

Diversity and Inclusion addressing the Barriers A Collaborative Approach

Introduction

Diversity is a concept that recognises that each person is unique and has different beliefs, values, preferences and life experiences. For some people these differences may result in barriers to accessing or using services.

Aims

- Improve access to community aged and disability services by eligible people who are marginalised or disadvantaged, and
- Increase the capacity of the service system to appropriately respond to their needs.

To achieve this, agencies across two local governments in regional Victoria collaborated on a joint Diversity Plan.

Background

Primary Care Partnerships (PCPs), established in 2000, have a proud history in health promotion, service and care coordination, partnership and capacity building activities. 28 PCPs across Victoria are funded primarily by DHHS and are comprised of organisations from many different sectors and parts of the service system.

Lower Hume PCP (LHPCP) covers the two local government areas of Mitchell and Murrindindi Shires located in regional Victoria, north of Melbourne. LHPCP member agencies are committed to working together in partnership to improve the health and wellbeing of their local community.

In Victoria as a requirement of their funding agreement with the Department of Health and Human Services (DHHS) agencies providing Community Aged and Disability Services are required to develop an annual Diversity and an Active Service Plan.

In July 2015, members of the Lower Hume Primary Care Partnership (PCP) Service Development Collaborative agreed to collaborate on the development, implementation and evaluation of their 2015-2016 Diversity plan.

Methods

Data Analysis

- Population data collected to identify demographic trends. Agencies compared population data with the demographics of service users.
- Comparison of the data enabled agencies to identify which eligible groups were not accessing their services. Five target groups identified and agreed upon.

Action Plan Developed

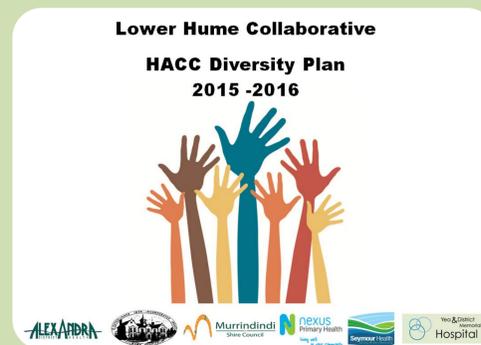
- Agreed actions to improve access identified. Diversity plan developed and lead agencies for each target/priority group delegated.

Evaluation

- Monthly progress reporting and discussion on the implementation of the plan is a standing item on the Service Development Collaborative meeting agenda.
- Monthly reports summarised into annual evaluation and review of plan for DHHS.
- Survey to identify strengths and areas for improvement.

Target/Priority Groups

- Aboriginal and Torres Strait Islander Peoples (Aboriginal)
- People from Culturally and linguistically diverse communities (CALD)
- Lesbian, Gay, Bisexual, Transgender, or Intersex (LGBTI)
- People living in rural and remote areas
- People experiencing financial disadvantage or at risk of homelessness

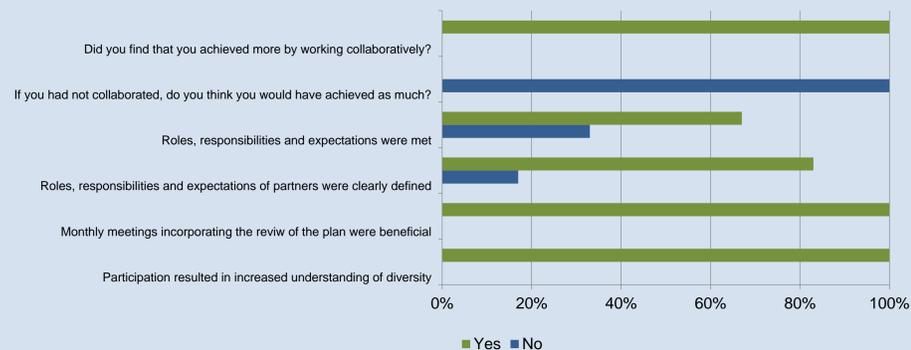
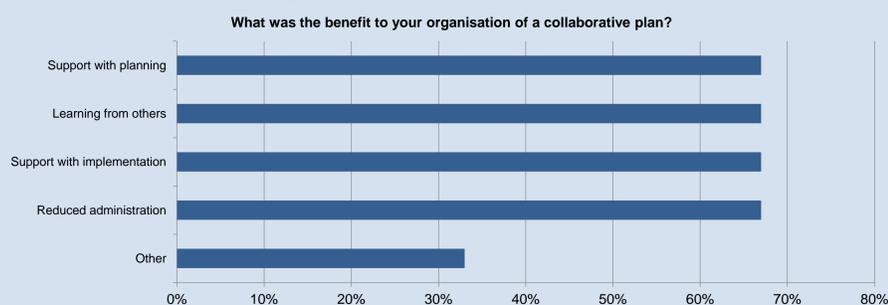


Results 2015-2016

- Collaborative work is enabling a sharing and a more efficient use of resources to achieve common goals.
- Agencies agreed to continue to collaborate on the development, implementation and evaluation of their 2016-17 Diversity Plan and to include the Active Service Model Plan (ASM).
- Increased peer support for the small rural health services with limited resources resulted in the plan became a living document.
- Reduction in siloed diversity work between and within organisations.
- DHHS identified this work as a model for future collaborative initiatives and has asked the collaborative to present learnings.

Evaluation Survey Results

The benefits of collaborating on a joint plan:



Opportunities that could assist future implementation and evaluation:

- "The support role of the PCP was invaluable and this ongoing support would be most appreciated".
- "Promotion of forums and workshops was well done and needs to continue".
- "Those responsible for actions address potential difficulties earlier".
- "Overview of activities to influence a whole of organisation approach".
- "All agencies to understand the collaborative's expectations to meet the plan outcomes".

What will you do different in implementing the 2016-17 plans?

- Plan out actions for the year and set milestones for myself to keep on top of my area
- Keep up regular contact
- Get more involvement from the team to reduce work burden for the team leaders
- Now that I am clearer about the collaborative and my role I hope to be more active in 2017

How has implementing actions in the plan benefited clients and/or potential clients?

- Increased awareness by the community of the hospital as an accessible and inclusive place to visit and obtain health support.
- Helped us identify new engagement and inclusive strategies for groups that we have found difficult to plan for.
- More holistic approach to service delivery
- Increased knowledge of how to work with diverse communities that we are experiencing
- Better understanding to the needs of a diverse range of clients.

Learning's

- Much more is achieved by working together and sharing resources as well as sharing responsibility for implementation.
- Needs to have executive level support and not siloed to only DHHS funded programs.
- PCP are well placed to facilitate collaborative planning, implementation and reporting.

Challenges

- In smaller agencies responsibility often tacked onto some other persons role
- In larger agencies Managers often have responsibility but their clinical responsibilities often take precedence
- Aged Care Reforms and NDIS have been and still are for many the primary focus
- To embed within the organisations quality improvement processes

Conclusion

When initiated by agencies, supported by leadership and facilitated by the PCP, a collaborative approach has proven is successful in initiating systems change and improved service access.

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