

# Extending the multipurpose service concept to improve children's outcomes

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## Abstract

Multipurpose Services' (MPS) were initially instigated in the Aged Care Sector to address market failure in rural and remote communities where activity based funding models would not ensure services were sustainable in rural communities. The MPS model has been in existence in Victoria since 1996 and has effectively met with aged care needs of the communities within which they operate.

Mallee Track Health and Community Service (MTHCS) is an MPS located in rural north west Victoria which has added and extended its suite of funded services to include a raft of activity based funded early years services such as long day care, kindergartens, family services and disability services.

The Australian Early Developmental Census (AEDC) is a critical data set for children living in rural areas. The AEDC data set which can be applied to the MTHCS catchment indicates that children within the catchment are vulnerable on 2 or more domains.

This paper will present:

- a review of the multipurpose service model in aged care
- an example of a multipurpose service where activity based funding by state and commonwealth education departments is received to deliver a limited range of early year services
- the MPS model as a potential solution to improving outcomes in the early years (0-8 age range) through applying a broader multipurpose service model concept
- the potential expansion of the MPS concept across early years—as a way of addressing market failure and the limitations associated with activity based funding in the rural context.

The information presented will trigger discussion by health and education service providers and policy makers on the potential to expand the MPS concept. At this stage, the model has not been considered for teens and pre-teens but this may be worthy of further examination.

## Purpose and background

The introduction of the Multipurpose Service (MPS) model in the late 1990's provided a sustainable solution in aged care through a flexible pooled funding arrangement. This model has ensured that, where possible, the community has continued to receive an efficient and quality service at the closest point of consumer need.

The MPS model in the aged care context adopts a progressive universalism approach. (1) The model has been proven viable to ensure universal aged care services can be sustainable and deliver quality outcomes.

There has been one comprehensive evaluation of the model (specific to Victoria). (2) The key finding was:

“The Multipurpose Service Program has demonstrated the effective application of a population model of health service delivery, expanded services in small rural communities, client centred continuum of care, service innovations, integrated service systems, community development, efficiencies without loss of services and exemplary service management and leadership.” (2)

The recommendations of this evaluation were implemented with the exception of Recommendation 8 :

“Consideration be given to the enhancement of the Multi-Purpose Services program as an exemplar model of health service delivery for small rural communities, and that specific consideration be given to expanding the range and linkage of services, including the pooling of that proportion of regional service program funds delivered to an MPS catchment in instances where the MPS has the capacity and expertise to deliver those services to its community.” (2)

In the current policy environment there is a move to activity based funding arrangements. In the rural and remote context it is not yet clear how activity based funding improves and address marginalisation and disenfranchisement of rural and remote communities where the service model often imposes ‘urban-centric services’. (3) Government initiatives to meet the needs of rural and remote Australia have been vigorously critiqued in the past for lack of sensitivity and responsiveness to the complex parameters of cultural, geographical and social context. (4) MPS’ geographical areas are extremely large and they operate where population density is very low. (5)

This case study will identify potential opportunities for policy makers, funders, rural communities and MPS’ to test and evaluate if the expanded MPS model provides a platform to ensure that viable services (not just aged care) are able to be delivered in the rural context. This paper suggests MTHCS be used as a pilot site to trial the MPS concept and to expand the suite of services offered to include early years services.

## Literature review

The MPS model was established in March 1991. (6) The model is based on the principle that communities are able to pool funds from previously separate Commonwealth and State aged care and health programs to provide a more flexible, co-ordinated and cost effective framework for service provision, which aims to meet the aged care and health needs of local communities. (6)

There are significant differences in the health and wellbeing of communities living in rural areas compared to those living within major regional and metropolitan areas. (10) MPS’ have a strong focus on meeting individual community needs. (2) This focus acknowledges the unique nature of the communities involved, leading to a flexible range of services being combined in a unique mix for each community. (12)

