate the WAAF against its stated objectives taking into account:

- The benefits of the WAAF to the client and carer
- The benefits of the WAAF to the community care system
- The effective functioning of the WAAF and its three components –
  - Commonwealth Respite and Carelink Centres (CRCC)
  - Regional Assessment Services and
  - The range of service providers including feedback from service providers who deliver support to clients and carers and other key stakeholders (ie ACATs, peak agencies)
- The adherence of CRCCs, Regional Assessment Services, service providers and others to the WAAF processes and protocols
- Any recommendations for improvements that would assist the WAAF to meet its objectives
- Client and carer satisfaction with the three components of the WAAF.

5.7.2 Continuous improvement
The metropolitan evaluation took an iterative approach over five stages in order to develop a continuous improvement cycle in the WAAF that would be sustained beyond the external evaluation phase.
At every stage of the implementation, stakeholders were asked for feedback on what was, and was not working well and suggestions for improvement. This feedback was further explored by the evaluators and if validated, formed the basis of recommendations for change. This was a transparent process whereby ACCD responded to all recommendations; a list of the recommendations, ACCD’s response and required actions were fed back to stakeholders.

In developing and refining these protocols stakeholders shared information about their respective services and gained a greater understanding of each other’s role. Stakeholders started to discuss the potential advantages of a single point of entry for HACC services.
6. LESSONS LEARNED FOR FUTURE IMPLEMENTATIONS

6.1 CHANGE MANAGEMENT

The implementation of the WA Assessment Framework has been a change management process of major proportion involving, across Western Australia in a single year:\(^{19}\):

- 72,000 HACC clients
- 260 funded HACC service providers
- A HACC workforce of many thousands of people
- A HACC budget of $262,000,000.00\(^{20}\) and
- A variety of numerous other stakeholders including ACATs, hospital discharge staff, medical professionals, peak bodies and Department of Health staff.

Whilst the WAAF has now been successfully implemented across the whole of WA it has been identified there are things that could have been done differently or better. The following discussion identifies strategies that worked well and improvements that, in retrospect, would have been of value to this project and may be of value to other projects of a similar scale.

To identify learnings an analysis of the WAAF implementation within a change management model is presented below. The model utilised for this analysis is the widely respected, John Kotter\(^{21}\) Eight Step Model shown in Figure 6.1: Kotter’s Change Management Model\(^{22}\). Each of the steps are discussed below. The learnings shown in the boxes include both elements which worked well in the WAAF implementation and opportunities for improvement.

**Figure 6.1: Kotter’s Change Management Model**

19 WA HACC Minimum Data Set Annual Report 2013-14
20 Home and Community Care Program in Western Australia Triennial Plan 2012-2015 p 23
6.1.1 Step 1: Establish a sense of urgency

The need to reform the way in which the HACC program was delivered was identified in a number of national and state reviews and included the following issues:

- Concern with current HACC assessment processes
- The need to respond to the growing ageing population and the predicted increased demand for community care support
- The need for new models of care emphasising capacity building
- Greater emphasis on client/carer choice.

The implementation of reforms in WA including the establishment of the WA Community Care Reform Advisory Group to guide and implement broad reforms and the decision of the Australian Government to take full responsibility for aged care services meant that changes to the HACC Program in WA were inevitable.

Whilst the need to change was clear to ACCD and some other stakeholders it was not clear at the community and service provider level resulting in some initial reluctance from service providers and other stakeholders to be involved in the WAAF implementation. The evaluators identified an attitude amongst many stakeholders of; ‘if it aint broke don’t fix it’. In addition there was also a strong self-interest in and commitment to existing arrangements and their commensurate lack of accountability in client intake, assessment and services provided.

More work with all stakeholders, and particularly service providers, by involving them in identifying the need for change and the required changes, may have developed more sense of urgency for change and an increased ownership of change by the sector.

Learnings:

- Establish the need for change from a stakeholder perspective
- Involve stakeholders in identifying the need for change and the required changes
- Clearly articulate the need for change and the required changes to all stakeholder groups
- Consider a process and outcome evaluation to identify and implement learnings

As the WAAF was implemented and stakeholders could see that their input through the evaluation was important and was responded to, a greater sense of ‘let’s get this done’ did develop but as to be expected some stakeholders refused to participate and continued to actively lobby against the changes. Over time this is appearing to dissipate.

