

Framework

Telehealth Peer Support Worker

January 2024



Highlight: At the conclusion of this trial activity, the person employed as the Peer Support Worker stepped into a leadership role, continuing to value add to inclusive practice across the organisation.

Developed by the Supporting People with an Intellectual Disability to Access Health (SPIDAH) Project, funded by the Commonwealth Government Department of Health and Aged Care, under the Primary Care Enhancement Program (PCEP)

Contents

- Acknowledgements 2
- Background 3
- What is telehealth? 4
- The framework..... 5
- Telehealth Peer Support Worker Model 5
- 1. Recruitment of expertise..... 6
- 2. Build connections and strengthen partnerships 7
- 3. Collaborate with people with lived experience, their supporters and others 8
- 4. Training and support..... 9
- 5. Information resources 10
- 6. Continuous improvement and advocacy 11
- Appendices 12
- Appendix A - Tips and resources from the SPIDAH trial site 12
- Appendix B - Medicare Benefits Scheme (MBS) items 27
- Appendix C - Sample Position Description 30
- Appendix D - Template: Project communication plan..... 32
- Appendix E - Sample survey for people with lived experience 33
- Appendix F - Sample survey for supporters and professionals 36
- Appendix G - Sample monthly progress report template..... 39
- Appendix H - Sample final report template 46

Acknowledgements

Acknowledgement of Country

[Western Victoria Primary Health Network](#) (WVPHN) acknowledges the traditional owners and custodians of the lands and waterways. We recognise their diversity, resilience, and the ongoing place that Aboriginal and Torres Strait Islander people hold in our communities. We pay our respects to the Elders, both past and present, and commit to working together in the spirit of mutual understanding, respect and reconciliation.

Acknowledgement of people with lived experience and their supporters

Western Victoria Primary Health Network acknowledges people with lived experience, as well as their families, carers, disability and other community services and advocates. We recognise their strength, courage, and unique perspective as a vital contribution to the work in this space; to learn, grow and achieve better outcomes together. We recognise that people with lived experience have the right to the enjoyment of the [highest attainable standard of health](#) without discrimination; and have the same rights as every other Australian to have safe, effective and high-quality health care services that meet their needs.

Acknowledgement of Grampians Community Health

Western Victoria Primary Health Network acknowledges [Grampians Community Health](#) for undertaking the trial activity of the Telehealth Peer Support Worker, and those who supported and participated in this activity. The trial was proven to support people with lived experience and their supporters to access timely health care via digital platforms and increase their independence.



Background

The Supporting People with an Intellectual Disability to Access Health (SPIDAH) project represents Western Victoria Primary Health Network's (WVPHN's) contribution to the Primary Care Enhancement Program (PCEP) as part of the [National Roadmap for Improving the Health of People with Intellectual Disability \(Roadmap\)](#).

The idea of a Telehealth Peer Support Worker came about as during the COVID period it became evident that in parts of rural and regional western Victoria that people with an intellectual disability struggled to access suitable health care. The Peer Support Worker model is aligned with current practice in other parts of the community sector.

Another motivator for the Telehealth Peer Support Worker was the closure of General Practice clinics across western Victoria, as well as the transient nature of General Practitioners (GPs) moving out of the region. Community Development Workers from Victorian Advocacy League For Individuals With Disability (VALID) also validated the idea that telehealth would improve access for people with an intellectual disability, to not only GPs but also other health services.

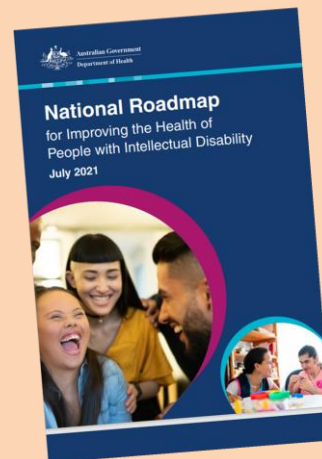
The role of a Telehealth Peer Support Worker is to assist in the development of a Peer Support Program of upskilling people with an intellectual disability on how to access telehealth appointments and video consultations via digital platforms. This approach to training and education will increase their confidence and capacity to access primary health care professionals and services using this method to monitor their own health and wellbeing, to support monitoring between face-to-face appointments.

The Telehealth Peer Support Worker developed a podcast, centred around health and wellbeing activities presented by key speakers and sharing relevant information and tools. By the continual use of accessing the podcast, community members will maintain their skills and ability to connect with digital platforms.

For additional information, see Appendix A - Tips and resources from the SPIDAH trial site.

The Roadmap refers to the importance of telehealth:

"The Commonwealth Department of Health to "support continuation of MBS telehealth access (via telephone and video) for general practice, allied health and specialist care that will promote continuity of care for people with intellectual disability" (p. 14).



What is telehealth?

Telehealth is healthcare delivery or related activities that use any form of technology as an alternative to face-to-face consultations. It includes, but is not restricted to, videoconferencing, internet and telephone. It does not refer to the use of technology during a face-to-face consultation. Not all healthcare services are appropriate for telehealth.

Who can use telehealth?

All registered health practitioners can use telehealth as long as telehealth is safe and clinically appropriate for the health service being provided and suitable for the patient or client.

These FAQs outline what Ahpra and the National Boards expect of you as a registered health practitioner when providing health services using telehealth. It explains how the Boards' regulatory guidance such as Codes of Conduct, applies to telehealth and where more information and resources are available.

What technology can I use to deliver telehealth?

No specific equipment is required to provide telehealth services. Services can be provided through telephone and widely available video calling apps and software. Free versions of applications (i.e. non-commercial versions) may not meet applicable laws for security and privacy. Practitioners must ensure that their chosen telecommunications solution meets their clinical requirements, their patient's or client's needs and satisfies privacy laws.



The information above was accessed from the [Australian Health Practitioner Regulation Agency - Telehealth guidance for practitioners](#).

Resources to support clinics to deliver high quality telehealth appointments:

- [Telephone and video consultations in general practice: Flowcharts \(racgp.org.au\)](#)
- [Telehealth guidance for practitioners](#)
- [Guidelines – Telehealth consultations with Patients](#)
 - [Quick Guide to Getting Started with Telehealth In Primary Care](#)
 - [Australian College of Nurse Practitioners - Telehealth](#)
- **Examples of telehealth success in practice**
 - **Telehealth MBS items supports a [business model](#) for GP clinics, inclusive of MyMedicare. See Appendix B - MBS items.**
 - [ACRRM President accesses telehealth consults for chemotherapy](#)
 - [Telehealth in Practice](#)
 - [Telehealth - Aboriginal Health Worker - Allannah Berzel](#)



The framework

The framework for a Telehealth Peer Support Worker was developed by the SPIDAH project at WVPHN.

The SPIDAH project completed a successful trial activity of implementing a Telehealth Peer Support Worker in a community health organisation in the western Victoria region.

The aim:

- To build the capacity of people with lived experience and their supporters to use telehealth and other media platforms,
- To improve access to primary health care providers via digital health platforms; and
- To support better quality and timely health care outcomes.

This framework brings together the approach outlined for the trial activity, combined with the experience of lessons learned, to guide community health organisations using this model to implement a Telehealth Peer Support Worker.

Please note: While the trial was targeted towards upskilling people with an intellectual disability and their supporters, this approach leans towards inclusive access for all community members. This includes but is not limited to people who have experienced trauma, people with an acquired brain injury, people with dementia, people from culturally and linguistically diverse backgrounds, people with English as a second language and many others.

Telehealth Peer Support Worker Model

This model consists of 6 overarching areas, each with associated activities and deliverables.



1. Recruitment of expertise

Objectives:

Employment of a person with lived experience of disability:

- **Qualifications**
 - Minimum qualification (or working towards) Certificate IV in Disability or equivalent, such as health and community services.
- **Mandatory**
 - A lived experience of a disability.
 - Strong commitment to the rights and needs of individuals with lived experience and their supporters.
 - Ability to establish respectful professional relationships that have clear boundaries with clients, staff and partner organisations.
 - Understanding of the digital platforms to access primary health care.
 - Good knowledge in the use of telephone, mobile phones, smart phones and digital devices including how to access apps.