Data from the Australian Early Developmental Census data indicates where children live can have an impact on their development. (12) (13) This presents significant challenges for children, young people and families together with the communities and services offering them structure and support. (12) As a result, there is significant opportunity for the improvement of coordination, collaboration, and creativity in the delivery of services to improve the outcomes for children and families. (12) Programs that support healthy child development are essential, but in some instances local communities are best place to develop and implement localised solutions to programs. (13) National early childhood policy needs to acknowledge the need for flexibility, whilst maintaining accountability. (13) The Cummins Enquiry in Victoria found that despite the number and variety of programs for vulnerable

children and families the individual programs from across sectors....do not come together to form a comprehensive, coherent and coordinated system of early interventions that address the needs of vulnerable children and families. (15)

Research indicates that early intervention strategies are cost effective when compared to strategies to manage these problems at a later stage. (15) (13) It is equally important that funding priorities are determined according to need—taking into consideration populations at risk and that funding is allocated at a level that recognises their relative disadvantage. (13) . Political and ideological views and values regarding who is responsible for children, and the costs they incur, have influenced the types of social policies pursued in Australia—as well as the implementation of those policies. (13)

The MPS model has significantly improved health and primary care service to small rural communities in Victoria. (2) In November 2000, the MPS model was cited as exceptional in demonstrating flexibility for the delivery of outcomes for small rural communities allowing many rural people to access health, aged care and community health services locally. (7)

Collaboration using a joined up government approach subsequently avoids a siloed approach. The MPS program is an example of successful collaboration between governments—State and Commonwealth. (7) An absence of other significant service models for rural and remote communities suggests the MPS program continues to be an excellent option for ensuring that rural Australians get access to well integrated health and aged care services.

Since the formal evaluation of Victorian MPS' in November 2000, the model has remained unchanged. The broader contemporary policy context is driving a preference for consumer choice and control. Consumer choice and control is able to be achieved in geographical areas where a choice of providers is enabled. The National Disability Insurance Agency (NDIA) has indicated that in the rural context where there is market failure specific intervention by the NDIS may be necessary to ensure positive outcomes for participants. In rural and remote areas, geographic spread, low population density and limited infrastructure may adversely impact the range and cost of available disability supports and services which are in scope for delivery under the NDIS. (9)

Diversity is a key feature of the MPS model. The profile of services is based on community needs assessments and broad community consultation. The pooled funding model is successful in keeping health and aged care services in those areas. (10)

To clearly understand the cost-effectiveness of rural services we must take the broadest societal perspective and include not only health system costs, but also those costs incurred at the family and community levels. (13) There has been a significant shift towards the centralisation of healthcare services away from rural communities and into more provincial settings. The assumed efficiencies of scale embedded in the centralisation model are believed to lead to cost effectiveness. However, travelling time for services outreaching to more remote rural communities is often overlooked. This has led to service providers concentrating their scarce resources in the larger provincial towns to meet unit based funding targets. The impact for rural communities has meant the loss of local access to many rural health services (including allied and mental health), and the attendant decrease in healthcare-related jobs that can spiral into diminished social capital and loss of future development for a community. (14)

Policy directions manifest widespread devolution of government services; a number of remaining services are contracted to private providers; there is a greater reliance on volunteers, and a general decline in rural service infrastructure. (5) State and Commonwealth funded health services operate in

the same environment, employing small staff teams, providing similar services to dispersed populations, but with differing (and exclusionary) criteria about who they can't service. (15) This results in clients falling through the cracks between service types and service providers.

### Research aim and methodology

This research examined a specific MPS—Mallee Track Health and Community Service (MTHCS). A qualitative case study research approach was utilised. (16) Case studies are widely used in organisational studies and across social sciences. (17)

Specific methods utilised included observation, unstructured interviews, structured and unstructured meetings, archival research and on-line research. (16) These were undertaken with staff of the health service and with key stakeholders outside of the MPS agreement who utilise the MPS to facilitate delivery of their own service types into the community of the Mallee Track.

Current and historical service planning, strategic planning and funding and service agreement documentation was reviewed (18) for all services delivered by the case study MPS—not just those within the tripartite agreement. Client surveys, feedback reports, complaints and compliments register and quality improvement initiatives or projects were reviewed. (18) Governance records of the case study MPS were reviewed.

