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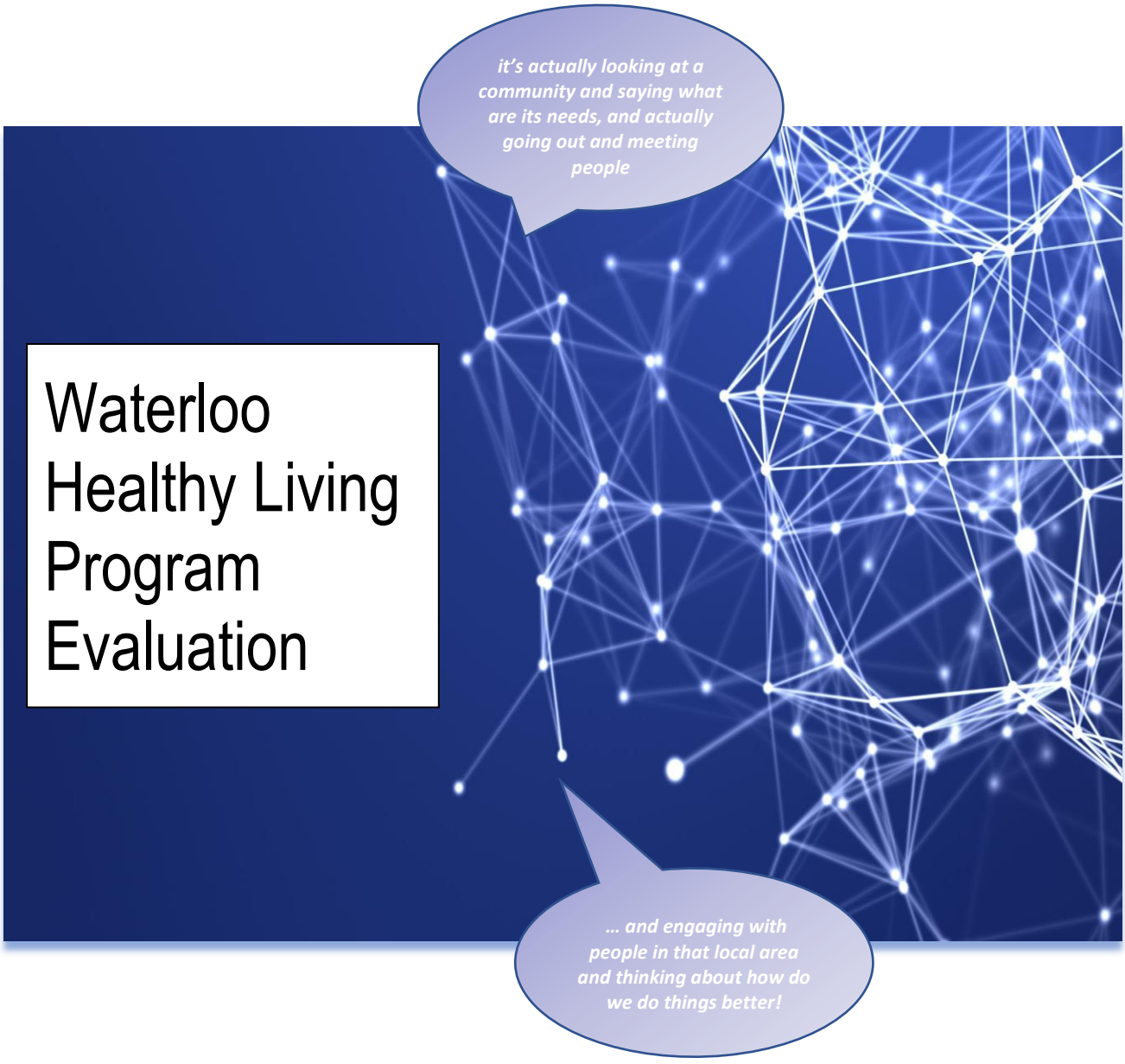
Centre for Primary Health Care and Equity

Waterloo Healthy Living Program Evaluation



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An advisory group, the Waterloo Healthy Living Program Review Management Group was established to oversee the Evaluation. Members include Ms Lisa Parcsi (Director, Integration and Partnerships, SLHD), the Director of Health Equity Research and Development Unit (or their delegate) and members of the Evaluation team: Associate Professor Margo Barr and Ms Margaret Williamson (Centre for Primary Health Care and Equity, UNSW).

We wish to thank the people who participated in the establishment interviews and the key informant interviews.

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EXECUTIVE SUMMARY

Review purpose and procedures

There are a number of vulnerable populations resident in the Waterloo housing estate. They have a range of health conditions that are exacerbated by barriers to accessing health care, and their health problems often overlap social issues related to housing, poverty and inadequate education. Sydney Local Health District (SLHD) has been working with the Waterloo community to address these health concerns. The Centre for Primary Health Care and Equity at the University of NSW was engaged to review the recently introduced Waterloo Healthy Living Link Worker (WHLLW) role, to assess the extent to which the program has achieved the expectations of the community and SLHD and to propose options or recommendations for the future of the role and similar programs across SLHD.

The review consisted of three components: (1) the position establishment review, which examined relevant documentation, interviewed six individuals involved in the establishment of the role, and interviewed the current incumbent of the role to identify the rationale for the role, the expectations of those involved in its establishment, and the current status of the role; (2) a literature review which identified similar roles and reviewed evidence of their impact and factors associated with their success; and (3) semi-structured interviews with Waterloo community group members, local non-government and government organisations and key SLHD service providers working with the role to investigate the impact and challenges associated with the role.

Findings

Rationale for establishing the program and associated roles

Following representation from local community non-government organisations (NGOs) about the concerns of the Waterloo residents with mental health problems, as well as the potential health impacts of the redevelopment of the Waterloo housing estate and surrounds, the Chief Executive (CE) of SLHD announced the appointment of a new position to assist people in finding services, healthcare, and support and in developing and empowering the Waterloo community.

Expectations of the role

The expected functions and activities of the role included: identifying the community's health needs; providing navigation to facilitate access to health services for individuals, groups and the community; acting as an 'advocate', 'broker' or 'link' to change the way services are delivered to meet community need; supporting community development including improving health literacy; and facilitating improved connectedness and communication between the community, NGOs and SLHD services.

Current status of the role

To date the role has delivered a number of achievements against its key accountabilities, including: working with a number of SLHD services (Drug Health Services, Sydney Dental Hospital, and Aboriginal Health Unit) to improve service access to the community; providing advice to community members to support access to and navigation of health services; partnering with local stakeholders to develop and support initiatives and activities aligned to preventive health and service access; providing additional support to housing estate tenants; and enhancing communication and collaboration in Waterloo between SHLD and NGOs, community groups, other government agencies, City of Sydney and the local public housing communities.

Reported impact of similar roles and factors related to their success

Reviews and meta-analyses published between December 2014 and September 2019 found evidence that interventions provided by these roles are effective in promoting a wide range of healthy behaviours, including: improved cancer screening and improved risk factors for cardio-vascular disease (CVD) and type 2 diabetes mellitus (T2DM); and reduced symptoms and improved management of health conditions such as mental illness, asthma, cancer and T2DM. These roles were also found to have improved adherence to treatment, addressed health inequities, reduced health care costs and preventable health service use and improved overall health and well-being of primary care and vulnerable populations. A number of reviews also reported improved client experience and satisfaction.

Reported success factors of similar roles and programs in the literature

A number of factors have been reported in the literature to support the successful implementation of similar programs by health workers. These include: the provision of effective recruitment, selection and training of workers; ensuring work is centred around community needs and that the community is able to maintain a sense of ownership of the program of work; role clarity; good governance and clear operational processes; strong relationships and partnerships within the organisation and with other organisations; and providing adequate resources and valuing the worker. Table 4 provides a summary of these key success factors and can be used as a guide for the ensuring the success of ongoing work and any future extension of the program.

The impact of the role

The key informant interview respondents reported that the WHLLW has been working successfully with individuals to identify their health needs and to find ways of addressing access and service delivery issues. The role has also looked at a number of health issues of the broader community, including the oral health problems of residents with complex conditions, youth and children, acting as an advocate or link and enabling changes to the way health services are delivered to meet community need.