Resources:

- See Appendix C - Sample Position Description to be tailored to your organisational context.

Tips:

- See [Disability and the workplace | Victorian Equal Opportunity and Human Rights Commission](#).
- Focus on accessibility and inclusion in the context of the position description.
- Consider any upskilling required for the preferred candidate to undertake this role effectively. Some examples may include undertaking disability awareness training, easy English training, Child Safe Organisations training, mental health first aid, suicide first aid training (ASSIST training), building capabilities in delivering podcast episodes or other training and skills development as required.



2. Build connections and strengthen partnerships

Objectives:

The Telehealth Peer Support Worker will draw upon successful strategies to build connections and strengthen partnerships including:



- Understand existing connections and networks, and undertake a mapping exercise, in order of priority build connections and partnerships.
- Build on internal and external stakeholder networks, in particular local services, inclusive of but not limited to:
 - people with lived experience, their supporters and advocates,
 - disability (inc. National Disability Insurance Scheme (NDIS)) and community services (family, child and youth services, alcohol and other drug services, domestic violence services); and
 - primary health care services and the Primary Health Network (PHN) in your region, GP clinics, allied health professionals, community health organisations, bush nursing centres, oral health, pharmacists etc.
 - interface with the primary health care system, inclusive of but not limited to:
 - secondary and tertiary health services,
 - mental health services inclusive of headspace, psychiatry and telepsychiatry services; and other relevant services.
- Partnering with skilled communication providers (such as speech pathologists).
- Establish clear pathways of connection between the Telehealth Peer Support Worker and primary health care services, and other relevant services.

Activities and deliverables:

- Develop an overarching communication strategy using various platforms and promotional materials, considering the timeliness of engagement with others.



Resources:

- See Appendix D - Template: Project communication plan.

Tips:

- Strengthen the reach and impact of the Telehealth Peer Support Worker by leveraging off existing networks and connections to enhance partnerships in the region.
- Emphasise the importance of partnerships between people with lived experience and their local GP clinics, including to enhance the uptake of annual health assessments, and connections with allied health professionals and other relevant services.
- Key principles for positive partnerships:
 - Embracing inclusion and recognising diversity.
 - Power imbalance building equity.
 - Creating openness – two-way communications building trust.
 - Ensure mutual benefits.
 - Discuss uncertainties.
 - Align interests.

3. Collaborate with people with lived experience, their supporters and others

Objectives:

Bringing together people with lived experience, their supporters, local services, networks and primary and acute care providers to identify strengths and collaborate on:



- Explore what reasonable adjustments are needed to connect people with lived experience to create inclusive and accessible health using a range of digital platforms.
- Identify telehealth-related gaps to achieve better health outcomes
 - May consider undertaking a patient mapping activity to look for where reasonable adjustments are required
 - Consider phone and internet connectivity issues – if having a telehealth appointment in a public place (neighbourhood house or other) consider privacy.

Activities and deliverables:

- Once you have undertaken these activities, this sets the scene to develop an action plan in order of priority.

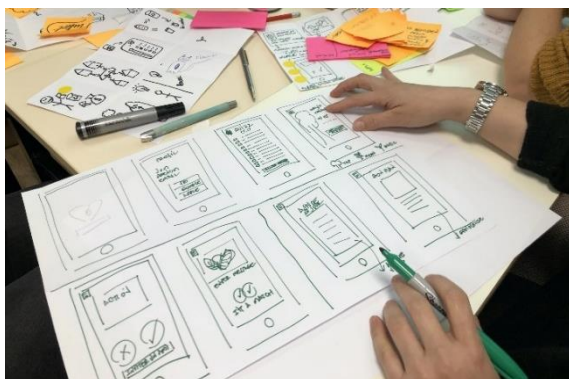
Resources:

Research local advocacy groups, parents groups and other networks, for example:

- [Council for Intellectual Disability \(CID\)](#)
- [Victorian Advocacy League For Individuals With Disability \(VALID\)](#)
- [Grampians Disability Advocacy](#)
- [Reinforce Self Advocacy: run for and by people with an intellectual disability](#)
- [Action for More Independence & Dignity in Accommodation \(AMIDA\)](#)

Tips:

- Consider telehealth as an option to limited access to GPs, transport issues, cost etc. in rural and remote regions.
- Develop a feedback loop for those involved in collaboration for continuous improvement.
- Be mindful of systemic barriers or issues that are out of the control of the Telehealth Peer Support Worker and organisation, such as the lack of transport options within rural and remote areas. The trial activity has revealed transport options can be limited at times. Consider the role of the Telehealth Peer Support Worker in advocating and collaborating with others at a community level for transport solutions.



4. Training and support

Objectives:

Investing in the capacity of the Telehealth Peer Support Worker in their abilities to deliver individual and group-based training:



- Identify the learning needs, skills and communication tools required to build the confidence of people with lived experience and their supporters to access telehealth (creating a sustainable tool).
 - Here it might be useful to send out a survey to the target audiences to understand what they see themselves as needing upskilling in. The audience may include disability service providers, parents, health professionals and others as relevant.
- Consider who telehealth appointments might be with, this may include a wrap-around model of care with various treating health professionals.
- Set the scene in the training for challenges which can be experienced when accessing telehealth appointments using digital platforms and provide options to troubleshoot, inclusive of resources if relevant tailored to the person's needs.
- Consider consent and decision making ([Medical Treatment Planning and Decisions Act 2016](#)).
- **Training for people with lived experience:**
 - Increase independency with empowerment.
 - Tailor to the individual's needs with a focus on sustainability – resources.
- **Training for supporters:**
 - Early childhood development, referrals and other appropriate health support for children
 - Legislative requirements and indirect and direct discrimination about access health services and what that means.
 - The process of substitute consent and autonomy in healthcare decisions.
- **Training for professionals:**
 - It is important the training covers how to provide inclusive, welcoming, comprehensive and safe services for people with lived experience.
 - Look at current touchpoints and where reasonable adjustments and resources are required for inclusive practice and accessibility.
 - Legislative requirements and indirect and direct discrimination about accessing health services and what that means.

Activities and deliverables:

- Develop and deliver training to individuals and small groups with lived experience and their supporters on how to access telehealth appointments and video consultations via digital platforms inclusive of tools tailored to an individual's needs.
- Develop and deliver training to health professionals on supporting people with lived experience accessing health care through digital platforms.

Resources:

- Video: [Health services obligation for accessibility to all members of the community](#)
- Video: [A legal perspective on the role of supporters](#)

Tips:

- Encourage the person with lived experience and their supporters to prepare for the health appointment with a list of questions or ideal health outcomes. (For example, Part 1 of the Comprehensive Health Assessment Program ([CHAP](#))).
- Telehealth upskilling across a range of stakeholders lends itself towards the implementation of case conferencing.
- Making sure that all involved in the case conferencing, inclusive of GPs, have the telehealth template to gain consent and write detailed information in regarding the agreed actions by each professional. Create an easy read version of the action plan from telehealth appointment (if required, to send to the patient).

5. Information resources

Objectives:

Connect with people with lived experience, their supporters and relevant others to develop and refine telehealth information resources to address the gap:



- Undertake mapping exercise of existing resources.
- Undertake resource development across multiple platforms inclusive of but not limited to:
 - written information resources (easy read / easy English formatting),
 - audio resources (podcast episodes),
 - visual resources (social stories, videos, images).
- Promoting the uptake of digital platforms such as My Health Record to assist in communication.
- Providing secondary consultation to supporters on telehealth processes and resources.
- Assist in learning how to navigate the health care system.

Activities and deliverables:

- Develop and deliver relevant information resources to support the training, inclusive of but not limited to video resources on accessing telehealth, fact sheets, resources tailored to individual needs and other relevant resources.
- Deliver a podcast curriculum targeted towards people with lived experience, involving guest speakers including primary health care professionals, centred around health and wellbeing.