The researcher observed and attended meetings with relevant staff on a broad range of issues such as funding and service arrangements, consumer feedback sessions, board meetings, quality and safety meeting and the model generally. (18)

The research was undertaken from January 2016 through until December 2016.

The catchment identified for the case study is located in the North West of Victoria and encompasses the communities of Murrayville, Underbool, Ouyen, Sea Lake and smaller communities within and around the catchment. The catchment covers a geographical area of a total of 18000 square kilometres with a population of approximately 4500 people.

### Findings

The data sources and a short statement of the key findings of the methodology applied are presented at Table 1.

**Table 1 Summary of key data sources and findings**

Data source	Key idea, concept or finding
Tripartite funding and service agreements for MPS—current and historical	Pooled, flexible use of funds rather than block funding arrangements
Funding and service agreements for block funded programs delivered by MTHCS	Block funding arrangements that limit flexibility
Strategic planning documentation—current and historical	Population planning based on needs of the community
Service planning documentation—current and historic. Review of population projections both current and historic.	Broad range of services delivered utilising the pooled, flexible funding in response to community needs
Historical media records and associated documentation related to expansion of the MTHCS MPS to include Sea Lake	MPS model was expanded to address market and viability concerns in Aged Care
Review of compliments and complaints registers of the health service—current and historic	Consumer preference for a local, place based provider of a range of services outside of the tri-partite agreement.
Annual reports and quality of care reports—current and historic	Ongoing financial viability of services for the community and funder in the MPS model
Observation and participation by researcher at meetings with funders of block funded programs and MPS flexible funded programs. Meetings were with Commonwealth, State and local government stakeholders and included other senior staff of MTHCS.	MPS model is not well known across all levels and jurisdictions of government and has not yet been considered for extension.
Client satisfaction surveys of programs across the health service—including programs block or flexibly funded. Review of current and historic surveys.	Client satisfaction and stated preference for a local provider rather than a 'drive in, drive out' provider.
Senior management team directorate meeting minutes and annual management review—current and historic	A range of services are overseen by the management team of the MPS—within, and outside of the tripartite agreement.
Observations and participation by researcher at meetings with quality assurance auditors of block funded programs and MPS flexible funded programs. Meetings were with auditors and included other senior staff of the health service.	Compliance with quality systems and requirements of funders are met and in some places, exceeded. Up to 11 formal systems of quality and standard compliance were identified and complied with.
Documented funded service types (early years and paediatric) funded to deliver services into the MTHCS catchment. Review of relevant websites and service directories available in the community and on funded service provider websites.	A range of early years and paediatric programs are not attached to the MPS agreement and funding is provided to a provider from a provincial town who 'drive in and drive out' of the catchment.
Review of Australian Early Developmental Census (AEDC) profiles for each community in the MPS catchment	All profiles reviewed indicate children in the catchment are developmentally vulnerable on 2 or more domains.
Audit of visiting early years and paediatric services in the nominated MPS catchment including regularity of visiting services	Early Years and paediatric service providers queue demand resulting in long wait times and infrequent service delivery. Potential for impact on lifelong developmental outcomes and general life trajectories for children. E.g. Maternal and Child health services 'drive in and drive out' of the catchment. Clinics are delivered when a full day of appointments is confirmed and initiated by the clients.
Review of board of management meeting minutes and agendas and other associated governance records of the health service—current and historic	Directors of the Board of Management of MTHCS have a track record of ensuring a viable MPS model which is compliant with Victorian public sector governance requirements.
Sourcing of online current policy issues in relation to consumer directed care and NDIS—market position statements and similar documentation	Market position papers identify issues and difficulties associated with service delivery where the service provider market is thin or has failed.
Review of productivity commission reports in relation to service types that MTHCS receives funding for which are block, not flexibly funded	In some rural areas, policy makers and funders will need to intervene to ensure that the market does not fail. There is justification for block, pooled and flexible funding in the rural context.
Review of Victorian Health Services Act 1988 and associated amendments—to confirm legislated arrangements and any other amendments impacting on the MPS arrangement	Confirmation of MTHCS as a public sector organisation. MTHCS is required to comply with all public sector organisation rules and frameworks for governance.