23 Home But Not Alone Report - The Way Forward 2004
24 COAG and WA Health Clinical Services Framework
25 WA Wellness Model
26 Department of Health WA Aged Care Network 2007 Model of Care for the Older Person in Western Australia
The process and outcome evaluation conducted from the beginning of the change implementation ensured learnings were identified and implemented on an ongoing basis.

6.1.2 Create a guiding coalition

A guiding coalition or ‘transitional team’ was formed by ACCD. A Steering Committee comprising senior representatives from ACCD the Commonwealth Department of Health and Ageing (now Department of Social Services) and CommunityWest as an observer was established to oversee the implementation.

CommunityWest was funded to provide:

- Executive support
- Project management services to assist in planning and implementation of the WAAF
- Community and stakeholder engagement
- Information packages
- Development of protocols, processes, guidelines and documentation
- Training.

The governance structure included reference groups reporting to the Steering Committee and related working parties, ensuring representation of all key stakeholder groups in decision making.

As the project progressed the reference groups and working parties developed into a successful strategy to engage stakeholders in identifying and resolving implementation issues. Members of these groups then became advocates for change and the sector could see that there was grass roots input and this added to support.

As with establishing a sense of urgency, strategies to facilitate greater involvement of service providers could have occurred earlier in the implementation with one or two service provider representatives on the Steering Committee either as members or observers able to proffer opinions.

Learnings:

- Implement strategies to actively involve stakeholders in the change process early on
- Consider the inclusion of representatives from the key stakeholder groups in the ‘guiding coalition’ either as members or observers
- Encourage and support participants to advocate for the change and to support other stakeholders
6.1.3 Create a vision

The discussion paper, The HACC WA Assessment Framework – Service Redesign April 2009 was a pivotal document which clarified the reasons for the WAAF reforms, the objectives, the new model and the changes to be made. This document was widely circulated and formed the basis for discussion at stakeholder forums held across the metropolitan area and in the regions.

Learnings:

- Develop early material to target the concerns of stakeholder groups while emphasising the benefits of the change
- Ensure all material is appropriate to the stakeholder groups and simply presented and easily understood

It was important to have agreed definitions of key terminology and agreed interpretation of policy; however, a lack of clarity in some areas of the document led to some inconsistencies in interpretation. This is expected to some extent in a discussion paper as its purpose was to support dialogue to refine the model. However, it did not adequately describe the impact on service providers and for many the vision was hazy and threatening.

Whilst this process was successful, in hindsight, the vision first presented to the sector would have benefitted from more clarity and more detail and with a structure that clearly targeted each of the stakeholder groups. In retrospect, it may have been beneficial to further revise the service redesign document once greater clarity regarding the vision was established.

6.1.4 Communicate the vision

The vision and project plan were communicated to key stakeholders through:

- Distribution of the documentation – the project plan and work plan were finalised six months in advance of the WAAF implementation and were communicated to all stakeholders for feedback
- Regular forums, presentations and workshops - a list of attendees was kept and follow-up occurred with agencies that did not participate
- CommunityWest website - a list of Questions and Answers, tools, documents and resources were maintained on the CommunityWest website and continuously updated
- Appointment of regional WAAF project officers in the Kimberley and the South West who were responsible for distributing information to stakeholders in their region and feeding back information into the implementation
- Ongoing two way communication between Regional Assessment Services and HACC service providers at all levels, not just management.

Initially communication, particularly around the pathways, was mostly limited to those agencies who were directly involved in the WAAF process. Information to the broader sector and community in general was left to CRCCs to manage through their
usual marketing strategies. As a result many referrers and clients were not aware of the changes to the access points and continued to approach HACC service providers directly. It remained unclear for some time who was responsible for marketing the changes brought about by WAAF to the sector and the community. The ‘no wrong door’ policy was messaged strongly to service providers through forums and the provision of information.

Communication within stakeholder agencies was also problematic. The larger the agency the more difficult to ensure that all staff were familiar with the agreed protocols and processes. High staff turnover and difficulty in recruiting staff in rural areas made communication particularly challenging. Also, the employment of regional project officers in the Kimberley and the South West did not achieve the outcomes sought and the positions were discontinued.