Resources:

- Playlist (webinars, videos, Community of Practice): [Inclusive Practice and Reasonable Adjustments \(Increase your knowledge on ID\) - YouTube](#)
- [Council for Intellectual Disability \(cid.org.au\)](#)
- [Victorian Advocacy League For Individuals With Disability \(VALID\)](#)
- [Disability Advocacy Resource Unit \(DARU\) – DARU is a statewide service established to resource the disability advocacy sector in Victoria](#)
- [Barwon Disability Resource Council \(BDRC\)](#)
- [Inclusion Melbourne: Intellectual Disability Support Services Melbourne](#)
- [Inclusion Australia – The national voice for people with intellectual disability](#)
- [Easy Read Service | Scope Australia](#)
- [Access Easy English](#)
- [Edhealth Australia – Diabetes support solutions for people with a disability](#)
- [Victorian Dual Disability Service - St Vincent's Hospital Melbourne \(svhm.org.au\)](#)
- [CDDH – Better Health Better Lives \(monashhealth.org\)](#)

Tips:

- At all times, all documentation developed should be reviewed by people with lived experience for any quality enhancements or feedback.
- Always consider alternative communication options to be inclusive and accessible for all members of the community.
- Always have a review date for information resources and adjust as required to ensure the information is up to date.

6. Continuous improvement and advocacy

Objectives:

Development of an evaluation template, to support systems improvement:

- Progress towards meeting the objectives of the role, inclusive of cost benefits.
- Uptake of support offered by the Telehealth Peer Support Worker.
- Qualitative and quantitative feedback for quality improvement, including the impact of training and service user satisfaction.



Activities and deliverables:

- Participate in reporting and evaluation processes as defined by the organisation.
 - Consider providing monthly verbal feedback to the wider team or your organisation.
 - Consider providing a quarterly progress report to ensure continued support and sustainability of the role.

Resources:

- Surveys for sharing feedback on the Telehealth Peer Support Worker role:
 - Appendix E - Sample survey for people with lived experience
 - Appendix F - Sample survey for supporters and professionals
- The report can be succinct and easy to drop information in, see the examples:
 - Appendix G - Sample monthly progress report
 - Appendix H - Sample final report
- [Quality Improvement - Practice Connect](#)
- [Practice Incentives Program Quality Improvement Incentive | Australian Government Department of Health and Aged Care](#)
- [The NSQHS Standards | Australian Commission on Safety and Quality in Health Care](#)

Tips:

Benefits and outcomes of Quality Improvement are often categorised into the following areas:

- **Patient Experience:** Improving patients' access to care; quality and safety; and outcomes.
- **Care Team Wellbeing:** Improving connections with a range of relevant primary health care providers to open the lines of communication, improve accessibility and a wrap-around model of care, and leading to teamwork greater staff satisfaction and potentially workforce sustainability.
- **Population Health:** Reducing health inequalities across the region.
- **Reducing Costs:** Reducing costly visits to the GP, reducing need to travel, and reducing unnecessary hospital admissions.



Appendices

Appendix A - Tips and resources from the SPIDAH trial site

For the trial activity, weblinks and resources were provided that strategically align with the [National Safety and Quality Health Service \(NSQHS\) Standards](#), along with other key information.

The organisation that participated in the trial activity was Grampians Community Health (GCH), located in the Western Victoria Primary Health Network area within the Wimmera region. This area is considered to be rural.

GCH operates as a Community Health service under the *Health Services Act 1988 (Vic)*. GCH aims to improve the health and wellbeing of people in our region and create strong, healthy, thriving, and connected communities.

A compelling case study that drove the need to introduce the Telehealth Peer Support Worker:

During the COVID-19 pandemic period, many people with a disability had difficulty accessing health care despite the increased access to telehealth services. Health care providers in the Grampians region reported visiting people with complex disabilities in their homes and finding them in appalling conditions.

These were people living independently in the community who had little or no support to access health care. Not only was their physical health at risk, but also their mental health and overall wellbeing. While we did hear positive stories from people with an intellectual disability, families and carers of superstar GPs that exceeded all expectations by visiting people in their home environment during the pandemic period, the systemic neglect of people with an intellectual disability remains within our health care systems and more so in rural and remote areas.

The trial activity commenced on **1 August 2022** and ran until **30 November 2023**.

Tips from the SPIDAH trial site

Pros:

- Commitment from the host organisation to create a shared vision for the recruitment, integration and implementation of the role within the organisation's workforce model.
- Once building momentum, referrals came in a timely manner.
- While the funding for the trial of the Telehealth Peer Support Worker ceased, the staff member employed for this role secured gainful employment in a leadership role within GCH.
- The Telehealth Peer Support Worker with lived experience was involved in Diversity Committees and groups.
- Increased awareness of working with people with lived experience (disabilities) and how reasonable adjustments can assist this and other cohorts.
- Increased network with disabilities communities and or other organisations within the region.

Limitations:

- Time limitations for the trial activity.
- Telehealth Peer Support Worker and others continued to advocate that this role continue within GCH to support undiagnosed disabilities pathways/access to healthcare.
-

Considerations:

- Doing the engagement activities and set-up period took some time.
- Developing suitable resources – Develop resources in a range of communication style, inclusive of easy read / easy English.
- As the Telehealth Peer Support Worker has a quite specific role to support upskilling, consider if a person with lived experience would need ongoing support and have a referral process in place.
- Consider the space – physical accessibility or other enhancements to the space such as sensory items or a considered space.



Resources from the SPIDAH trial site

Podcast episodes:

- [Episode Fifty: Disability, Peer Support & Telehealth | Community Is Our Middle Name presented by Grampians Community Health \(podbean.com\)](#)
- [Episode Sixty: What Is Disability Pride? | Community Is Our Middle Name presented by Grampians Community Health \(podbean.com\)](#)
- [GCH Podcasting Network Presents: Our Community Is Able - Trailer | Community Is Our Middle Name presented by Grampians Community Health \(podbean.com\)](#)
 - Episode 1: [Our Community Is Able - VALID](#)
 - Episode 2: [Our Community Is Able - General Practitioners Management Plan](#)
 - Episode 3: [Our Community is Able - Exercise Physiologist](#)
 - Episode 4: [Our Community is Able - Nutrition](#)
 - Episode 5: [Our Community is Able - Occupational Therapist](#)
 - Episode 6: [Our Community is Able - CHAP Tool](#)
 - Episode 7: [Our Community is Able - NDIS & Local Area Coordinator](#)

Video resources:

- [Video walkthrough – How to do telehealth using Zoom](#)
- [Video walkthrough – How to do telehealth using Microsoft Teams](#)
- [Video walkthrough – How to do telehealth using HealthDirect](#)

Written information resources:

The following resources are listed on the following pages (page numbers noted in brackets):

- Client information sheet – Information you need to know (pages 14-15)
- Easy read telehealth document (pages 16-19)
- How to telehealth - Microsoft Teams (Uninstalled) (pages 20-21)
- How to telehealth - Microsoft Teams (Installed) (page 22)
- How to telehealth – HealthDirect (page 23)
- How to telehealth - Zoom (Uninstalled) (pages 24-25)
- How to telehealth - Zoom (Installed) (page 26)
- [Australian Charter of Healthcare Rights \(second edition\) | Australian Commission on Safety and Quality in Health Care](#)

Additional resources which may be considered to be developed to the local organisational context:

- Fact sheet or flyer with key information about the role and how to connect with them.
- Frequently asked questions (FAQs).



Information you need to know



We support your right to:

- Confidentiality
- Have your identity, culture and diversity valued and respected
- Have information explained to you
- Make decisions about your care
- Have a support person who helps you explain and say what you want



Your information is protected.

- You can choose who your information is shared with
- You can access the information we keep about you
- We will not share your information without your consent unless required by law, or if there is a risk of harm to yourself or another person



We share with you the responsibility to:

- Provide correct information
- Show respect for other GCH users and staff
- Follow any safety and hygiene guidelines
- Communicate changes to appointments and services
- Provide a safe environment to meet with you



You can have someone to speak on your behalf

This can be a friend, a family member or an advocacy organisation.