The role has also been actively supporting a number of community development activities, such as establishing a community choir to reduce social isolation, improve mental health and build community connections and skills for social housing residents and the local community, and co-ordinating a Health Expo in the local area with a range of health services. The Health Expo is also an example of the work the role has done in improving connectedness and communication between the community, NGOs and SLHD services.

The interviews with NGOs, other government agencies and SLHD staff highlighted the work of the WHLLW in effectively facilitating collaboration between stakeholders within SLHD with NGOs and other government organisations and coordinating their involvement in a range of activities.

Overall, all community members and most staff members interviewed were satisfied with the work of the WHLLW.

Challenges for the role

The challenges for the role are many, including the number and range of responsibilities, the number and diversity of stakeholders to work with, and the breadth of health issues and services covered. Finding an individual with the appropriate expertise and experience to fulfil all the requirements of the role has been difficult. A number of challenges have also faced the incumbents of the role, including issues related to role clarity (i.e. what the role is meant to achieve, and how it functions). Some key informants had very different views on the objectives of the role, the activities to be undertaken and how it fits with other roles in the community. Another challenge for the role, articulated by a number of the key informants, was the difficulty bringing about changes in how

health services are delivered, especially for those with mental health problems and experiencing social isolation.

Suggested enhancements

Three key areas were identified, which key informant interview respondents reported would improve or enhance the impact of the role: 1) expanding or extending the WHLLW services; 2) enhancing support to influence health system change, and 3) addressing outstanding service gaps.

Key recommendations

1. Investigate opportunities to extend the health navigation work within Waterloo and across the Health District

Many community members and representatives from community and government organisations highly valued the work of the WHLLW and proposed that the navigation work be extended. The SLHD, working with the community, could investigate how the work may be extended both within Waterloo and other locations of high disadvantage in SLHD. This would require securing additional resources, clear and achievable aims and objectives for the work, adequate staffing, clearly defined roles, training, support mechanisms, and the incorporation of an evaluation framework.

2. Concentrate the work on significant issues faced by the community

The redevelopment of the Waterloo housing estate and surrounds is likely to have a significant impact on the community over the next decade. The draft Waterloo Health Impact Assessment (*Healthy Waterloo: A Study into the Maintenance and Improvement of Health and Wellbeing in Waterloo*) identified that increased psychological stress is likely to occur, especially in the more vulnerable populations of the estate during the redevelopment. The Waterloo Healthy Living Program is ideally positioned, with additional resources to contribute to the implementation of the Waterloo Health Impact Assessment recommendations through acting as a 'link' between the community and the SLHD, to ensure the community has access to the necessary services to support them during this time of upheaval. The program should be integrated into any future strategic response to the Waterloo redevelopment.

3. Involve the community in the program of work

Membership and terms of reference of the Community Advisory Group (CAG) could be revisited and enhanced to ensure that community voices direct and support the work of the program, including identifying and prioritising health issues for follow-up, and ensuring that the community are aware of and able to engage with the program. In addition to the CAG, incorporating co-design principles and additional supplementary approaches tailored to different sections of the community, could be implemented to ensure that the Waterloo community can engage in decision making and planning processes that affect their lives.

4. Establish ongoing mechanisms to improve collaboration between the Waterloo Health Living Program, individual SLHD services and the community

Mechanisms could include: routine reporting of outcomes of referrals; running a seminar showcasing existing collaborations, such as between the WHLLW and the Sydney Dental Hospital; developing Memorandums of Understanding between the Program and the health services that clearly state how the interactions will work; and appointing a 'service mentor' in each relevant service, who would be the point of contact for referral and would work with the Program to investigate and implement a more systematic approach to improving service access and delivery models for individuals and the community as a whole.

5. Link the Waterloo Healthy Living Program with other similar programs within SLHD or wider

Helping disadvantaged people, and those who are disconnected from services, navigate the health system can be challenging. Linking the Program with other similar programs may foster a mechanism of change as well as provide a supportive collegial mentoring network.

INTRODUCTION

Rationale for the evaluation

The suburb of Waterloo has a number of vulnerable populations, including those who are economically disadvantaged, from racial and ethnic minorities, older people and children. These populations often have health conditions that are exacerbated by barriers to accessing health care, and their health problems often overlap social issues related to housing, poverty and inadequate education.[1, 2]

Sydney Local Health District (SLHD) has been working with the Waterloo community to address these health concerns. The Director, Integration and Partnerships at SLHD asked the Centre for Primary Health Care and Equity at the University of NSW to review the recently introduced Waterloo Healthy Living Program (WHLP) to assess the extent to which the program has achieved the expectations of the community and SLHD, and to propose options or recommendations for the future of the program and similar programs across SLHD.

The emphasis of the review is on:

- Understanding the rationale for the establishment of the role
- Understanding the impact and success factors associated with other community brokerage/navigation roles described in the literature
- Assessing the extent to which the work to date has achieved community and SLHD expectations
- Identifying what has worked
- Identifying current challenges for the role
- Making recommendations for the future.

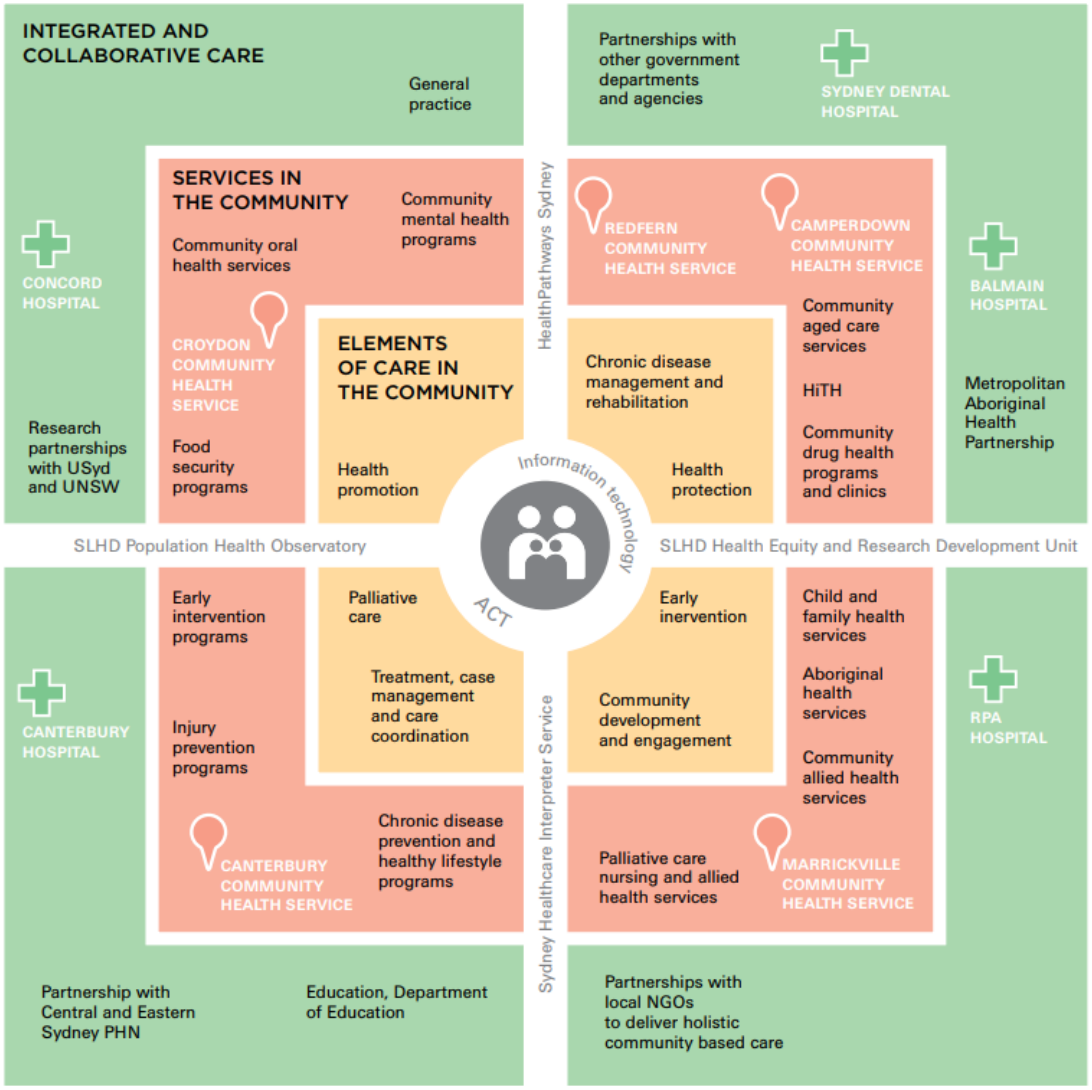
About Sydney Local Health District

SLHD is located in the centre and inner west of Sydney and is responsible for more than 640,000 residents and over one million people who work, study or visit the area.[3] SLHD provides health services and programs in hospital and community settings.