One drawback at this stage was the complexity of the initial pathways and protocols developed through the collaboration between members of the reference groups and working parties. They were developed collaboratively and refined but it is believed that additional expertise in interpreting and presenting the information in clearly understandable documents would have enhanced the acceptance of the vision and project plan and facilitated the engagement of stakeholders.

Perhaps the biggest issue with communication was that a sizeable minority of stakeholders remained disengaged from the WAAF reform in the early stages and were determined to remain unhappy about most aspects of the implementation including the provision of information. Despite ongoing and increasing consultation and improved information and tools it seemed it was never adequate to meet the needs of this group. It should be noted that as time progressed and it became clear that the WAAF reform was not optional, disengaged stakeholders gradually engaged but some refuse to accept the reform was beneficial.

It was also noted in the evaluation that some stakeholders preferred/required face to face consultation and/or information: evaluation respondents often mentioned meetings and forums as good ways to learn about the WAAF and continued a corresponding reticence to read published information. CommunityWest personnel worked to engage with the sector and offered face to face information sharing with providers on an ongoing basis. More marketing resources

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**Learnings:**

- Include all stakeholders early in the discussion and implementation
- Target individual stakeholders not engaged in the change early on with direct engagement strategies
- Address stakeholder concerns as well as the benefits of the change
- Ensure information material is clear and easy to understand
- Target marketing and communication to specific stakeholder groups
- Invite stakeholder input to issues and solutions
to target specific stakeholder groups may have been of value to the project.

*It is clear that adequate opportunities exist for all stakeholders to access information on all aspects of the WAAF relevant to their role. It would seem that stakeholders who fail to understand the changes brought about by the WAAF are not taking advantage of the information available and may not be taking responsibility for informing themselves, their staff and other relevant stakeholders they have contact with.*

Whilst some information sessions were held at stakeholder premises, it may have been of value in selling the vision to have conducted more visits and on-site workshops with service providers who were choosing not to engage in the process.

### 6.1.5 Empower people to act on the vision

Stakeholders were empowered to act on the vision of the WAAF through:

- Participation in regular forums, workshops, presentations
- Membership of reference groups or working groups engaged key stakeholders not only in identifying implementation issues, but critically, in working together to develop solutions
- There was a commitment to follow-up on all issues raised in relation to the WAAF and its implementation. Issues registers were maintained by CommunityWest, issues were prioritised and systematically addressed by the reference groups and working parties
- Training was provided in both the change management process, and in the skills and competencies required to undertake the new roles
- The appointment of the right staff to key roles within the Regional Assessment Services was recognised as vital. These staff needed to be consultative and inclusive. Assessment training was mandatory for all assessors.
- The skills and knowledge of people in the sector and the need to seek and use local intelligence was recognised as important. Assessors in some country areas established a buddy system with staff in the sector in order to seek and use local intelligence
- Local forums were used to identify issues and involve people in resolving them.

The culmination of these strategies was observed by the consultants in service providers who clearly understood the benefits of the WAAF to clients and to themselves and made the conscious decision to pursue new ways of working to maximise the referrals to their agency and to focus on the provision of quality services based on the professional assessments of the RAS.

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In contrast, other service providers felt threatened by the changes, took no proactive steps to engage with the RASs and complained loudly that their client numbers were dropping as a result of not receiving assessments. Strategies to specifically target the disengaged stakeholders with proactive engagement and education may have assisted in engaging the most negative stakeholders.

**Learnings:**
- Forums, workshops, presentations and training should focus on empowering and skilling people to act
- Provide training in change management
- Consider recruiting ‘champions for change’ to present to other stakeholders the positives of the change, how they implemented it and how they maximised the benefits
- Consider specific engagement strategies for engaging the most negative stakeholders

6.1.6 Create short term wins

The staged implementation process with regular evaluation reports provided stakeholders with evidence of the changes made, what was working well, and clear directions for the next steps.