- Office of the Public Advocate 1300 309 337
- Grampians Disability Advocacy 1800 552 272
- Older Persons Advocacy Network 800 700 600



Your feedback helps us to help you.

Your feedback is used to improve our services for you, your family and our community. We ask you to share honest feedback comments, compliments and complaints.

When we receive a complaint we will:

- acknowledge your complaint within 2 working days
- conduct a fair and unbiased investigation
- inform you of the outcome



03 5358 7400
(9am - 5pm Mon - Fri)



Stawell
8-22 Patrick St

Ararat
60 High St

Horsham
70-72 Hamilton St
(Entry via Darlot St)

www.gch.org.au



It's your choice.

Before you receive any assistance from us we will ask you to give your consent.



Consent

GCH can only provide a service to you with your informed consent.

We will keep a record of the consent you give us to:

- receive our assistance
- store your information
- share your information with other services that will help you
- be contacted for client satisfaction surveys



What is informed consent?

This is when we explain the options available to you, so you can decide to receive assistance or decline it. It is when you make a decision because you understand your best options.

What if there is information I do not understand?

We encourage you to ask questions about the information we are sharing with you. We will explain it to you and help you understand.

What if I cannot decide for myself?

If you have a condition which prevents you from making an informed decision, your legal guardian can consent on your behalf. If there's no legal guardian, your next of kin, spouse, de facto partner or carer can be asked to consent.

Who can consent on my behalf?

Your parent or carer if you are under 18

The person legally responsible for you if you are unable to give consent.

How do you collect my consent?

Consent is recorded in your client record. It can be written, where you sign a form in person, or verbal, where you give your consent over the phone.

What if I change my mind?

You have the right to withdraw your consent at any time

It's free to use an interpreter.

If you are a non-English speaker you can have an interpreter for you to understand and access our services.



Interpreter

If you need an interpreter we can arrange:

- phone interpreting
- automated voice-prompted immediate phone interpreting (ATIS)
- pre-booked phone interpreting
- on-site interpreting



03 5358 7400
(9am - 5pm Mon - Fri)



Stawell
8-22 Patrick St

Ararat
60 High St

Horsham
70-72 Hamilton St
(Entry via Darlot St)

www.gch.org.au



Easy Read

Telehealth



An Australian Government Initiative

Primary Care Enhancement Program (PCEP)

Supporting People with an Intellectual Disability to Access Health (SPIDAH)



What is **telehealth**?

Telehealth is when you access your health appointments by a phone or video.



What will you need?

You will need a phone, headphones, laptop or iPad, and an internet connection.



Before you start

Make sure you are in a place that is private (like a quiet room by yourself and with a support person if you need one).





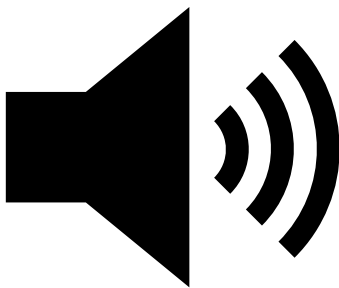
A **camera** on your phone or computer allows the GP to see you and for you to see the GP.

Turn on camera for your appointment only if it is a video call.



A **microphone** on your phone or computer allows the GP to hear you.

Turn on your microphone.



A **speaker** on your phone or computer allows you to hear the GP.

Turn on your speaker.





You will go into a waiting room on your phone or computer.

You will need to wait for your healthcare worker to answer.



You will have the appointment with the GP.

When you finish the appointment you will end the call by hanging up.

Providing support



What if something goes wrong?

That is okay.

You can contact your healthcare provider or support person to ask for help.



TELEHEALTH HOW TO - TEAMS

IF TEAMS ISN'T INSTALLED

1. Click Download Teams

Microsoft Teams meeting

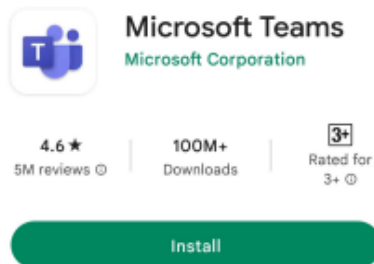
Join on your computer, mobile or tablet

[Click here to join the meeting](#)

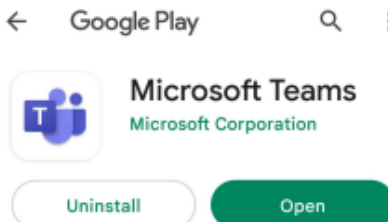
Meeting ID: 437 229 801 351
Passcode: Uhkx4c

[Download Teams](#) | [Join on the web](#)

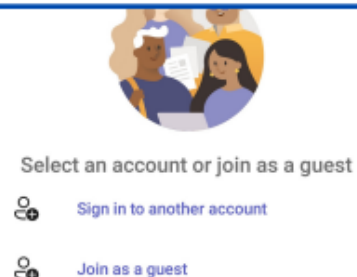
2. Click install



3. Click Open



4. Click Join As Guest



TELEHEALTH HOW TO - TEAMS

IF TEAMS ISN'T INSTALLED

5. Type your full name

Click Continue

← Join a meeting



Enter your guest display name

Type your name

Continue

6. Click Allow

Turn your camera on

Turn your microphone on



Allow Teams to make and manage phone calls?

2 of 2

DENY

ALLOW

7. You will enter the Waiting Room

The Doctor or allied health person will join you soon

When the meeting starts, we'll let people know you're waiting in the lobby.



WHAT IF SOMETHING GOES WRONG? CALL THE HEALTHCARE SERVICE
THEY CAN HELP YOU



TELEHEALTH HOW TO - TEAMS

IF TEAMS IS INSTALLED

1. Click on 'Click here'

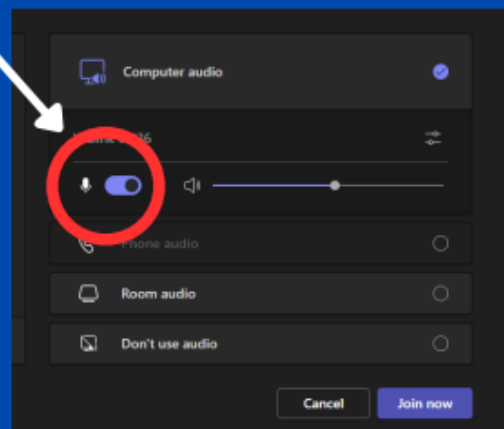
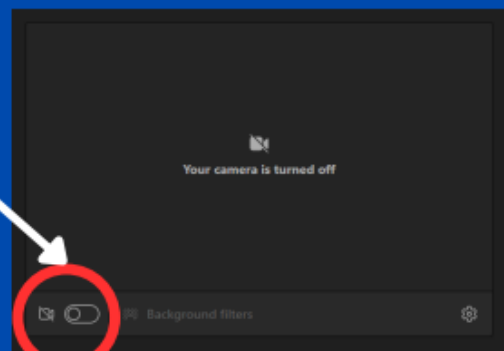
Microsoft Teams meeting

Join on your computer, mobile
[Click here to join the meeting](#)

2. Turn your camera on
3. Turn your microphone on
4. Click join now

You will enter the Waiting Room

The Doctor or allied health person will join you soon



**WHAT IF SOMETHING GOES WRONG? CALL THE HEALTHCARE SERVICE
THEY CAN HELP YOU**



TELEHEALTH HOW TO - HEALTH DIRECT

1. Go to the link below on your device

WWW.