SLHD is committed to improving the health and wellbeing of the community and to advancing 'health equity and achieving excellence in health care for all', ensuring that 'the community has equitable access to high quality patient centred care'.[4] SLHD aims to be responsive to community needs and to target programs and services to those most vulnerable. The community is acknowledged as active partners in their healthcare, and SLHD works with primary health, government and non-government agencies to build strong collaborations.

In 2015 SLHD released 'Health Care in the Community', which described their Integrated and Collaborative Care Model.[5] Figure 1 describes the core principles and strategic partnerships underpinning the health services provided to the community to improve or maintain the health and wellbeing of individuals and communities.[5]

Figure 1 SLHD Integrated and Collaborative Care Model (reproduced from [5])



About the Waterloo community

Waterloo is a suburb of Sydney located about 3 kilometres south of the central business district (CBD). Figure 2 shows a map of the Waterloo postcode. The suburb has NSW's large public housing estate with many of the housing estate residents having significant complex needs. Over one quarter of the homes in the suburb (28%) are public housing and 90% are flats or apartments.[6]

In 2016, 14,616 people lived in Waterloo, an increase of 180% since 2001.[6] Compared with the City of Sydney Local Government Area overall, those who live in Waterloo area: have lower median weekly incomes ($1,503 vs $1,926); a higher proportion live in public housing (28.3% vs 7.8%); are Aboriginal or Torres Strait Islander (3.0% vs 1.2%); and live in a household where a non-English language is spoken (41.1% vs 36.3%). There are more dwellings in Waterloo that are flats or apartments compared to City of Sydney (89.7% vs 77.1%). Half of the Waterloo public housing residents are over the age of 60 years, 5% are children, 66% were born overseas, 8% have an Aboriginal or Torres Strait Islander background, 86% are on an aged pension, disability pension or Newstart. Three quarters of the people are single. Just over half have lived in the area for 5 years or more.

Two urban renewal projects are planned for the Waterloo area: the development of a Waterloo Metro Quarter with 700 new homes; and the redevelopment of the Waterloo Public Housing Estate with 4,800 additional homes planned.[6] A health impact assessment study has been conducted to

assess the likely health impacts of these projects, focusing on the health impact associated with redevelopment announcements and the wait to be rehoused.[6]

Figure 2 Map of the Waterloo suburb (source: modified from Google Maps)

Waterloo Healthy Living Program

Following several consultations with the Waterloo community, SLHD established the Waterloo Healthy Living Link Worker (WHLLW) position to manage the Waterloo Healthy Living Program (WHLP). During the evaluation process, the position title was changed to the Waterloo Healthy Living Program Manager (WHLPM) to better reflect the accountabilities of the role. This position will be referred to as the WHLLW position in this report. The role aimed to provide a point of connection, liaison and navigation between the Waterloo residents (focusing on the residents of the Waterloo Public Housing Estate) and SLHD to address health and well-being issues in the community.

About the evaluation

The evaluation includes three main components. The first component of the evaluation, the position establishment review, aimed to review the WHLP with an emphasis on understanding the reasons for establishing the role and associated roles, and describing the current work being undertaken. The second component of the evaluation, the literature review, was conducted to examine the impact and identify enablers for the success of other similar community brokerage/navigation roles described in the literature. The third component of the review, the key informant interviews, aimed to assess the impact of the role on the Waterloo community, non-government and government organisations and key SLHD services.

Program logic

The program logic for the role was developed to understand how the role was intended to work, to identify which areas to focus the evaluation on and to develop relevant research questions. It linked the problems or needs of the community which led to the establishment of the role with the expected activities of the role, potential outputs, and short, medium and longer-term impacts.[7] See Figure 3 for a description of the program logic. It should be noted the longer term impacts were not evaluated as it is too early to expect such changes.

For example, two needs identified by Waterloo residents and community groups were social isolation and mental health care. The activities of the WHLLW would include identification of health care needs through consultation with the community and the output would be a list of prioritised needs for vulnerable populations in the community. In the short-term it would be expected that opportunities to improve equity, integration and targeted delivery of services to address these issues would be implemented.

Research questions

The research questions for the evaluation were:

1. Establishment and expectations of the role

- 1.1. Why was the role established?
- 1.2 What was the role expected to achieve?

2. Current status of the role

- 2.1 What is the status of the work?

3. Similar roles in the literature

- 3.1 What are the impacts of equivalent or similar roles?
- 3.2 What are the factors associated with success in similar roles?

4. Impact of the role

- 4.1 Is the role functioning as expected or intended?
- 4.2 Does the role engage with community and other key stakeholders?
- 4.3 Are all stakeholders satisfied with the activities of the role?
- 4.4 What are the current challenges for the work/role?

5. Suggested improvements

- 5.1 What recommendations can be made to support the role and its ongoing impact?

Figure 3 Program logic for the role of the Waterloo Healthy Living Link Worker

Problem/Need	Inputs	Activities	Outputs		Impacts/Outcomes		
	Development of the role	**Activities undertaken by role**	**Services delivered**	**Participation**	**Short-term impact (0-18 months)**	**Medium term (18-36 months)**	**Long term (>3 years)**
-Concerns by Waterloo residents and community groups about gaps in health care and problems with access to health services -Priority areas include mental health, drug and alcohol, oral health, aged care, chronic disease, social isolation	-Develop and appoint WHLLW role -Support from services within SLHD -Support from supervisors and SLHD executive -Support from community groups -Resources	-Identification of community needs relevant to health services -Connect, liaise and help the community navigate SLHD services -Work closely with other SLHD services -Work in partnership with key stakeholders within the community -Prioritise initiatives that focus on health risks or concerns raised by the community -Facilitate and enhance communication between SLHD and other relevant services and agencies -Regularly report to supervisors/SLHD executive	-Community needs identified and prioritised -Map of available health and wellbeing services and any gaps for the community -Community stakeholders' and residents' forums conducted -Advice to the community about SLHD service availability and information -Support/facilitation for improved access and knowledge sharing -Regular communication with key SLHD services to enhance access to and provision of services for community	-Waterloo community and community groups especially vulnerable populations -SLHD service staff -Staff and members of local community groups -Staff of other relevant agencies	-Identification of gaps, unmet need, and opportunities to improve equity, integration and targeted delivery of SLHD health services and programs -Residents input into SLHD service priorities -Local initiatives and activities underway that promote access to health services -Local initiatives and activities underway for local people to share knowledge and skills within their own communities -Regular updates to community and SLHD on activities and impact	-Community have a better understanding of how to access and navigate key SLHD services -Key SLHD services acknowledge and incorporate community needs -Improved reach and delivery of more relevant and culturally appropriate services -Improved access to health services (identified as priorities by the community) -Improved communications between SLHD, NGOs and other agencies	-The community (especially vulnerable populations) empowered to navigate and access SLHD health services when needed -Community actively participating in health services planning -Increased use of SLHD services by the community -Enhanced community health and wellbeing -Improved experience of care

METHODS

Position establishment review

The position establishment review aimed to provide information on the reasons for the establishment of the role, and SLHD staff and community non-government organisations' (NGOs) expectations of the role.

Procedure and participation

We conducted:

- A review of relevant documentation about the role's establishment, including the drafts and final position description of the role, reports from the two Waterloo Health Forums, Terms of Reference and minutes of the Waterloo Healthy Living Program Advisory Committee and the Waterloo Healthy Living Program Community Advisory Committee, history of human services in Redfern and Waterloo and summaries of achievements so far based on reports to the Advisory Committees. A list of documents reviewed can be found in Appendix 2.
- Six interviews with individuals involved in the establishment of the role, including three staff from SLHD, and three members of the community NGOs who were involved in setting up the role. We audio-taped the interviews and summarised their findings (see Appendix 3 for the interview questions).
- Two interviews with the current staff member to establish their understanding of the role and the achievements to date.