Data source	Key idea, concept or finding
Meeting minutes of staff meetings and service areas of the health service	Where possible, integrated service delivery and workforce is evident. Co-ordination of services is achieved for service types where funding is received directly into the catchment. Challenges in care co-ordination appear evident for the client where the funded provider of services 'drives in and drives out' of the catchment from the provincial setting.

## Discussion

### *An MPS model extended into early years*

The presence of an MPS in the identified geographical area has had the positive consequence of ensuring that some other funded service types have been scaffolded on to the MPS service provision profile. The MPS has served as a vehicle to secure some other funds on a per population basis where there is low population density. This has been limited to some service types for early years but not extended to the full range of services which families and children in the catchment may require to improve life outcomes and long term life trajectories of disadvantage.

Other early years' service types present outside of the MPS tri-partite pooled funding and service agreement are limited to: Public dental services, Early Years (Budget based funded long day care and kindergarten), Early Years Management (formerly known as Kindergarten Cluster Management), Neighbourhood Houses, a disability package and a small amount of Family Services funding. These services have been identified as block, but not pooled, funding and services agreements.

A block funding arrangement requires a funded agency to utilise the funds given for a specific service type with no flexibility allowed. A pooled funding arrangement allows for a block of funds to be received, but services are planned and delivered flexibly. With the permission of state and commonwealth funders the platform exists to potentially allow for a flexible funding (MPS) arrangement to improve services for children and families in the catchment. The current restricting factor is the requirement for an activity based (or block funded) outcomes together with service types which are delivered by other service providers outside of the catchment in an urban centric delivery style.

The presence of a funded Budget Based Funded (BBF) long day care service in the case study is significant. BBF programs are located in rural and remote communities where the market may not otherwise support the viable operation of a private provider of early childhood services. The Commonwealth established BBF's where there was known disadvantage in early childhood measures and data information sets.

A four year block funding arrangement has been introduced for kindergartens in the Mallee Track catchment. The provision of funding supplements for kindergartens in the catchment has been present since 2012. Prior to 2012, funding models for kindergartens in the catchment were based on a per capita arrangement. The per capita funding (activity based) put significant financial pressure on services and the community to fundraise large amounts.

A block funding arrangement for Family Services (for the local government area of Buloke) was added to MTHCS funding and service agreement when Sea Lake was added to the MPS to ensure more than one provider for the local government area. Other providers are based in the provincial town of Swan Hill.

The Commonwealth and State has, to date, made viability and funding decisions in the case study organisation to ensure that children and families in the catchment can continue to receive a service 'in place'. The funding arrangements are linked to activity based outcomes. Better outcomes in the early years for the catchment could be achieved through the utilisation of flexible funding arrangements which the MPS model delivers.

Integration of services is a cornerstone of the MPS model. Co-ordination between, and access to, services otherwise not available or sufficient are the sentinel drivers of the MPS model. (22) (23) Integration of services was observed in the case study in the provision of aged care and early years service types. Key worker models (where possible) utilising a person centred approach were implemented. The workforce was multi and, in some cases, skilled in transdisciplinary practice which allowed for advanced and delegated scopes and models of practice to be implemented.

### ***Stability and viability in aged care***

The MPS model has provided stability in the provision of aged care within the Mallee Track. It has addressed the 'missing middle' (19) taking lead responsibility for the planning and delivery of aged care services within the catchment This has resulted in services being delivered in the most efficient and effective method at the closest available place to the client. Clients reported a high level of satisfaction, being able to access an aged care service 'in place' rather than tackling the issues of accessibility to services in a provincial or regional town.