Evaluation findings and recommendations were communicated to the sector, recommendations were almost totally accepted and implemented and the sector was provided with opportunities to provide feedback on the changes thereby ensuring a cycle of continuous improvement based on stakeholder input. This also demonstrated to stakeholders that their input was valued and acted on and ensured that the WAAF was appropriate to the sector’s needs.

Tools were developed, reviewed and refined throughout the implementation process. Unfortunately some early versions of tools were not fit for purpose and would have benefitted from refinement and in all likelihood fostered some disengagement from the WAAF. Some examples are:

- The screening, assessment and referral forms were too long, complex, confusing and duplicated information
- Information about service availability was clumsy in most cases and required significant effort
- The initial protocols and pathways were overly complex and not always understood by stakeholders resulting in a lack of consistency across the sector
- The WAAFI was unable to provide any meaningful activity reports for some time and the RASs were unable to determine outputs
- There were issues with the timelines of response following the initial eligibility screening. The time taken to do an assessment initially increased and number of new assessments decreased. This may have been a result of inexperienced assessors and complex documentation. Response times improved following additional training and enhancements to the documentation
• There was some duplication in assessments between ACATs, hospital discharge staff and Regional Assessment Services. This was addressed by providing access to the WAAFI to these agencies, and agreeing to share assessment information (with the consent of the service user)

• Initially some HACC service providers were also duplicating assessments rather than using the one given to them by the Regional Assessment Service, and some continued to use their own support plans rather than the one in the WAAFI as they found their own format easier to use. This issue was addressed over time as service providers had input into the redesign of the WAAFI support plan

• There was some confusion about areas of responsibility and the process for initiating a reassessment or review of existing clients. Reassessments were time consuming as the clients were not already in the WAAFI system. Response times were improved by introducing the use of telephone for the review of non-complex clients.

Learnings:

- Develop high quality materials and appropriate processes that have been adequately tested and or piloted prior to release
- Plan for some short term wins to demonstrate commitment to input and continuous improvement

• Mandatory two day training was provided to all assessors. Feedback from assessors indicated that following this training they did not all feel confident that they had the skills and expertise required to undertake the role.

• Some assessors commented that input into the WAAFI had been primarily through their managers and that many of them had not been given opportunity to provide input from a user’s perspective. Selected assessors were part of the WAAFI user group

• Communication between some Regional Assessment Services and HACC service providers was reported to be poor in the early stages of implementation. Strategies to improve communication included: joint home visits, assessors visiting HACC agencies, regular RAS service provider meetings

• Communication between some Regional Assessment Services and ACATs had been reported as poor. This was significantly improved through joint forums, regular meetings and combined training.

Significant short term wins for the sector included:

• The development of a simple Pathways or client access diagram which addressed the complexity and confusion of the initial versions
• The development of very clear policy statements which addressed the complexity of initial versions
• The implementation of regional meetings between the RASs and HACC service providers which facilitated high quality communication
• The implementation of a client outcome letter which ensured clients more fully understood the assessment process.
6.1.7 Consolidate and build on gains
A staged approach to implementation of the WAAF allowed the protocols, tools and processes to be trialled in one region before being rolled out more broadly. However, given early discontent with some of the tools, it may have been better to trial the documentation and tools across a smaller site initially.

Nonetheless, the implementation in the country regions benefitted significantly from the learnings in the metropolitan region and proceeded very smoothly. This may have been assisted by the staged approach and the opportunity by RAS to network and build relationships with local ACATs, hospital representatives and HACC providers.

The evaluation of the WAAF implementation in regions implemented subsequent to the metropolitan area ensured that all stakeholders felt they had a channel for input and were listened to. The evaluators, when conducting a forum related to the WAAF, observed that people had a great deal of unsubstantiated negativity towards the WAAF processes. It is surmised that this may be the result of people not being given the opportunity to air their grievances that the evaluation provided.

Learnings:
- Trial materials with a smaller population to identify weaknesses and implement improvements
- Consider a staged implementation to ensure ongoing improvements
- The first implementation with a smaller population can be beneficial to identify improvement prior to a large implementation
- Ensure adequate opportunity for all stakeholders to have meaningful feedback that is responded to
- Implement a continuous improvement process both throughout implementation and as an ongoing process
- Ensure project managers are open to improvement and are not protective or defensive of their early work

The continuous improvement cycle developed through the external evaluation measured the extent of compliance with the new processes and other improvements as implementation progressed. For example, the extent to which the assessment documentation was fully completed by Regional Assessment Service assessors improved over time, especially as improvements were made to the documents and processes.