We summarised this information into three sections: the rationale for establishing the position; the expectations for the role; and the status of the role including activities underway.

Literature review

The literature review was conducted to identify similar roles and review evidence on their impact and factors associated with their success. In the initial literature search we concentrated on finding terms for equivalent roles, which had similar intent and responsibilities to those of the WHLLW. The work of the WHLP overlaps with the role of community-based health workers (CHW). Patient navigators (PN) and link workers (LW) are also relevant, as these roles also have some similar objectives and responsibilities to the WHLLW. Appendix 4 summarises the key components of each role compared to that of the WHLLW. Other terms described in the literature include community health liaison, community health advisor, navigator, case manager and promotors.

The literature review focused on two aspects of the roles:

Part A: The impact of the role

Part B: The factors associated with the success of the role.

Search Strategy

Inclusion criteria	Topic: Focused on the following roles - LW, CHW or PN Study type: Review, systematic review or meta-analysis* Language: English Setting: Research conducted in Australia, Canada, Europe, NZ, UK or USA

*We limited our search to these study types as the literature on these roles is substantial and has been synthesised previously in a significant number of reviews.

We searched the free text and controlled vocabulary terms (e.g. MeSH terms) and adjusted the search terms for use in each of the following databases for studies published between 1 January 2014 and 11 August 2019: MEDLINE, MEDLINE Epub, CINAHL, EMBASE, EMCARE and Cochrane Database of Systematic Reviews. We also conducted Google and Google Scholar searches.

Study Selection

Part A: We reviewed the title, abstract and full paper (where needed) and limited our selection to reviews which assessed the impact of these roles in the community.

Exclusions: Intervention that were hospital-based.

Part B: We reviewed the title, abstract and full paper (where needed) and limited our selection to reviews which assessed the factors for success of these roles.

In order to understand the facilitators for implementing successful programs related to roles similar to the WHLLW, we modified a theoretical framework developed by Valaitis et al[8] for evaluating patient navigation programs, which was based on the Diffusion of Innovation in Service Organisations model by Greenhalgh et al.[9] Based on this framework, we reviewed the papers and classified elements associated with the successful implementation of these roles according to the following nine key factors identified:

1. Effective recruitment, selection and training of appropriately skilled staff
2. Building a trusted working relationship with the community
3. Role clarity
4. Governance and clear operational processes
5. Strong intra-organizational relationships/partnerships and communication
6. Strong inter-organizational relationships/partnerships and communication
7. Available referral services
8. Adequate human, financial, and tangible resources
9. Valuing of the workers.

Key informant interviews

Semi-structured interviews to investigate the impact of the WHLLW role were conducted with Waterloo community group members, local NGOs and government organisations and key SLHD service providers working with the role.

Procedure and participation

We identified key individuals from the community, SLHD services, NGOs and other government agencies (n=80) working with or affected by the role through; a) discussions with the supervisor of the role and the current incumbent of the role, and/or; b) a review of current reports of work by the WHLLW.

Inclusion criteria	Be a member of the Waterloo community, a staff member of NGOs operating in Waterloo, relevant government agency staff or a staff member of SLHD services operating in the Waterloo area AND Have interacted with the role in some way over the last 2 years AND Gave written and verbal consent to participate in the study
Exclusion criteria	Individuals who cannot communicate in English

Table 1 presents the number of potential participants initially identified to engage in the key informant interviews and their relevant organisations.

Table 1 Potential participant groups

Group	**Individuals identified**	**Organisations/Services identified**	
Community members	30	N/A	N/A
Non-government organisations	14	10	CE Social Equity Works, Counterpoint, Fact Tree Youth Service, Inner Sydney Voice, Program Support Creativity Australia, Redfern Community Centre, REDWatch, Settlement Neighbourhood Centre, Uniting Church Waterloo, University of Sydney, Weave Youth Services, and With One Voice Redfern.
Other government organisations	13	8	Advocate for Children and Young People, Central and Eastern Sydney Primary Health Network (CESPHN), City of Sydney, Department of Communities and Justice (DCJ), Land and Housing Corporation (Waterloo), local school, Sydney Food Lab, and Waterloo Wellbeing and Safety Action Group.
SLHD staff	23	10	Aboriginal Health, Chronic Care, Community Health, Sydney Dental Hospital, Drug Health, Health Promotion, Health Equity Research and Development Unit, Mental Health, Planning, and Population Health

Within each of the four groups, individuals were ranked by 'priority', depending on the level of interaction they had with the WHLLW. Each stratum within the groups was assigned random numbers, which were then sorted. The first eight key informants were approached for each group with six being priority and two not. If individuals did not want to be interviewed the next participant on the list was contacted.

The supervisor of the role and/or the current incumbent sent an email invitation to the potential informants, inviting them to participate in the key informant interviews. Some community members without email addresses were contacted by phone. If individuals were willing to participate, they emailed a response, or their response was forwarded to one of the researchers. Once this email was received, the researchers contacted those individuals and (1) confirmed they met the eligibility criteria, (2) provided additional information about the study, (3) answered any questions they might have regarding the research and (4) organised a suitable time for the interview. (A reminder email was sent to any potential informants who had not responded within 14 days of the initial invitation email). Thirty-nine potential participants were contacted.

Ethics approval for the study was granted by SLHD Ethics Review Committee (RPAH Zone) X19-0357 and 2019/2019/STE16400.

Data collection and consent

Interviewers used a semi-structured interview guide (Appendix 5) with questions focusing on the impact of the WHLLW role. The interviews were conducted independently by two interviewers via telephone, video call, or face-to-face at a time convenient to the participants. Interviews lasted between six and 25 minutes. Interviews were recorded with consent and transcribed verbatim.

We conducted 21 interviews (Response rate=21/39= 54%) between 9 February and 26 March 2020 with participants from the following groups:

- Seven interviews with community members
- Four interviews with representatives from NGOs
- Four interviews with representatives from other government organisations
- Six interviews with SLHD staff.

Data analysis

The interviews were coded thematically, which is a systematic way of organising, analysing, and describing the dataset.[10] Data analysis occurred in stages, starting with coding, making comparisons, deriving concepts, and then developing themes from the data.[11, 12] Themes were further refined as more interviews were analysed. Researchers met regularly during this phase to discuss new codes and concepts to ensure methodological rigour.

Where themes overlapped with 'factors for successful implementation' identified in the literature review, we used terminology compatible with the literature.

Limitations

A list of potential participants for the key informant interviews was provided by SLHD. Potential participants were initially contacted by SLHD staff. This may have influenced participation in the interviews.

The response rate was 54%, therefore if the expectations and judgements of those who participated differed from those who did not, this may have introduced bias and led to incorrect conclusions. However, similar themes emerged across the different groups, suggesting that we were capturing most of the important issues.

RESULTS

1. Role establishment and expectations

The results for this section on the role establishment and expectations were based on the WHLLW position establishment review which included:

- A review of relevant documentation about the WHLLW role's establishment
- Short interviews with six individuals from SLHD and community NGOs involved in the establishment of the role. The interviews were conducted between June 13 and July 17, 2019.

1.1 Why was the role established?

Situation prior to the establishment of the role

In 2013, SLHD advised the Waterloo community that it would establish a needle dispensing machine in Waterloo housing estate as part of its harm minimisation program. It was reported that this raised a public outcry as the community was concerned about the safety of residents and their children. Following discussions between the SLHD CEO and local community non-government organisations (NGOs), Counterpoint Community Services and REDWatch, the Manager of the Harm Minimisation Program at Redfern Health Centre was appointed as a liaison officer to help address these concerns. The Manager worked successfully with the community and other service providers, such as the police, to address their concerns and link the community to SLHD Drug Health Services and other SLHD services. The residents had one person to contact, and when more complex issues were raised, they were quickly escalated to the General Manager of Drug Health Services and SLHD Executive to be actioned. When this liaison officer resigned, the responsibilities of the position were shared among various members of the Drug Health team.