As recent as 2012, a private provider of health and aged care in Sea Lake was found to no longer be viable. Sea Lake was faced with the stark reality of all health and aged care services being closed. The nearest provincial town was located 80 kilometres away. Following a protracted process Sea Lake community was included in the MTHCS MPS. (17)

### ***Robust governance arrangements***

In Victoria, MPS' are legislated in the Health Act 1988. (21) This allows for a rigorous examination of the MPS by the relevant state and commonwealth agencies. The MPS, becomes a linked up government hub located in the nominated catchment—'in place'. The governance model requires appointment to the board through the relevant health minister and compliance relevant to funding and quality systems.

### **Conclusion and recommendations**

This exploratory study of the MTHCS MPS model identifies areas for improvement and opportunities for expansion of the model. MPS' have a role to play in addressing life and health outcomes in the rural communities within which they operate. Policies based on market-related indicators, such as consumer numbers, have particularly disadvantaged small rural and remote communities. The MPS model provides policy makers and communities with a potential solution where the market will not respond to activity based funding methods for improving client outcomes in early years service types.

### **References**

1. Department of Education and Early Childhood Development. The Eight Principles for Health and Wellbeing. Melbourne:., Department of Education and Early Childhood Development; 2014.
2. Associates S&. Multi-purpose services program evaluation (Victoria). [Cited 6 Jan 2017]. Melbourne:., Commonwealth Department of Health and Aged Care (Victorian) Department of Human Services; 2000. Report No.: Available from URL : <http://catalogue.nla.gov.au/Record/3794902>.

3. S W. Building and Sustaining Local Co-ordination : An Australian Rural Community Responds to Domestic and Family Violence. *British Journal of Social Work*. 2010; 40(1).
4. Cheers as cited in Doxey G MP. A new role for social work in remote Australia:Addressing psycho-social needs of farming families identified through financial counselling. *International Social Work*. 2015 January; 58(1).
5. Doxey G MP. A new role for social work in remote Australia : Addressing psycho-social needs of farming families identified through financial counselling. *International Social Work*. 2015 January; 58(1).
6. Stevenson D. The Multi-purpose Service Initiative as an example of Flexible Service Provision. In 3rd National Rural Health Conference; 1995; Mount Beauty. p. 258-262.
7. National Rural Health Alliance Inc. Policy Proposal Expanding and Strengthening the Multi-Purpose Service Program. [Cited 6 Jan 2017]. ; 2015. Report No.: Available from URL : <http://ruralhealth.org.au/sites/default/files/MPS%20for%20CouncilFest%202015.pdf>.
8. National Disability Insurance Scheme. Market Position Statement South Australia. [Cited 8 Jan 2017]. National Disability Insurance Scheme; 2016. Report No.: Available from URL : <https://www.ndis.gov.au/html/sites/default/files/South%20Australian%20Market%20Position%20Statement.pdf>.
9. Australian Healthcare & Hospitals Association. Issues Paper Multi-purpose Services. [Cited 10 Jan 2017]. ; 2009. Report No.: Available from URL :[https://ahha.asn.au/sites/default/files/docs/policy-issue/multipurposeservices\\_0.pdf](https://ahha.asn.au/sites/default/files/docs/policy-issue/multipurposeservices_0.pdf).
10. Malone L AJ. Understanding the need for the introduction of the Multi-purpose Service model in Rural Australia. *Asia Pacific Journal of Health Management*. 2015; 10(3).
11. Anderson J ML. Suitability of the Multi-Purpose Service model for Rural and Remote Communities of Australia. *Asia Pacific Journal of Health Management*. 2014; 9(3).
12. Weaver K. Reducing Childhood Developmental Vulnerability in Australia.. Report No.: Available at URL : <https://clearimpact.com/improving-state-wellbeing-children-australia/>.
13. VicHealth. Promoting equity in early childhood development for health equity through the life course—an evidence summary. *Fair Foundations Health Equity Series*. ; 2015.
14. place I. The State of Mildura Rural City's Children and Young People. ; 2014.
15. Association AM. Developmental Health and Wellbeing of Australia's Children and Youne People—revised 2010. ; 2010. Report No.: Accessed at :.
16. Development DoEaEC. Vulnerable children action plan. ; 2014.
17. Kornelsen J BLGSGY. Rural health service planning: the need for a comprehensive approach to costing. *Rural and remote health*. 2016 December; [Cited 7 Jan 2017] (Available from URL : <http://www.rrh.org.au>).
18. Miewald C et. al as cited in Kornelsen J BLGSGY. Rural health service planning—the need for a comprehensive approach to costing. *Rural and Remote Health*. 2016 December; [Cited 7 Jan 2017] (Available from URL: <http://www.rrh.org.au>).
19. Battye K. Workforce shortage or dysfunctional service models? In National Rural Health Conference ; 2007; Available from URL : [https://ruralhealth.org.au/9thNRHC/9thnrhc.ruralhealth.org.au/keynotes/docs/presentation/Kristine\\_Battye.pdf](https://ruralhealth.org.au/9thNRHC/9thnrhc.ruralhealth.org.au/keynotes/docs/presentation/Kristine_Battye.pdf). p. 19.
20. S M. Case study method. [Cited 10 January 2017]. Available at URL : <http://www.simplypsychology.org/case-study.html>.
21. F K. The Use of Qualitative Content Analysis in Case Study Research. *Forum : Qualitative Social Research*. 2006 January; 7(1).