2. Click Start Video Call



3. Fill in the boxes

4. Click Continue


5. You will enter the Waiting Room

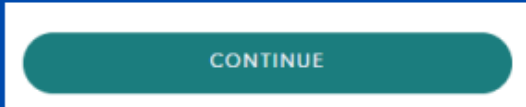
The Doctor or allied health person
will join you soon

Patient/Client Name (the person this call is about)

First Name*	Last Name
<input type="text"/>	<input type="text"/>

Phone Number

 +61



**WHAT IF SOMETHING GOES WRONG? CALL THE HEALTHCARE SERVICE
THEY CAN HELP YOU**



TELEHEALTH HOW TO- ZOOM

IF ZOOM ISN'T INSTALLED

4. Click Open File

Downloads

Zoom_cm_fo42mnktZ9vvrZo4_mkM1yQLVjv5o8J139R8...
[Open file](#)

5. Click Launch Meeting

Click Join with
Computer Audio

You'll then enter the video call

Once you install Zoom Client, click **Launch Meeting** below

By joining a meeting, you agree to our [Terms of Service](#) and [Privacy Statement](#)

Launch Meeting

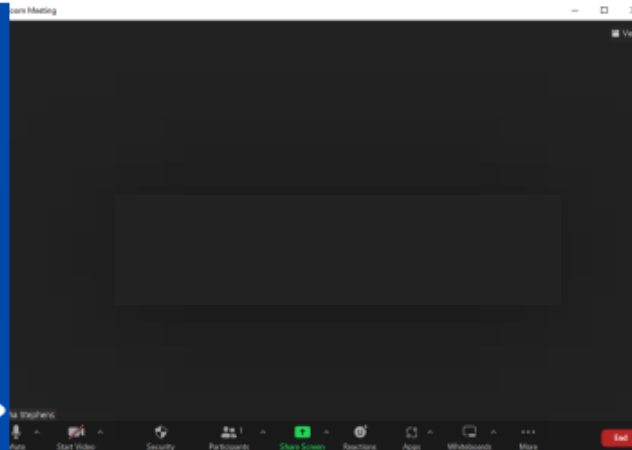
Join with Computer Audio

Test Speaker and Microphone

6. You will enter the Waiting Room

The Doctor or allied health
person will join you soon

Turn your camera
and Microphone on



**WHAT IF SOMETHING GOES WRONG? CALL THE HEALTHCARE SERVICE
THEY CAN HELP YOU**



TELEHEALTH HOW TO - ZOOM

IF ZOOM IS INSTALLED

1. Click on the Zoom link sent by your Healthcare Service

Click Launch Meeting

If asked 'Allow pop up'

Topic: My Meeting
Time: Feb 13, 2023 03:00 PM Canberra, Melbourne,

Join Zoom Meeting
<https://us05web.zoom.us/j/89591255710?pwd=aGQ...>

Once you install Zoom Client, click **Launch Meeting** below

By joining a meeting, you agree to our [Terms of Service](#) and [Privacy Statement](#)

Launch Meeting

2. Click Join with Computer Audio

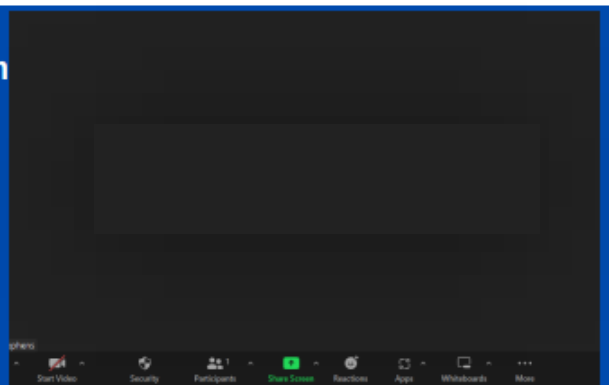
Join with Computer Audio

Test Speaker and Microphone

3. You will enter the Waiting Room

The Doctor or allied health person will join you soon

Turn your camera on



WHAT IF SOMETHING GOES WRONG? CALL THE HEALTHCARE SERVICE
THEY CAN HELP YOU



Appendix B - Medicare Benefits Scheme (MBS) items

See [full MBS resources](#) relevant to telehealth, inclusive of MyMedicare.

General Practitioners

MBS Item Number	Item name – Short Description	Frequency
Telehealth and phone attendance		
91800	Telehealth attendance by a general practitioner lasting at least 6 minutes but less than 20 minutes including clinically relevant tasks.	
91900	Phone attendance by a general practitioner to a patient registered under MyMedicare with the billing practice, lasting at least 20 minutes including clinically relevant tasks for one or more health-related issues, with appropriate documentation.	
91910	Phone attendance by a general practitioner, to a patient registered under MyMedicare with the billing practice, lasting at least 40 minutes, including clinically relevant tasks for one or more health-related issues, with appropriate documentation.	
91920	Telehealth attendance by a general practitioner (legislative requirement this must be by the patient's usual medical practitioner), lasting at least 60 minutes including clinically relevant tasks for one or more health-related issues, with appropriate documentation.	
92142	Telehealth attendance of at least 45 minutes in duration by a <u>general practitioner</u> for assessment, diagnosis and preparation of a treatment and management plan for a patient under 13 years with an eligible disability	

Medical Practitioners

MBS Item Number	Item name – Short Description	Frequency
Telehealth and phone attendance		
91923	Telehealth attendance by a medical practitioner (legislative requirement this must be by the patient's usual medical practitioner) (not including a general practitioner), of more than 60 minutes including clinically relevant tasks for one or more health-related issues, with appropriate documentation.	
91926	Telehealth attendance by a medical practitioner (legislative requirement this must be by the patient's usual medical practitioner) ((not including a general practitioner, specialist or consultant physician, in an eligible area, of more than 60 minutes including clinically relevant tasks for one or more health-related issues, with appropriate documentation.	
91903	Phone attendance by a medical practitioner (not including a general practitioner) to a patient registered under MyMedicare with the billing practice, of more than 25 minutes in duration but not more than 45	

	minutes, including clinically relevant tasks for one or more health-related issues, with appropriate documentation.	
91906	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, to a patient registered under MyMedicare with the billing practice, of more than 25 minutes in duration but not more than 45 minutes, including clinically relevant tasks for one or more health-related issues, with appropriate documentation.	
91913	Phone attendance by a medical practitioner, to a patient registered under MyMedicare with the billing practice, of more than 45 minutes in duration but not more than 60 minutes, including clinically relevant tasks for one or more health-related issues, with appropriate documentation.	
91916	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, to a patient registered under MyMedicare with the billing practice, of more than 45 minutes in duration but not more than 60 minutes, including clinically relevant tasks for one or more health-related issues, with appropriate documentation.	
91805	Telehealth attendance by a medical practitioner (not including a general practitioner) of more than 45 minutes in duration but not more than 60 minutes including clinically relevant tasks. (Legislative requirement this must be by the patient's usual medical practitioner)	
91808	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 45 minutes in duration but not more than 60 minutes, including clinically relevant tasks. (Legislative requirement this must be by the patient's usual medical practitioner)	

Consultants

(including consultant physicians, paediatricians, psychiatrist)

MBS Item Number	Item name – Short Description	Frequency
Telehealth and phone attendance		
92141	Telehealth attendance of at least 45 minutes in duration by a <u>specialist or consultant physician</u> following referral of the patient to the specialist or consultant physician by a referring practitioner, for assessment, diagnosis and preparation of a treatment and management plan for a patient under 13 years with an eligible disability	

Allied Health Professionals

(including speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy services)

MBS Item Number	Item name – Short Description	Frequency
Telehealth and phone attendance		
93032	Psychology health service provided by telehealth attendance to a child aged under 13 years At least 50 mins	
93033	Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by telehealth attendance to a child aged under 13 years At least 50 mins	
93035	Psychology health service provided by telehealth attendance to a child aged under 15 years for treatment of a pervasive developmental disorder (PDD) or eligible disability At least 30 mins	
93036	Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by telehealth attendance to a child aged under 15 years for treatment of a pervasive developmental disorder (PDD) or eligible disability At least 30 mins	
93040	Psychology health service provided by phone attendance to a child aged under 13 years At least 50 mins	
93041	Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by phone attendance to a child aged under 13 years At least 50 mins	
93043	Psychology health service provided by phone attendance to a child aged under 15 years for treatment of a pervasive developmental disorder (PDD) or eligible disability At least 30 mins	
93044	Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by phone attendance to a child aged under 15 years for treatment of a pervasive developmental disorder (PDD) or eligible disability At least 30 mins	

Appendix C - Sample Position Description

Position title	Telehealth Peer Support Worker		
Award	Community Health Centre (Stand Alone Services) Social and Community Service Employees Multi Enterprise Agreement 2017		
Classification	SACS Level 3.1 (minimum)		
Hourly rate		Annual:	
Status			
Hours per week			

Position summary

The Telehealth Peer Support Worker will build the capacity of people with lived experience by training them in the use and application of new technologies such as telehealth and video consultations to access primary health care services. The position will develop a podcast series on good health and wellbeing that will facilitate better long-term health outcomes.