In 2017, representatives from three local community NGOs, Counterpoint Community Services, REDWatch and Inner Sydney Voice, met with the Chief Executive of SLHD to discuss their concerns. Specifically: the change from the dedicated Drug Health liaison officer to the Drug Health team not meeting the needs of the community; residents with mental health problems causing disturbances in the area and not having the necessary support from the health services; and the potential health impacts of the redevelopment of the Waterloo housing estate and surrounds. The community representatives also promoted the need for the broader community to discuss their concerns with representatives of SLHD and the need for a worker to link SLHD services with the community.

As well as the drug and mental health issues previously identified, the community representatives raised a range of issues and concerns including:

- The importance of connectiveness within the community with special concerns around social capital, physical capital, having light and safe spaces
- Advocacy by health to achieve healthy environments and lifestyles
- The need for long term commitment and continuity from government agencies
- Assistance with navigating and accessing health services including the source of care, Emergency Department (ED) vs General Practice (GP), choices and costs of surgery, source and cost of prescriptions
- A need for a health office to be set up in the Waterloo housing estate–where people could drop in and discuss their problems with accessing services
- Concern about people with complex health and social problems (such as housing issues, cultural issues, squalor and hoarding) who were falling through the gaps

- Need for the availability of relevant information about health pathways so the person can make their own decisions especially around how to get care, and how long it will take and cost
- Health and other service agencies taking a holistic approach to individuals with problems and the need to conduct full assessments – social, emotional and clinical.

Establishment of the Link Worker position

In September 2017, a two-day forum, 'Building a healthy and resilient community in Waterloo now and into the future' was jointly planned and sponsored by SLHD, Counterpoint, Inner Sydney Voice and REDWatch. It was attended by over 130 people including residents, community group representatives, NGOs, SLHD, and other government agencies. The Chief Executive of SLHD announced they would fund a new position that would 'assist people in finding services, healthcare, and support and in developing and empowering the Waterloo community'.[6]

Other outcomes of the forum included undertakings to:

- Hold regular community forums every 6 months
- Commit to the development of employment opportunities for the Waterloo community in SLHD
- Conduct a health impact assessment on the proposed Waterloo re-development.

Community representatives worked with SLHD to develop the job description for the role and were eager for the worker to be located in the community, and to report to the community. The WHLLW position was established in September 2017 by SLHD. The position was to report through the Executive Director, Clinical Services Integration to the Chief Executive.

A second community forum, 'Strategies for improving health and well-being of the residents of Waterloo now and into the future' was held in May 2018. This forum focused on how SLHD had addressed issues raised in the first forum and further discussion about specific issues related to drug and mental health.[13] The WHLLW played a significant role in organising and facilitating the forum, and presented about his role, his view of the community needs, the challenges of the position, and the next steps.

1.2 What was the role expected to achieve?

The purpose of the role

Those involved in the establishment of the position had different views and approaches to the purpose and functions of the role, how it would work and what it should do.

The purpose of the role defined in the original position description, finalised in September 2017, was 'to provide a point of contact, liaison and navigation between SLHD and the residents of Waterloo and to address health and well-being issues'.

The skills and experience for the role

Most interviewees felt the most important skill for the position was good communication skills, so that the role could work with, and connect to, the community members and staff from NGOs, other government services and SLHD. Being trustworthy, patient and caring, and able to gain the respect of people across all ages and backgrounds were also important. It was also mentioned that the potential incumbent needed to be resilient, assertive, flexible and creative so that they could navigate through difficult situations and work with others to find creative solutions. Other skills seen to be important included the ability to know how to prioritise issues and when to escalate issues. Previous experience managing expectations of individuals, groups and organisations was also seen as advantageous.

Many interviewees also felt that the incumbent needed a good knowledge of the issues and needs of the Waterloo community and up-to-date knowledge of health services and how to connect to them. Some felt that this knowledge could be gained through appropriate training. Most interviewees felt that the role did not require a health or clinical background.

The importance of a good governance structure in place to support the role was also raised.

Expected functions and activities of the role

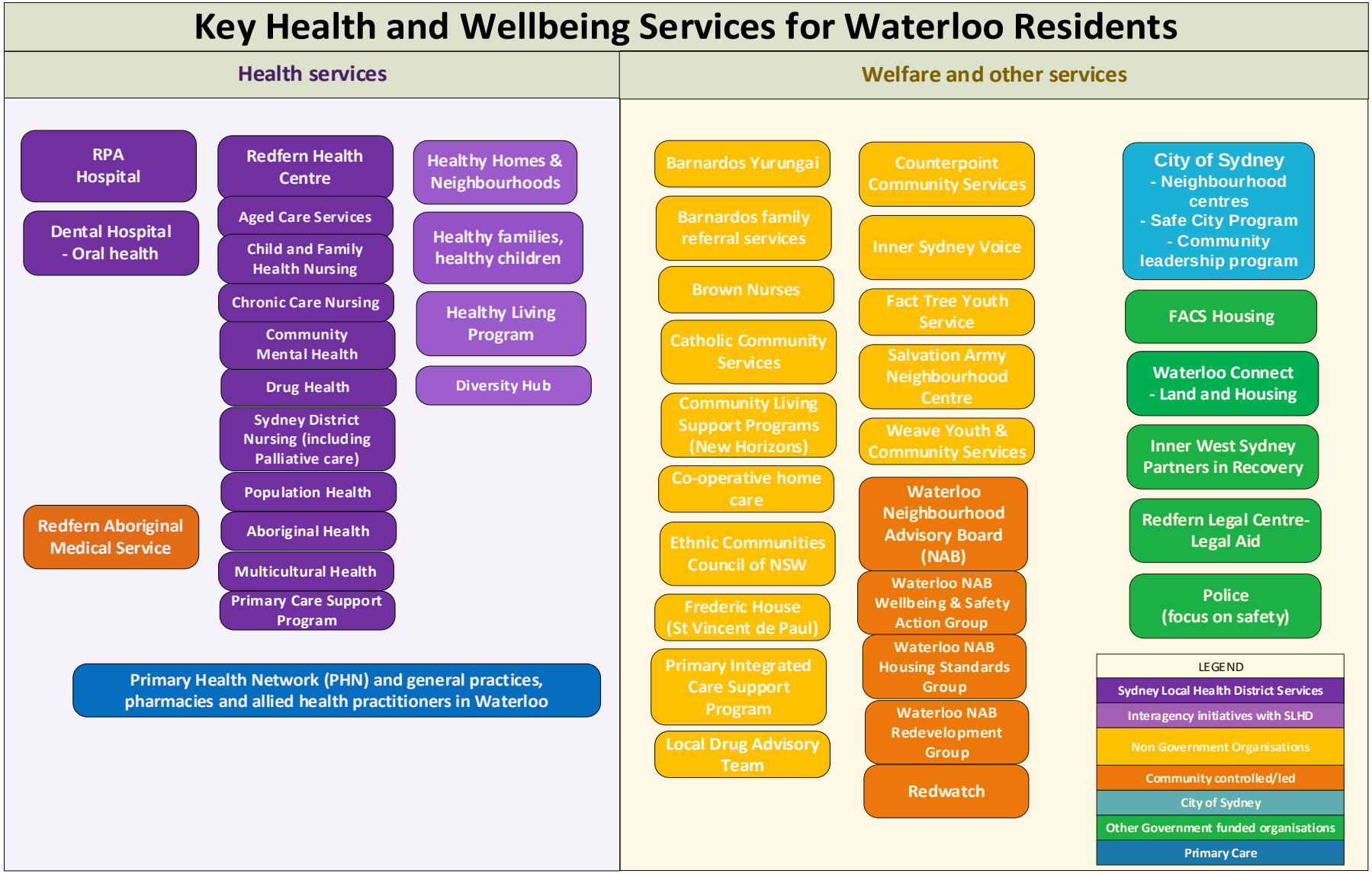
Table 2 describes the four main functions expected of the role by individuals involved in its establishment.