6.1.8 Institutionalise the change
Following the implementation of the WAAF across WA the governance structure guiding the planning and implementation of the reforms was changed to reflect the transition from a project management role to a monitoring and continuous improvement role. The project Steering Committee, which had been meeting monthly, was replaced by a Strategic Management Group with whom continuous improvement is a standard agenda item.
Stakeholders had been providing input through participation in Reference Groups and Working Groups. Ongoing stakeholder input into the WAAF is ensured through the WA Community Care Reform Advisory Group.

**Learnings:**
- Maintain a commitment to continuous improvement
- Maintain structures for input from stakeholders
## Attachment 1: WAAF: Key Events Timeline

Note: Key events contributing to the success of the WAAF implementation are highlighted in blue

<table>
<thead>
<tr>
<th>DATE</th>
<th>KEY MILESTONE/ EVENTS</th>
<th>PURPOSE</th>
<th>KEY IMPACT/ LEARNINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>Introduction of the WA Assessment Strategy – HACC Needs Identification Instrument</td>
<td>Standardised screening and assessment tools for service providers</td>
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<tr>
<td>June 2006</td>
<td>Announcement of a National Access Network Point Pilot program in response to ‘The Way Forward’</td>
<td>The model aims to streamline entry into community care through:</td>
<td>• Tools and documentation were developed, trialled and refined</td>
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<tr>
<td></td>
<td></td>
<td>• Consumer information</td>
<td>• National evaluation of pilots commenced in December 2007.</td>
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<tr>
<td>2007-08</td>
<td>Three Access Network Point pilots commenced in WA:</td>
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<td></td>
<td>• Esperance (Dec 2007)</td>
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<td></td>
<td>• Kimberley (June 2008)</td>
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<td>• Swan LGA (July 2008)</td>
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<td>April 2009</td>
<td>Development of the WA HACC Program Assessment Framework – Service Redesign Report</td>
<td>Proposal for the WA Assessment Framework (WAAF) - a new model for access, coordinated assessments and referral for discussion across the sector.</td>
<td>Reflects learnings from Access Network Points and national and state reforms and incorporates:</td>
</tr>
<tr>
<td>June- July 2009</td>
<td>Initial metropolitan information forums (4) to discuss the proposed new assessment framework</td>
<td>Identification of issues/challenges and possible solutions/ strategies</td>
<td>• Access network points for information, access and screening</td>
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<tr>
<td></td>
<td>Final Evaluation Report, WA</td>
<td></td>
<td>• Regional Assessment Services for assessment and client care coordination; and</td>
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<td></td>
<td></td>
<td></td>
<td>• Service providers.</td>
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The evaluation found that:
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<th>DATE</th>
<th>KEY MILESTONE/ EVENTS</th>
<th>PURPOSE</th>
<th>KEY IMPACT/ LEARNINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>Access Network Point Demonstration Project</td>
<td></td>
<td>• Single access point and screening can meet the needs of clients and service providers</td>
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<td></td>
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<td>• Service providers increased their knowledge of each other’s services.</td>
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<td>• Adjustments to the model are needed for different regions and client groups</td>
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<td></td>
<td></td>
<td></td>
<td>• Access points are particularly valuable in metropolitan areas where there are many providers.</td>
</tr>
<tr>
<td>May 2010</td>
<td>Finalisation of the WAAF Project Plan</td>
<td>The project plan for the implementation of WAAF describes WAAF objectives, the service model, functions of Regional Assessment Services, client pathway, implementation governance structure, evaluation criteria, risk analysis.</td>
<td>Aged Care Policy Directorate decided that in metropolitan areas, the access point roles should reside in Commonwealth Respite and CRCC Centres (CRCC), and in a combination of CRCC and local providers in regional WA.</td>
</tr>
<tr>
<td>March – October 2010</td>
<td>Establishment of 3 WAAF Reference Groups:</td>
<td>Stakeholder engagement and ownership of the implementation issues.</td>
<td>Issues were worked through, and protocols, policies and processes developed by stakeholder groups reporting back to the project steering committee.</td>
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<td></td>
<td>• Access</td>
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<td></td>
<td>• Assessment and client care coordination</td>
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<td></td>
<td>• client support and monitoring and 8 Working Parties</td>
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<td>October 2010</td>
<td>Development of the WAAF Interface (WAAFI)</td>
<td>University of Western Australia was contracted to develop the WAAF Interface – the on-line screening and assessment tool.</td>
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<tr>
<td>May 2011</td>
<td>Evaluation of metropolitan WAAF implementation commences</td>
<td>Interim Evaluation Report 1: intake and referral</td>
<td>• Review of referral process</td>
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<td>• Audit of Client Need Assessments</td>
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<td>• Web survey of service providers regarding referrals received and outcomes</td>
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<td>KEY IMPACT/ LEARNINGS</td>
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<td>Aug 2011</td>
<td>Review of documents which support the WAAF</td>
<td>• Client Needs Identification Screening Tool</td>
<td>The documents were simplified and processes streamlined in response to user feedback</td>
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<td></td>
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<td>• Regional Assessment Service Confidential Referral Cover Sheet</td>
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<td>• Regional Assessment Service Occupational Safety and Health Screen</td>
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<td>• WA HACC Assessment Form</td>
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<td>• WA HACC Client Support Plan</td>
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<td>• WA HACC Carers Assessment Form</td>
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<td>• Regional Assessment Service Interagency Communication Plan</td>
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<td>Nov 2011</td>
