



## ACCNA/CENA Interim Report Findings

The need for a means to capture intake and assessment data in a nationally consistent way that incorporates eligibility testing for the HACC Program, the National Respite for Carers Program and the Day Therapy Centres Program was outlined in the Australian Government's 2004 review 'A New Strategy for Community Care – The Way Forward'.

As a result, the Centre for Health Service Development (CHSD) at the University of Wollongong developed both the Australian Community Care Needs Assessment (ACCNA) and the Carers Eligibility and Needs Assessment (CENA).

The ACCNA aims to provide a nationally consistent approach to client assessment for basic care services across all community care programs and a trigger for more appropriate or comprehensive assessment. The CENA aims to provide consistent eligibility testing and needs assessment across the National Respite for Carers Program (NRCP) and may potentially be used by other services.

Multilevel field testing was an integral component of the development of both the ACCNA and the CENA. The first test period was from July 2006 to November 2006 and tested the technical aspects of the ACCNA and CENA across four levels:

### Level 1 – Technical Field Test

A high-volume test was carried out involving 16 selected service providers. These service providers were required to use the ACCNA and CENA in electronic form to assess clients' needs. In some situations, a paper form was used when an electronic form could not be utilised (eg. during an in home assessment). Additionally the CENA was trialled with the National Carer Counselling Program through Carers Victoria.

Early indications are that the majority of agencies were generally satisfied with both the ACCNA and CENA, reporting the assessments did not miss important information. Nearly all of the assessments were conducted over the phone (ACCNA 94% -

CENA 73%) with hospital discharge and concerns over increasing frailty being the two circumstances most likely to trigger an ACCNA assessment. The most reported referral outcome from the ACCNA was for domestic assistance followed closely by self care services and vision related services.

Over half of the services reported that some questions in the CENA were better asked at a second point of contact (i.e. after the initial service has been arranged and a relationship built). Carer emotional stress and strain and concerns about the care recipient's increasing needs were the top two circumstances that triggered a CENA assessment.

### Level 2 – General Useability

ACCNA and CENA was provided to service providers on a CD to test its useability and compatibility with their current systems. 59 organisations nominated to receive CDs.

### Level 3 – General Acceptability

ACCNA and CENA were available on the CHSD web site for participants to provide feedback on the acceptability of the tools. 350 users accessed and viewed the ACCNA and CENA online and 230 users registered to provide feedback.

### Level 4 – Focus Groups

Focus Groups were conducted with service providers representing clients with special needs in the following areas:

**Victoria** - Working with Culturally and Linguistically Diverse groups

**Tasmania** - Working with groups that had not previously used a 'Common Assessment Tool'

**Northern Territory** - Working with Aboriginal & Torres Strait Islander as well as Rural and Remote groups

**Queensland** - Working with Torres Strait Islander service providers in Townsville and Thursday Island



## ACCNA/CENA Interim Report Findings

**New South Wales** - Working with Aboriginal and Torres Strait Islander service providers (CENA), carers (CENA), and care recipients (ACCNA).

Feedback from the focus groups was generally positive on the design, domains, expanded functional profile, and action plan. With regard to the CENA, use of the Zarit and K10 was supported. The main concerns noted were length of time to use, and potential intrusiveness of questions related to psychosocial and financial items, for some clients.

In particular, Culturally and Linguistically Diverse groups wanted more items to cover greater depth on ethnicity and religion, while Aboriginal groups thought the carer items were very useful as they recognised the extended networks in these communities.

### Interim Findings

At the time of the interim report from CHSD approximately 1000 detailed assessments using the ACCNA and 650 assessments using the CENA had been received with not all having been analysed in the interim report.

Early findings indicate, as anticipated, the ACCNA and CENA will need further revision and refinement. While field testing found no major redesign requirements, minor modifications (eg addition of emergency contact, GP details and further refinement of the priority rating) would be useful.

Although each level of the field test had a different aim, targeted a different audience and was conducted separately, generally all service providers involved in the testing seemed satisfied and gave a positive response. All levels confirmed the acceptability and useability of both the ACCNA and CENA.

Some service providers felt the tool was too long and took too much time to complete, although others reported carers appreciated the time taken to assess their particular needs and felt validated in their caring role. It was felt this issue could be addressed by separating the data items into modules for more flexible use in different contexts. Testing also found

the amount of time taken for each assessment decreased with familiarity and more experienced assessors found the electronic version assisted decision making by making it easier to access, summarise and analyse information. On completion of the trial period, the average time taken to complete the CENA was 43 minutes and the ACCNA was 45 minutes. This is likely to be considerably less when full analysis of the data is conducted as time taken reduced with familiarity.

Feedback from the testing revealed service provider's preference for the ACCNA and CENA to be interlinked electronically within their specific agencies, with flow through of information to automatically populate the relevant sections of each assessment (eg more information on care recipient for CENA and more information on carer for ACCNA).

Service providers who participated in the field test felt several formats of the ACCNA and CENA should be developed for the implementation stage:

- Data specifications that are compatible, where appropriate, with existing state and territory assessment systems
- Stand alone electronic version
- Paper version with potential for self rated modules, and
- Compatible hand held electronic version to support home assessments.

Findings also suggested organisations would benefit from assistance with the electronic environment and that training was a high priority for successful implementation.

Next steps include further refinement of the assessments and a proposed full systems trial as part of the Access Points demonstration sites in early 2007.

Further information is available about this field test and planning for further testing of the ACCNA and CENA in 2007 will be available on *The Way Forward* website.