Working as an equal and valued member of a multi-disciplinary team, the position will be at the heart of this transformation by sharing their knowledge and expertise as a person with lived experience of a disability, and who understands the challenges of accessing quality primary health care in rural and remote areas.

Background

Placing a person with lived experience in a community health setting will increase their value within the service for their leadership, strategic thinking, and service development to build a more inclusive primary health care service. The position will be a key part of the transformation in accessing primary health care using alternative methods to face to face that will provide:

- better access
- continuity of care
- a coordinated response from a range of treating health professionals (as required through a chronic health care plan)
- reduced travel; and
- reduced financial burden.

There is also the opportunity for others as well as families, carers and supporters of people with lived experience to not only support them in their learning, but to also learn how to use these tools themselves and to take responsibility for their own journey towards health and wellbeing.

Key responsibilities

1. Develop and deliver a Peer Support Program to upskill people with lived experience on how to access telehealth appointments and video consultations via digital platforms.
2. Attend training to further develop the skills (if required) of how to access digital platforms that are transferable.
3. Develop and distribute a range of promotional materials about the training, and how and when people can access it.
4. Connect with primary health care providers to promote the training opportunity and how they can refer people for training, upskilling and support and how they can support the operational process of the learnings (do practice runs).
5. To further increase community development and access of digital health platforms, develop a podcast centred around health and wellbeing activities using key speakers, resources and other tools. By the continual use of accessing the podcast community members will maintain their skills and ability to connect with digital platforms. In this space consider cultural aspects and language barriers to increase reach.
6. Provide a short-term/brief intervention with structured session planning toward client's goals.
7. Increase knowledge of service providers to provide a welcoming and respectful environment for

clients wanting to connect.

8. Work with target group either individually or in small groups to increase their ability to use telehealth.
9. Contribute to care coordination including liaison with and referral to other services relevant to goals, including social supports or community involvement.

Key selection criteria

Qualifications

- Minimum qualification (or working towards) Certificate IV in Disability or equivalent, such as health and community services.

Mandatory

- A lived experience of a disability.
- Strong commitment to the rights and needs of individuals with lived experience and their supporters.
- Ability to establish respectful professional relationships that have clear boundaries with clients, staff and partner organisations.
- Understanding of the digital platforms to access primary health care.
- Good knowledge in the use of telephone, mobile phones, smart phones and digital devices including how to access apps.

Desirable

- Previous experience as a Peer Support Worker.
- Ability and/or knowledge working within individual goal orientated plans.

Demonstrated skills and experience:

- Demonstrated attention to detail with well-developed administrative and organisational skills to effectively manage high volumes of work and determine priorities, meet targets and deadlines.
- Ability to maintain confidentiality at all times.
- Demonstrated knowledge and application of computer software, including Microsoft Office and the Internet.
- High level verbal and written communication skills that enable effective and appropriate communication with a broad range of people at all levels.
- Demonstrated ability to contribute to positive workplace culture and practices.

Licences and registrations

- Current Victorian driver licence
- Current National police check (less than 3 months old)
- Current Employee Working with Children Check
- NDIS Worker Screening Check

Personal attributes

- Empowering
- Inclusive
- Professional
- Courageous
- Compassionate

Conditions of employment

This position is ... and is subject to the successful completion of a six-month probationary period.

And requires the following checks:

- Satisfactory police check
- Current Employee Working with Children Check

Note: Checks must be obtained and provided prior to commencement as a condition of employment at [...add your organisation]. Where check results are unsatisfactory in relation to the role to be carried out, the offer of employment will be withdrawn.

Appendix D - Template: Project communication plan

Project name:	
Start date:	
Completion date:	
Project Manager:	
Project Objectives:	

Communication goals	Communication method	Target audience	Frequency	Owner	Date of completion
					<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

This template was drafted based on the [Project Communication Plan Template](#).

Appendix E - Sample survey for people with lived experience

Feedback and consent form

You may need support to fill in this form.

Telehealth Peer Support Worker

Thank you for connecting with the Telehealth Peer Support Worker.



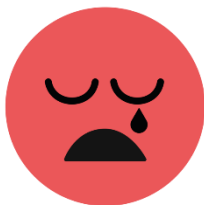
This role aims to build your skills and learn how to use your phone to access health care to talk to the doctor.



We want to hear what you liked about the support provided to you.

We want to hear your ideas of how this could be better.

I thought the information shared by the Telehealth Peer Support Worker was: (Please circle your answer)



Very poor



Not good



Average



Good



Very good



What did you like about the support from the Telehealth Peer Support Worker?



What are your ideas of how this support and information shared could be better?



The next part of the form asks about consent.



Consent means that you are saying yes or no to something.



Is it okay for someone to contact you to talk more about the information in this form?



Tick a box below to say Yes or No.

- Yes – please share your contact details.
- No – please **do not** share your details.



Your name:



The best way to contact you (phone / email):



The person's name who is supporting you:



The best way to contact the person who is helping you:



Appendix F - Sample survey for supporters and professionals

Feedback and consent form

Telehealth Peer Support Worker

Thank you for connecting with the Telehealth Peer Support Worker.

This support aims to build the capacity and skills of people with lived experience and their supporters to confidently use digital technologies to access health care. This includes learning how to connect to and access telehealth appointments, podcasts and videos relating to health.



This form aims to capture feedback regarding the Telehealth Peer Support Worker program. In your feedback, please consider what is working well and opportunities for improvement.

Please select the box that best describes you:

- Family member
- Disability support worker
- Primary health care professionals (please specify): _____
- Other (please specify): _____

Did you directly engage in this support and or support someone participating in the course?

- Yes
- No

Feedback

Overall, I thought the Telehealth Peer Support Worker Program was: (Please select your response)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very poor | Not good | Average | Good | Very good |

What is working well?

- Connecting into the Peer Support Worker Program
- The format of the Telehealth Peer Support Worker information
- Resources
- Other (please specify): _____

If you would like, please share further feedback:

What are the opportunities for improvement?

- Connecting into the Peer Support Worker Program
- The format of the Peer Support Worker Telehealth Course
- Resources
- Other (please specify): _____

If you would like, please share further feedback:

Would you encourage others to participate in this program?

Please answer yes, maybe or no and explain why.

Please share any additional comments or feedback:

Consent

The consent form is requested as the work undertaken by the Telehealth Peer Support Worker will be evaluated to learn if this was a successful program.

If you share your details, you may be contacted by (...add organisation with relevant details).

(...Add organisation privacy statement and privacy collection statement)

Do you provide your consent for someone to contact you further to support the evaluation of this program?

- Yes – please share your contact details below.
- No – please **do not** share your details.

Name: _____

The best way to contact you:

- Phone: _____
- Email: _____



Primary health care professionals only:

Do you think that the Telehealth Peer Support Worker role has created better access for people with lived experience to access primary health care services using digital platforms / technologies?

- Yes
- No

Please specify:

Do you think that the Telehealth Peer Support Worker program is a sustainable solution to access quality health care for people with lived experience?

- Yes
- No

Please specify:



Appendix G - Sample monthly progress report template

This report is presented under the following three work streams:

- Training and Development
- Information Resources
- Engagement and Advocacy

Work Stream: Training and Development

This section of the report aims to capture the delivery of training and development sessions across the reporting period.