<td>Metropolitan Interim Evaluation Two</td>
<td>Assessment and Referral processes</td>
<td>The review found that significant progress had been made, however, the new assessment</td>
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<td>processes were considered too complex and there was some confusion. Key findings</td>
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<td>included the need for:</td>
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<td></td>
<td></td>
<td>• streamlined client pathway</td>
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<td>• more efficient screening, assessment and support planning documentation</td>
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<td>• more informed clients/carers</td>
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<td>• clearer roles and responsibilities for HACC service providers</td>
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<td>• clarification of HACC eligibility</td>
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<td>• efficient IT resources – updated WAAFI.</td>
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<tr>
<td>September</td>
<td>WAAF Implementation plans developed for the South West</td>
<td>Variations were needed to the metropolitan model to reflect local needs.</td>
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<td>2011</td>
<td>and Kimberley regions</td>
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<td>April 2012</td>
<td>Interim Metropolitan Evaluation Three</td>
<td>Re-assessment and review</td>
<td>The evaluation found:</td>
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<td></td>
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<td>• communication issues</td>
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<td>• an increase in assessment hours and a</td>
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<td>decrease in number of duplication - some service providers continuing to do their own assessments and support plans  a back log of reviews/reassessments</td>
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<td>April 2012</td>
<td>Revised forms and changes to WAAFI implemented</td>
<td>Revisions included:  - Revisions to the eligibility and assessment form  - Outcome of referrals  - Revised support plan</td>
<td>These changes resulted from stage 2 of the evaluation.</td>
</tr>
<tr>
<td>July 2012</td>
<td>WAAF Evaluation Kimberley Progress Report 1: Baseline</td>
<td>The focus of the baseline review was:  - Outline of current models of service,  - Data analysis  - Role of key stakeholders</td>
<td>The review noted the need for:  - A communication plan  - A review of the roles of HACC staff  - Strategies to address issues of remoteness and language/cultural barriers</td>
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<tr>
<td>July 2012</td>
<td>WAAF implementation commences in the South West and Kimberley regions including a forum in Bunbury</td>
<td>Identification of issues/challenges and possible solutions/ strategies</td>
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<tr>
<td>August 2012</td>
<td>WAAF Evaluation South West Progress Report 1: Baseline</td>
<td>As above</td>
<td>The review noted the need for:  - Information dissemination and a communication plan  - A review of the roles of HACC staff previously employed in assessment and client coordination roles</td>
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<td>October 2012</td>
<td>Interim Metropolitan Evaluation Four</td>
<td>The focus of stage 4 was the implications and impacts of WAAF to date, and found:  - An increase in the number of HACC clients  - Changes in the profile of HACC services</td>
<td>The review recommended:  - Further enhancements to WAAFI and client pathway.  - Greater communication of the changes in</td>
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<td>received</td>
<td>- A backlog of clients awaiting a review</td>
<td>client pathways were needed</td>
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<td>- Some service providers continuing to duplicate assessments and service plans</td>
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<tr>
<td>November 2012</td>
<td>Introduction of seven policy statements for metropolitan services</td>
<td>The policy statements provide common definitions, policy and procedure for referrals and assessment</td>
<td>These policy statements replace the WAAF metropolitan referral protocols.</td>
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<td>2013</td>
<td>Work plans were developed for WAAF implementation for the five remaining regions</td>
<td>Implementation plans included:</td>
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<td>- Appointment of a WAAF regional project officer to manage the implementation</td>
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<td>- A consultation plan</td>
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<td>- Connectivity with ACAT</td>
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<td>- Use of existing resources and expertise on assessments</td>
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<td>- Evaluation strategy</td>
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<td>October 2013</td>
<td>HACC Policy Statement V3. Replaces Policy Statements Nov 2012 and is applicable to all regions. This supplements The Client Pathway Aug 2013</td>
<td>The policy statements assist Regional Assessment Services, HACC service providers and other stakeholders to understand the requirements of the WA HACC Program and their respective roles and responsibilities within the WAAF</td>
<td>HACC Program documentation needs reviewing to reflect WAAF.</td>
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<tr>
<td>Jan 2014</td>
<td>WAAFI V2 released</td>
<td>Workshops were held in all regions on WAAF V2</td>
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<td>June 2014</td>
<td>Full implementation of WAAF across all regions</td>
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<td>June 2014</td>
<td>Development of the 'Professional development strategy for the WAAF for assessors working in</td>
<td>A set of tools were developed to assist managers, coordinators and assessors to identify current level of knowledge and skills and assist in professional development:</td>
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<td>community aged care’.</td>
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<td>• Manager, Coordinator and Assessor Knowledge and Skills Framework</td>
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<td>• Knowledge and Skills Analysis Tool</td>
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<td>• Learning and Development Plan</td>
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<td>• Development Leader Support Program</td>
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<tr>
<td>October 2014</td>
<td>Establishment of WAAF</td>
<td>With the implementation of WAAF across all regions, the Project Management Group was replaced by a Strategic Management Group, which includes responsibility for continuous improvement.</td>
<td></td>
</tr>
</tbody>
</table>
Attachment 2: WAAF: Key Documents