Table 2 The four main functions/responsibilities and activities expected of the WHLLW role

Functions	Activities
1. Identifying health needs of the community	• Communicating and connecting with the community, NGOs and other services in the area (formal or informal) to hear their concerns about health services • Identifying gaps in service provision and where things are not working and how to respond • Encouraging community consultations and input by attending community meetings • Supporting community forums
2. Providing navigation to facilitate access to health services for individuals, groups and the community	• Assisting community members to navigate the health system • Enhancing visibility and accessibility to existing services • Working with SLHD services to address health concerns, improve access and promote service delivery that is responsive to community needs
3. Acting as an 'advocate', 'broker' or 'link' between the community, other agencies and health services	• Facilitating improved connectedness and communication between the community, other agencies and SLHD services by: ○ acting as point of SLHD contact to/as a proxy in the community ○ building trust with the community and NGOs ○ having a consistent presence ○ being a conduit back into health when a problem is identified
4. Supporting community development activities	• Improving health literacy of the community • Supporting activities to reduce health disparities and improve the wellbeing of the community

There is a wide range of health, welfare and other services available to the Waterloo estate residents which the WHLLW will ultimately need to work with. Figure 4 provides an overview of the key health and other services we have identified that work with residents or are available in or near the Waterloo housing estate. The health services include hospitals, health centres, primary care services, aged care, condition specific services and prevention programs as well as interagency programs. The welfare and other agencies include neighbourhood and community services, City of Sydney, housing, police, legal services, and group specific services.

Figure 4 ***Overview of key health and welfare services for Waterloo residents***



2. Current status of the role

The results for this section are based on the position establishment review which included:

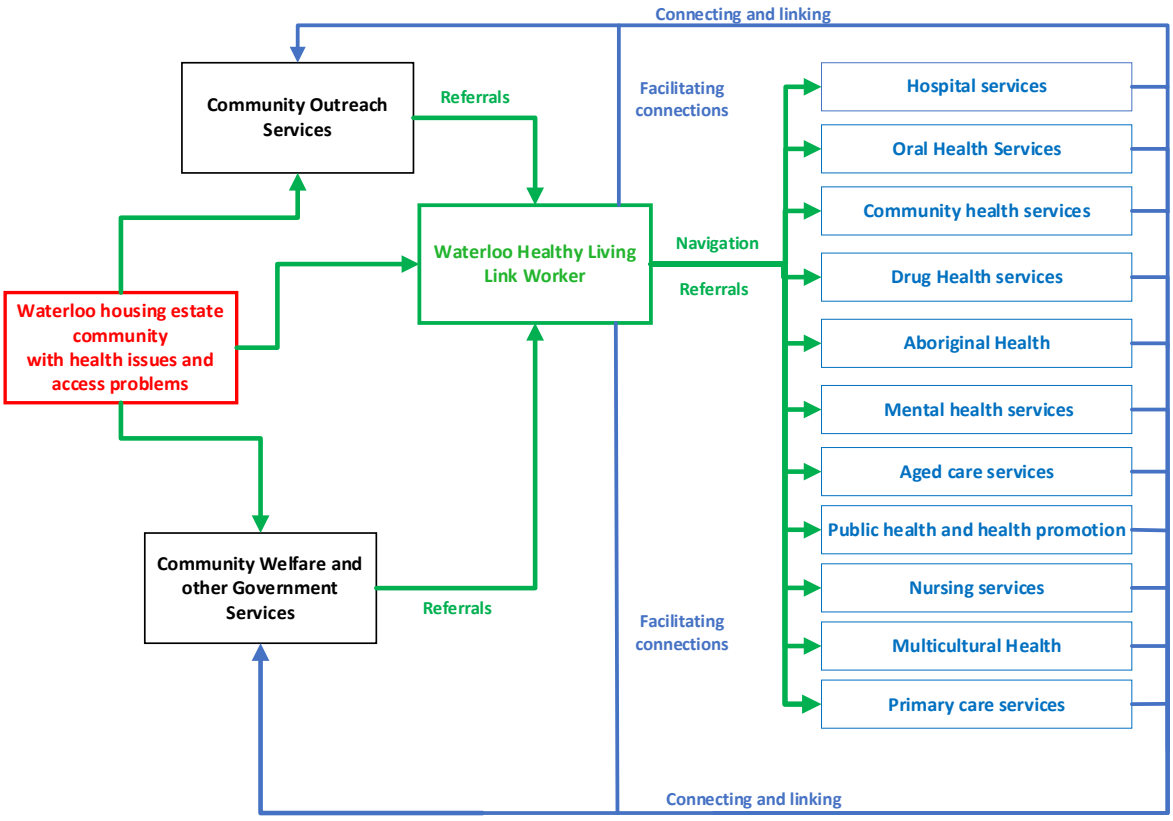
- A review of relevant documentation related to the establishment and current activities of the role
- Interviews with the current incumbent of the position.

2.1 What is the status of the current role?

The main purpose of the role was to be 'a point of connection, liaison and navigation between SLHD and the residents of Waterloo' and 'to address health and wellbeing issues both at an individual level and at a systems level'. The job description was wide-ranging and had an extensive list of responsibilities/accountabilities. (see Appendix 6)

Figure 5 provides an overview of the complexity of the role and the number of different services and referral pathways that the WHLWW has to negotiate.

Figure 5 Overview of the service environment of the WHLLW



The WHLLW appears to have made considerable progress in addressing the key accountabilities of the Position Description. Appendix 6 provides a summary of the activities and achievements to date (May 2020) against the key accountabilities described in the Position Description for the role.

3. Similar roles in the literature

As described in the Methods section, we conducted a literature review of roles similar to the WHLLW role to identify:

(a) Evidence of their impact and

(b) The factors associated with their success.

For this review, we identified similar roles in the literature. These included CHWs, LWs and PNs.

Although the work of the WHLLW is most closely aligned with that of CHWs described in the literature, LWs and PNs are also relevant to the review as these roles have similar objectives and responsibilities. However, these roles currently differ in three main ways from the WHLLW.

The WHLLW currently has a more senior level of responsibility and accountability, and expectation that they will bring about system change, they are not part of a defined team, and their work has an exploratory nature. The focus of the WHLLW work on service navigation and brokerage meant that community development workers were not included in the literature review. Appendix 4 summarises the key components of each role compared to that of the WHLLW.

Community health workers (CHWs)

They are "front-line public health workers with a good understanding of their community", which "allows them to act as an intermediary between health, social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery".[1]

Link Workers (LWs)

They work within UK general practices and use a model called 'social prescribing' to ensure vulnerable patient are linked to both appropriate health and social services if needed.[14]

Patient Navigators (PNs)

First established in the USA to assist with access to cancer screening or care by marginalised populations, and more recently have PNs have expanded into diabetes prevention and self-management, smoking cessation, disease education, and also addressing social and financial barriers to care.[15]

We initially identified 424 studies from MEDLINE, MEDLINE Epub, CINAHL, EMBASE, EMCARE, Cochrane Database of Systematic Reviews and searches of Google and Google scholar. One third of articles were duplicates and excluded (n=137).

The titles and abstracts of 287 articles were screened and a further 216 articles were removed, as they were not reviews, did not contain information about CHWs, PNs, LWs or equivalent workers, were hospital-based interventions, or presented information related to workers in developing or low-income countries. An additional 17 reviews were identified via the reference lists of the papers or cited by papers in the OVID MEDLINE collection. The full text of 88 studies were reviewed.

Appendix 7 presents the findings of the search strategy and the study selection.

Table 3 described the characteristics of the reviews.

Table 3 Impact review characteristics

Review Characteristics		No of studies
Type of review	Systematic review (no meta-analysis)	26
	Systematic review and meta-analysis	4
	Other review: Scoping or synthesis review	3
	Systematic review of reviews	1
Intervention worker	CHW (including Aboriginal Health Workers)	19
	PN	8
	LW (social prescribing)	3
	CHW and PN	1
	Community navigators / health service brokers	3
Populations	A mix of disadvantaged/vulnerable populations	10
	Individuals with or at-risk chronic disease	12
	Those from racially, culturally or linguistically diverse backgrounds	8
	Specific age groups e.g. children and infants	2
	Primary care/ambulatory patients	4
	Indigenous peoples	1
	Low income	2
	Average risk population	1
Health topics	Chronic disease management	13
	Multiple conditions/Mixed topics	7
	Cancer screening	7
	Screening for type 2 diabetes (T2DM) and cardio-vascular disease (CVD)	4
	Child health/vaccination	2
	Health and welfare service navigation	2
	Mental health	1
	Other	1

3.1 What are the impacts of equivalent or similar roles?

Thirty-four studies contained information relevant to the impact of the workers.