	Total number of sessions delivered this Choose an item. was # add number	Additional comments / Feedback received
Session title	Add title	
Date	Click or tap to enter a date.	
Content	Add short summary of content of this session eg. 1-2 brief dot points.	
Outcome	Add short summary of outcomes eg. 1-2 brief dot points.	
Mode of delivery	Choose an item.	
Facilitated by		
Attendees	<p># Add total number of attendees for this session</p> <ul style="list-style-type: none"> • # people with lived experience of an intellectual disability • # supporters (family, friends, carers, support workers) • # other (please specify) <p>Was their representation from (tick box):</p> <p>Place-based: (add options of local government areas)</p> <p>Population groups: <input type="checkbox"/> First Nations, <input type="checkbox"/> CALD community, <input type="checkbox"/> LGBTIQ+, <input type="checkbox"/> Other (please specify)</p> <p>Age ranges: <input type="checkbox"/> 15 years old and younger, <input type="checkbox"/> 16-25 years, <input type="checkbox"/> 26-64 years old, <input type="checkbox"/> 65 years and older, <input type="checkbox"/> Other (please specify)</p>	

Feedback	Add any feedback if received from this session.	
Session title		
Date		
Content		
Outcome		
Mode of delivery		
Facilitated by		
Attendees		
Feedback		

Add more rows as required.

Summary of Training and Development

Questions	Comments
How are training and development opportunities being promoted?	
What is working well?	
What is not working well?	
What are the gaps?	
What are opportunities for improvement?	
How are you working towards inclusive health care with a holistic and integrated model?	For example, this may include considering holistic health needs such as oral health, counselling, other health supports, and the implementation of reasonable adjustments (ie. communication style such as pictures, easy read, social stories, videos) across these services tailored to the individual's needs.
How are sustainable solutions being worked towards / achieved?	
Any additional comments?	

Work Stream: Information Resources

This section of the report aims to capture the development and delivery of information resources across the reporting period.

	The total number of <u>new</u> resources developed this Choose an item. was # add number	Additional comments / Feedback received
Resource name	Add title and hyperlink if publicly available, and number of hits if accessible eg. downloads or views	
Purpose / Content	Add summary of purpose and content of this resource	
Resource name		
Purpose / Content		

Add more rows as required.

	Total number of <u>enhanced</u> resourced developed this Choose an item. was # add number	Additional comments / Feedback received
Resource name	Add title and hyperlink if publicly available, and number of hits if accessible eg. downloads or views	
Purpose / Content	Add summary of purpose and content of this resource	
Summary of changes made	Add summary of what information was changed / updated / enhanced	
Resource name		
Purpose / Content		
Summary of changes made		

Add more rows as required.

Summary of Information Resources

Questions	Comments
How are the resources being used and how are they being promoted?	Eg. List online, newsletters, internal documents etc.
What is working well?	
What is not working well?	
What are the gaps?	
What are opportunities for improvement?	
How are you working towards inclusive health care with a holistic and integrated model?	
How are sustainable solutions being worked towards / achieved?	
What resources do you plan to develop next month?	
What future resources would be beneficial?	As resources that would be ideal, or you have heard through feedback.
Any additional comments?	

Work Stream: Engagement and Advocacy

This section of the report aims to capture the engagement and advocacy of the Disability Peer Support Worker across the reporting period.

Engagement		
Promotional activities (for this reporting period) <i>Tick box only.</i>	<input type="checkbox"/>	Emails
	<input type="checkbox"/>	Meetings (face-to-face or online)
	<input type="checkbox"/>	Website
	<input type="checkbox"/>	Social media
	<input type="checkbox"/>	Flyer
	<input type="checkbox"/>	Radio
	<input type="checkbox"/>	Podcast
	<input type="checkbox"/>	Other (please specify) – [Add notes, for example, app.]
Groups or organisations promoted to (for this reporting period): <i>Tick box only, and if possible, add organisation names promoted to.</i> <i>This refers to the Telehealth Peer Support Worker promoting and sharing information about the program to support buy-in.</i>	<input type="checkbox"/>	Youth
	<input type="checkbox"/>	Parents
	<input type="checkbox"/>	Aged persons
	<input type="checkbox"/>	First Nations people
	<input type="checkbox"/>	LGBTIQ+
	<input type="checkbox"/>	Culturally and Linguistically Diverse populations
	<input type="checkbox"/>	Other vulnerable populations, such as but not limited to victims of domestic and family violence, homeless, alcohol and other drugs
	<input type="checkbox"/>	Disability service provider
	<input type="checkbox"/>	Primary health care clinics
<input type="checkbox"/>	Other (please specify) – [Add notes, for example, app.]	
Internal business partners:	-	[Add notes. Eg. Quality teams, marketing and communication teams, mental health team involved in promotion

<i>Internal teams involved in promotion, training or learning</i>		via their networks. Eg. Internal staff training session delivered with 12 attendees etc.]
Internal referrals from Telehealth Peer Support Worker to internal teams or programs: <i>Referrals from this program to internal teams.</i>	#	<ul style="list-style-type: none"> • # [Team referred to: Commentary to provide more information / context of why the referral was needed.] • # [Repeat and add information as required.]
Internal referrals from internal teams or programs to Telehealth Peer Support Worker: <i>Referrals from internal teams to this program.</i>	#	<ul style="list-style-type: none"> • # [Team referred from: Commentary to provide more information / context of why the referral was needed.] • # [Repeat and add information as required.]
Identifying external points of referral into the Telehealth Peer Support Worker Program: <i>This aims to identify where the referral to the Telehealth Peer Support Worker is originating from.</i>	#	Referred from [add group / organisation name.] <ul style="list-style-type: none"> • Which groups are represented by the organisation (eg. Lived experience, family, disability support workers, primary health care professionals and or other) • Outcomes – such as: <ul style="list-style-type: none"> - Have any resources, protocols or processes been developed? Are there opportunities to test drive / practice implementing skills to improve competence and confidence?
	#	[Repeat as needed.]
	#	[Repeat as needed.]
Feedback by group regarding engagement and promotion activities: <i>Consider referral processes, promotion tools used and engagement.</i>	-	Feedback from Choose an item.: [Add notes and repeat for all groups as relevant and needed.]

Describe any specific advocacy activities delivered or supported by the Telehealth Peer Support Worker	
Secondary consultation: <i>Peer Support Worker providing insights to additional works within the organisation.</i>	# Add description
Other advocacy:	# Add description

Summary of Engagement and Advocacy

Questions	Comments
What is working well?	
What is not working well?	
What are the gaps?	
What are opportunities for improvement, including future resources?	
How are you working towards inclusive health care with a holistic and integrated model?	
How are sustainable solutions being worked towards / achieved?	
Any additional comments?	

Appendix H - Sample final report template

This report

Telehealth Peer Support Worker

The detail in this report will reflect if evidence indicates the Telehealth Peer Support Worker role has assisted in building the capacity of people with lived experience and their supporters, to access primary health care providers via digital health platforms to support better quality and timely health care outcomes.

The report will include both qualitative and quantitative data that assists in determining the success of this trial activity, inclusive of but not limited to:

- Summary of overall performance against the key activities / timelines.
- Summary of overall performance against targets and outcomes.
- Key learnings and recommendations for future investment and sustainability.

The sample template is outlined on the following pages.



Recruitment

- Recruit a suitably qualified Peer Support Worker with lived experience of a disability.

Approach

- **Share the approach you took for recruitment.**
Consider using a flow chart or steps taken. As much as possible - please include timeframes / processes / roles involved (including any decision-maker responsibilities).
 - Consider including:
 - Processes to create position description to attract the right candidate.
 - Position within organisation structure and why.
 - Reasonable adjustments required during interview stages.
 - Onboarding processes, including if any additional training / costs were required to upskill for the position of peer support worker.

Add text here.

Lessons learned

- **Please share your key learnings for recruitment.**
The following table is an example of how you may like to report on key learnings.

	Key learnings
Successes / enablers	Add text here.
Challenges / gaps	Add text here.
Other	Add text here.