2007 Aged Care Network, Model of care for the older person in Western Australia, WA Department of Health

2009 KPMG, National Evaluation of Access Point Demonstration Projects, Report 2, Western Australia, Department of Health and Ageing, February 2009

2009 Aged and Continuing Care Directorate, WA HACC Program Assessment Framework, Service Redesign, WA Department of Health, April 2009

2009 Aged and Continuing Care Directorate, CommunityWest, WA Access Network Demonstration Project Report, WA Department of Health, September 2009

2009 Aged and Continuing Care Directorate, WA HACC Program Assessment Framework, Service Redesign, WA Department of Health, April 2009

2010 CommunityWest, Access Project Implementation Plan Final Draft May 2010, CommunityWest, HACC

2010 Aged and Continuing Care Directorate, WA Assessment Framework Metropolitan Referral protocol, Draft V5, WA Department of Health, December 2010

2011 Australian Government 2011-12, Budget papers, Section 2 Outcome 4: Aged Care and Population Ageing, new front end for aged care

2012 Aged and Continuing Care Directorate, WA Assessor Development Framework, A guide for assessors working in community and aged care, WA Department of Health,


2012 Aged and Continuing Care Directorate, WA HACC Service Provision Guidelines for HACC Service Providers operating within the WA Assessment Framework

2013 Aged and Continuing Care Directorate, WAAF Policy Statements, October 20013 WA Department of Health, (policy statements 1-7)

2013 Aged and Continuing Care Directorate, WA Assessment Framework – Policy Statement 8, HACC Program Interface for People with Disability Aged Under 65 years living in National Disability Insurance Scheme Trial Sites.