The main impacts reported by the reviews included: access to services (n=15), general health and quality of life (n=13), clinical indicators (including measures of blood glucose control and kidney function, viral load) (n=10), prevention and risk factors of chronic disease (n=8) and health service use (n=7). Most studies that assessed service access focused on the uptake of breast, cervical and/or colorectal cancer screening. Other impacts reported in reviews included: prevention and risk factors for chronic disease including physical activity, diet, and Body Mass Index (BMI), health service use (hospital and ED use), economic indicators (including cost-benefit, cost-savings and cost-effectiveness) and symptoms.

Impacts of equivalent roles

Access to services. Fifteen reviews reported on impacts related to access to services. Most reviews evaluated interventions to improve the uptake of cancer screening in underserved populations. The evidence for the effectiveness of these interventions is strong with 11 of the 12 reviews[1, 16-25] showing positive impacts on screening rates for breast, cervical and/or colorectal cancer. Two reviews conducted meta-analyses of the data. Ali-Faisal et al meta-analysed 25 studies and found that the PN programs significantly improved uptake and access to cancer screening, adherence to

follow-up cancer treatment and attendance at recommended care events,[17] while another meta-analysis found significant improvements in uptake of colorectal cancer screening.[18] Neither meta-analyses found a significant change in follow-up of positive results. CVD and diabetes screening rates were also improved when supported by PNs, CHWs and community navigators.[1, 23, 24] One review examined the impact on screening for hepatitis B virus and found lay health workers increased testing rates.[26] All four reviews[17, 26-28] that examined the impact of workers on improving access to health services for vulnerable populations found improved use of services by these populations.

General health and quality of life. The results of the 13 reviews on the impact of worker interventions on general health and quality of life were mixed. Five reviews found positive impacts,[1, 23, 29-32] four found no impact [24, 33-35] and two reported mixed results.[36, 37] Pescheny et al found mixed results when objective measures were used, while more positive results were found when qualitative methods were employed.[37] It should be noted that the methods for the measurement of the general health and quality of life varied considerably across the studies reviewed, in part explaining the heterogeneity in these results.

Clinical indicators. Of the ten reviews that evaluated clinical indicators, eight showed a positive impact of the worker interventions. The effect of the interventions was in part dependent on the conditions being treated. For example, of the four reviews that reported on asthma clinical indicators or outcomes studies, two found no effect,[1, 30] one a mixed impact[31] and one found a positive impact[38]. All eight reviews that assessed blood sugar control for T2DM reported improvements in HbA1c levels.[1, 23, 24, 33, 38-41] There were more mixed results across reviews for clinical measures such as lipid levels and blood pressure.

Symptoms. Four reviews reported on symptom control as an impact of the interventions evaluated. Two reviews reported on asthma symptoms with mixed results[30, 31] and two reported improvements in symptoms related to depression and other mental health conditions.[32, 42]

Prevention and risk factors for chronic disease. Eight reviews reported on various impacts related to prevention and risks factors for CVD and T2DM.[1, 23, 25, 28, 33, 34, 43, 44] All reported improved health behaviours, except for one review which showed mixed results.[28] Evidence for improvements with worker interventions appear to be strongest for physical activities, diet and measures such as BMI, waist circumference and weight.

Economic indicators. Five reviews presented information on the economic impact of the worker interventions, including cost-savings, cost-benefit and cost effectiveness studies.[1, 29, 45-47] Most reviews reported positive cost impacts when compared with alternatives and also cost-effectiveness for certain health conditions, including for the management of T2DM and the prevention of CVD.[1, 29, 46, 47] The effect appeared to be strongest where the intervention was aimed at low-income, underserved, and racial and ethnic minority communities.

Health service use. Seven reviews examined preventable health service use.[23-25, 29-31, 45] Only three reviews found a positive impact.[23, 25, 45] Jack et al found the majority of studies reviewed showed a significant decrease in Emergency Department (ED) visits and in urgent/unscheduled care visits for patients with chronic disease.[45]

Client satisfaction. All four reviews reported evidence of improved client experience and satisfaction with workers.[19, 24, 29, 48] Three of the reviews evaluated PNs with one review focusing only on the quality of the patients' health care experience.[48] This review included four studies and showed improved satisfaction, although none were statistically significant. Bickerdyke et al identified eight studies which looked at overall satisfaction with LW services and found six that showed improved satisfaction with care.[29]

Social indicators. Four reviews assessed the impact of these interventions on social indicators such as social isolation, loneliness and self-esteem.[29, 36, 44, 49] The most comprehensive review was conducted by Pescheny et al, who found that eight out of nine studies revealed social prescribing interventions with LWs led to improvements in self-esteem or self-confidence, seven out of eight

improved social interaction and reduced social isolation and four out of five showed service users were helped with welfare, employment or housing issues.[44]

Vaccination rates. Jaca et al conducted a review of interventions to improve vaccination rates for infants. Only one study, a Randomised Control Trial (RCT), was identified that included a CHW intervention.[50] This study showed a small but significant improvement in vaccination rates.

Limitations of the review

The literature review was limited to reviews related to CHWs, LWs and PNs, working in the community with vulnerable populations. Although some of the WHLLW's role is community development work, the literature on community development workers is extensive and due to limited time was not included.

Only four reviews conducted meta-analyses of the data from the studies identified in their reviews. Many of the reviews assessed the quality of the studies examined and noted substantial variation. Most studies in the reviews were rated as low to moderate quality. This was mainly due to the difficulty in blinding participants, providers and evaluators to the intervention. Other reasons for the lower quality ratings included small study size, short follow-up time, high drop-out rates at follow-up, and using per-protocol analysis instead of intention to treat analysis. Several review authors also commented on the heterogeneity of the studies, and that the intensity, content and frequency of the intervention were often incompletely reported. Where reported, it varied across studies, making definitive conclusions about which interventions worked best, and for whom, difficult.

3.2 What are the factors associated with the success of other similar roles?

Eleven studies contained information relevant to the barriers and facilitators of their work and 13 additional studies related to barriers and facilitators were sourced to provide a more comprehensive and updated view of the factors related to the success of these workers. Eight more studies were reviewed but were excluded due to lack of relevance to the topic. Most studies were systematic reviews (n=11), six were scoping or synthesis reviews, three were reviews of reviews and three were other study designs.

The focus, target populations, intervention content and timing varied across the reviews and studies. A supplementary document is available which summarises the characteristics and results of each review that reported on the facilitators and barriers to the successful implementation of community health workers, patient navigators and link workers.

Factors associated with success

In order to understand the facilitators for implementing successful programs related to roles similar to the WHLLW, we modified a theoretical framework developed by Valaitis et al[8] for evaluating patient navigation programs based on the Diffusion of Innovation in Service Organisations model by Greenhalgh et al.[9] The key elements were categorised according to nine factors associated with the successful diffusion of new innovated programs in health.[7]

Table 4 presents the factors and elements associated with successful implementation and maintenance of similar roles with the supporting evidence.

Table 4 Factors associated with successful implementation and maintenance of similar roles