Outcomes

- **Please share the outcomes for recruitment.**
 - Consider including:
 - How the approach supported identifying a suitable candidate.
 - A copy of the position description.
 - Any other key information.

Add text here.

Recommendations

- **Please add any recommendations for recruitment:**
 - Eg. If you were to undertake this activity again or if another organisation would undertake this activity, please share your recommendations on how this could have been undertaken more effectively or efficiently. You are welcome to recommend the approach you have taken in this activity.
 - Please share any other recommendations for consideration for local, state, national or systemic levels if relevant.

Add text here.



Work Stream: Training and Development

- Develop and deliver training to individuals and small groups with lived experience of an intellectual disability and their supporters on how to access telehealth appointments and video consultations via digital platforms inclusive of tools tailored to an individual’s needs.
- Develop and deliver training to health professionals on supporting people with lived experience of intellectual disability accessing health care through digital platforms.

Approach

- **Please share the approach you took for training and development.**
Consider using a flow chart or steps taken. As much as possible - please include timeframes / processes / roles involved (including any decision-maker responsibilities).
 - Consider including:
 - Was there a shared vision and approach in the organisation for training / development.
 - Was any upskilling required for the telehealth peer support worker role to deliver training content.
 - How you promoted the telehealth peer support worker role (internally / externally).
 - How you engaged people with lived experience on training, including how training was delivered - (eg. target audiences, duration, face-to-face, online).
 - How you engaged internal staff to participate in training, including how training was delivered.
 - Are the training solutions (internally / externally) sustainable?
 - Are there opportunities for further training (short, medium and long term).

Add text here.

Lessons learned

	Key learnings
Successes / enablers	Add text here.
Challenges / gaps	Add text here.
Other	Add text here.

Outcomes

- **Please share the outcomes for training and development.**
 - Consider including:
 - A copy of any key documents (ie. Promotional materials, presentation / training materials, list of training resources) (note information resources are in next section).
 - Data (qualitative and quantitative data).
 - Feedback from training attendees where possible (internal / external).
 - Client’s goals & outcomes, including the confidence and competence of people with lived experience in using digital platforms and tools provided to independently access telehealth or other appointments.

Add text here.

Recommendations

Add text here.



Work Stream: Information Resources

- Develop and deliver relevant information resources to support the training, inclusive of but not limited to video resources on accessing telehealth, fact sheets, resources tailored to individual needs and other relevant resources.
- Deliver a podcast curriculum targeted towards people with lived experience of an intellectual disability, involving guest speakers including primary health care professionals, centred around health and wellbeing.

Approach

- **Please share the approach you took for information resources.**
Consider using a flow chart or steps taken. As much as possible - please include timeframes / processes / roles involved (including any decision-maker responsibilities).
 - Consider including:
 - Was there a shared vision and approach in the organisation for information resources.
 - What was the process for identifying information resource needs?
 - Process for addressing these resource needs (eg. Identifying pre-existing resources / resource creation / resource enhancements or adjustments).
 - Was any upskilling required for the telehealth peer support worker role to create information resources.
 - How you promoted / disseminated / used the information resources (internally / externally).
 - Are the information resources (internally / externally) sustainable?
 - Are there opportunities for further resources (short, medium and long term) are costs required.

Add text here.

Lessons learned

	Key learnings
Successes / enablers	Add text here.
Challenges / gaps	Add text here.
Other	Add text here.

Outcomes

- **Please share the outcomes for information resources.**
 - Consider including:
 - A copy of any key documents / hyperlinks if available (ie. Promotional materials, list of information resources, podcast episodes).
 - Data (qualitative and quantitative data).
 - Feedback from document users where possible (internal / external) – eg. Were the documents user-friendly, in what ways were they beneficial as assessed by people with lived experience of an intellectual disability.
 - The following table is an example of how you may like to report on resources.

Title of information resource	Short description of information resource (please hyperlink if possible)	Feedback (including number of views if possible)
-------------------------------	--	--



Add text here. Add more rows as needed.	Add text here.	Add text here.

Recommendations

Add text here.



Work Stream: Engagement and Advocacy

- Promotion of telehealth peer support worker role inclusive of activities and tools to engage and connect with people with lived experience of intellectual disability, supporters, and primary health care professionals inclusive of but not limited to GP clinics, nurses, allied health, mental health and other relevant professionals.
- Collaboration with local stakeholders, internal and external to the organisation, on key areas relating to health care access for people with lived experience of an intellectual disability.

Approach

- **Please share the approach you took for engagement and advocacy.**
Consider using a flow chart or steps taken. As much as possible - please include timeframes / processes / roles involved (including any decision-maker responsibilities).
 - Consider including:
 - Engagement – internally / externally – processes for building connections / partnerships in the local region
 - Please include all groups you have shared your work with – including presentation delivery, conferences, network meetings / other.
 - Please include ARRCH Conference – what is the feedback? What was the impact?
 - Advocacy – how did you identify areas requiring advocacy? How did you advocate? To who?
 - it may be helpful to consider the following advocacy areas

Citizen advocacy: matching people with disability with volunteers
Family advocacy: helping parents and family members advocate on behalf of the person with disability for a particular issue
Individual advocacy: upholding the rights of individual people with disability by working on discrimination, abuse and neglect
Legal advocacy: upholding the rights and interests of individual people with disability by addressing the legal aspects of discrimination, abuse and neglect
Self-advocacy: supporting people with disability to advocate for themselves, or as a group
Systemic advocacy: seeking to remove barriers and address discrimination to ensure the rights of people with disability (that SPIDAH can assist with)

Add text here.

Lessons learned

	Key learnings
Successes / enablers	Add text here.
Challenges / gaps	Add text here.
Other	Add text here.

Outcomes

- **Please share the outcomes for engagement and advocacy.**
 - Consider including:
 - A copy of any key documents / hyperlinks if available (ie. Information



- resources, other relevant documents).
- Data (qualitative and quantitative data).
- Feedback from engagement and advocacy processes (internal / external) – eg. Connections / partnership with telehealth peer support worker and outcomes.
- The following tables are examples of how you may like to report on engagement and advocacy.

Add text here.

ENGAGEMENT		
Topic / Area of engagement	Short description of topic / engagement activities	Outcomes
Add text here.	Add text here.	Add text here.

ADVOCACY		
Topic / Area of advocacy	Short description of topic / advocacy activities	Outcomes
Add text here.	Add text here.	Add text here.

Recommendations

- **Please add any recommendations for engagement and advocacy:**
 - Eg. If you were to undertake this activity again or if another organisation would undertake this activity, please share your recommendations on how this could have been undertaken more effectively or efficiently. You are welcome to recommend the approach you have taken in this activity.
 - Consider if any recommendations note actions as longer-term / requiring additional investment in order to pursue – what does this look like?
 - Please share any other recommendations for consideration for local, state, national or systemic levels if relevant.

Add text here.



Reports and evaluation

- Provide monthly verbal updates and deliver monthly written progress reports.
- Deliver a final report summarising the background, approach, lessons learned, outcomes, and recommendations of this trial activity to the WVPHN SPIDAH team. *This document represents the final report for this project.*
- Participate in and support people with lived experience of an intellectual disability and their supporters to participate in evaluation with Abt Associates (external evaluators for the SPIDAH project, funded by the Department of Health and Aged Care).

Approach

- **Please share the approach you took for reports and evaluation.**
Consider using a flow chart or steps taken. As much as possible - please include timeframes / processes / roles involved (including any decision-maker responsibilities).

Add text here.

Lessons learned

	Key learnings
Successes / enablers	Add text here.
Challenges / gaps	Add text here.
Other	Add text here.

Outcomes

- **Please add commentary on the outcomes** for participating in this trial activity overall.
 - Please include qualitative and quantitative data where available.
 - Please include feedback of the role provided by people with lived experience.

Add text here.

Recommendations

Add text here.

Additional comments

Please add any additional comments on the trial activity if relevant.
(For example, this may be any information not yet captured elsewhere in this report which you feel is important to share).

Add text here.

Final comments

Please add any final comments if relevant.

Add text here.