22. F YRaciK. The use of qualitative content analysis in case study research. Forum : Qualitative social research. 2006 January; 7(1).
23. Wakerman J HJWRKPEPJJKL. Sustainable primary health care models in rural and remote Australia. In [Cited 10 Jan 2017]; Available at URL : [http://www.phcris.org.au/phplib/filedownload.php?file=/elib/lib/downloaded\\_files/roaroutput/presentation\\_896.pdf](http://www.phcris.org.au/phplib/filedownload.php?file=/elib/lib/downloaded_files/roaroutput/presentation_896.pdf). p. 27.
24. Wakerman J HJWRKPJJEPKL. Features of effective primary health care models in rural and remote Australia : a case-study analysis. Medical Journal of Australia. 2009 July; 191(2).
25. s R. From asylums to GP clinics—the missing middle in health care. The conversation. 2016; p. 1-3.
26. N M. A town fears for its future as hopsital closure threatens. In The Sydney Morning Herald; 2009; Available from URL: <http://www.smh.com.au/national/a-town-fears-for-its-future-as-hospital-closure-threatens-20091109-i5d8.html>. p. 1.
27. 1988 HSA. [Cited 10 Jan 2017]. ; Available from URL : [http://www.austlii.edu.au/au/legis/vic/consol\\_act/hsa1988161/](http://www.austlii.edu.au/au/legis/vic/consol_act/hsa1988161/).
28. Alston MaciDGMP. A new role for social work in remote Australia : Addressing psycho-social needs of farming families identified through financial counselling. International Social Work. 2015 January; 58(1).
29. Australian Government Department of Health & Ageing. Report on the operation of the Aged Care Act, 1997. [Cited 4 Jan 2017]. Canberra.; Australian Government Department of Health and Ageing; 2011-12. Report No.: Available from URL : .

## Presenter

Lois O'Callaghan is the Chief Executive Officer of Mallee Track Health and Community Service (MTHCS). MTHCS is a multipurpose service (MPS) located in the North West of Victoria. MTHCS provides a suite of services from early years, family services, neighbourhood houses, through to community and residential aged care, and limited acute medical and urgent care services to the communities in its 18,000 square km catchment area. Lois is a qualified social worker (1996), with a Masters in Human Service Management (2008). She is a graduate of the Australian Institute of Company Directors (2016). Lois has experience at a practice and management level in early years, aged care, workforce planning, mental health promotion, out of home care, family services, community development and public sector submission writing. She has worked in the public sector (Victoria and South Australia), local government and the not-for-profit sector. Lois has worked in the MPS model for the last 4½ years, overseeing the management of community-based services. During that time, she has developed a professional interest in the MPS model with a focus on progressive universalism.