Factors	Elements describing each factor
1. Effective recruitment and training[1, 8, 16, 19, 21, 23, 29, 33, 37, 38, 42, 43, 51-58]	• Recruitment of workers with appropriate knowledge and skills including: good communication skills,[1, 16, 29, 53, 54] good networking skills,[16, 37, 53] knowledge of their community,[56] and professional skills including customer service and leadership[16, 43, 55] • Recruitment and selection of workers with shared culture, language, tradition with target population[16, 19, 23, 33, 43, 52, 57, 58] • Training/mentoring (initial and ongoing) for the role: - Training on the worker's roles and responsibilities/'core competencies'[8, 16, 21, 23, 29, 33, 42, 43, 51, 57] including: communication skills,[38] counselling,[38] problem solving,[8, 38] orientation to the needs of the population (e.g. geographic restrictions, language barriers, respect for cultural values),[38, 43] social determinants of health,[38] health outreach and advocacy, content based knowledge (e.g. specific diseases)[16, 23, 55] and what services are available and how to facilitate & coordinate access to services[16, 23, 51, 53, 55]
2. Building a trusted working relationship with clients and the community[1, 8, 19, 23, 27, 29, 37, 38, 43, 44, 51, 53, 54, 56-60]	• The workers' ability to: - Build trust and respect within the community[1, 19, 23, 27, 37, 38, 43, 56, 59] - Demonstrate respect for individuals and empathy[27] ensuring confidentiality - Be non-judgemental[53] and flexible to consider the needs of the community[37, 44, 54, 56] - Act as an advocate for the community both at an individual level and group level[27, 56, 58] - Be able to engage with clients[27, 29, 43, 51] - Maintain a good working knowledge of the assets in the community through engaging directly with community-based organisations[54] - Have knowledge of the range of health and community services available in the community[53] - Be able to gain the support of community leaders - Tailor activities and interventions to the population groups[8] - Work with public relations to promote the activities and programs within the community • The program's support for community embeddedness and ensuring the community feels a sense of ownership of the program[38,33, 43, 57] including: - Pre-program consultation with community leaders[60] - Community participation in worker selection[60] - Community involvement in planning, budgeting, priority-setting and monitoring of the program/worker's activities[8, 58, 60] including the establishment of a community-based steering committee. - Development of a community charter[8] - Community control for Indigenous programs[57]
3. Role clarity[8, 33, 37, 38, 44, 51, 56, 58, 60]	• Clear understanding of the worker's role and the program[8, 33, 38, 51, 56, 58, 60] - Provision of written agreement specifying roles and responsibilities, work conditions, remuneration and worker's rights[60] - Development of guidelines/manual that describes the role of the worker and all resources needed including training[33] - Standardised trainings, briefings, and networking events for involved partners[44] • Shared understanding of the role by community and partners from different sectors[37, 51] including clarity around role boundaries with the community, community organisations and service providers[8] e.g. the role not providing clinical services.
4. Governance and clear operational processes[8, 21, 29, 33, 42, 44, 51, 57, 58]	• Provision of supervision and steering committee oversight[8, 33 21, 42, 51] including fidelity monitoring/performance management[42, 58] • Policies and procedures to support the program:[8, 21, 29, 42, 51, 57] - Careful development of planning processes[8, 44] - Establishment of documentation mechanisms[29] - Mechanisms to address referral challenges[29] - Regular communication between agencies for planning purposes[8, 33]

Factors	Elements describing each factor
5. Strong intra-organizational relationships/partnerships and communication[8, 37, 38, 44, 51, 56-58]	• Development and maintenance of strong relationships between the worker and relevant health services and their staff:[8, 38, 51] - Ability to engage with health professionals[29, 51, 56] - Health service staff aware of the role and understand the scope of the role[37, 51, 57] - Commitment to work with the program from all involved[8] - Good communication channels with health service staff[29, 44, 51, 58] - The workers to be treated as members of the health service staff team[37, 51] - The workers to understand who to contact at the relevant health services for referrals and how to escalate systemic issues[37] including procedures in place to allow the worker to advocate and work with service providers for system change - Integration of worker programs into health care system as part of healthcare planning[1, 19, 25, 38, 45, 51, 56] - Mechanisms to address intra-organizational issues with power differentials and other tensions between services[8]
6. Strong inter-organizational relationships/partnerships and communication[8, 21, 29, 33, 37, 44]	• Development and maintenance of strong relationships with community and other government agencies by:[8, 29, 33] - Ensuring that other agencies and other health service providers are aware of the role and understand the scope of the role[37] - Development of communication strategies with partner agencies[8, 21, 44] - Mechanisms to address inter-organizational issues with power differentials and other tensions between agencies[8] such as service level agreements[44]
7. Availability of services[8, 37, 44, 51, 53]	• Addressing the issue of inadequate or non-existent local services for referrals[8, 37, 44, 51, 53]
8. Adequate human, financial, and tangible resources[1, 8, 16, 21, 29, 37, 38, 44, 51, 56-58, 60]	• Program requires adequate resources including:[8, 29, 38, 44, 51, 56, 58, 60] - Dedicated, committed, engaged and adequately trained staff[8, 44, 51] - Secure ongoing funding[8, 21, 44, 56, 57] - Community-based structures for worker activities[51, 60] - Remunerating the worker with financial package commensurate to job demands[1, 38, 60] - Appropriate space for the worker, which is accessible for clients and allows meetings without interruptions[8, 37, 51] - Access to transport to support home visits or health services within/outside the community[51] - Access technological resources including:[8] o client information systems to support documentation of needs assessment, scheduling and referral[1, 8, 21, 51] o internet resources to locate educational resources,[16, 38] referral services and support complex cases o email and phone to support communication with clients, and community and health staff[8] o mechanisms to address scheduling and referral issues[8] - Adequate time to deliver activities and programs[8, 51, 58] - Ensure sustainability mechanisms are in place[57, 58] - Legal infrastructure addressing professional identity, workforce development, and financing[8]
9. Valuing of the workers[8, 51]	• Valuing the workers by providing them with opportunities to be recognised and heard[8] • Professional respect and cooperation from health service staff and other collaborating organisations[51]

4. Impact of the role

The key informant interviews inform most of this section of the document. Information gathered from the position establishment review was also incorporated into relevant sections addressing the research questions: 'Is the role functioning as planned/expected?', 'Did the program produce the intended effects?' and 'What are the current challenges for the work/role?'. The key informant interview quotes in this section are anonymised and marked with the grouping type (community member, NGO staff, other Govt staff or SLHD staff and a unique number).

4.1 Is the role functioning as expected or intended?

In this section, we describe the current achievements and impacts of the role according to the four expected functions described on p.18: identifying and impacting on the health needs of the community, providing navigation services to facilitate access to health services, acting as an advocate or broker for the community, and supporting community development activities.

1. Identifying and impacting health needs of the community

The WHLLW regularly **attends meetings and actively participates in local community committees** including the Waterloo Neighbourhood Advisory Board Wellbeing and Safety Group, Local Drug Action Team Committee, Police Community Liaison meetings and REDWatch community forum in order to identify and discuss health issues raised in these forums and support local initiatives. There is also ongoing work with individuals, NGOs such as Counterpoint, community groups, other government agencies including the Department of Planning Industry and Environment, the City of Sydney and the local public housing communities to identify their health needs.

> *The Waterloo Wellbeing and Safety Action Group – the link worker attends that on a monthly basis, and from that is able to provide input from health and access some projects that address community concerns…. I think …. the reach, the networks, the ongoing presence and the coordination of activities and different meetings and forums have been incredibly successful to date……Having a base at the factory community centre one day a week is a really good touchpoint. Residents know that they can just drop in and speak to the WHLLW. I think having a presence on the estate and you just do a drop in at a local community centre, and at the outreach …. that's how the worker's able to plan their work because they've got that touchpoint at a grass roots level of what's going on in the community. (Other govt staff 03*)

The WHLLW **has identified a number of health gaps** including the oral health of children and youth in the area. Social isolation and mental health are significant problems for Waterloo housing estate residents. The WHHLW has partnered with RedLink and the City of Sydney to support a Community Choir to reduce social isolation, improve mental health and build community connections and skills for social housing residents and the local community.

> *So with the help of the person, he highlighted that the youth health was an area which was having issues linking with oral health. (SLHD staff 06)*
>
> *…. [the choir] has been a really fantastic initiative. Yeah, it's been really positive and a lot of work, but it's been – I think had some really great benefits for people who have been coming along regularly. (NGO staff 01)*
>
> *….. it really does make you feel better, helps your mental clarity just because you have to remember, and singing and joining it makes you feel good by the end of it. (Community member 05)*

There was an expectation that the role would provide a more strategic approach to addressing community health concerns. The major area where the **WHLLW has worked with SLHD services to improve access to services is oral health**. The worker has collaborated with representatives from the SDH to create pathways to help the Waterloo community, especially those with complex health needs, youth and pre-school children to access to urgent and preventive oral health services.

So, if there is a recognition by this person that there is a community in need and oral health is a concern, we take his expertise on board and we are happy to work with him to see if we can create a pathway that will help the community navigate oral health service better. (SLHD staff 06)

So we were able to engage with the three youth services, have an MOU signed, have a dedicated person at our end who could then take referrals, so navigating the path for the youth person, as well as [the WHLLW] who's referring, is much easier rather than ringing a call centre, waiting for an answer, and trying to navigate through the general pathway. (SLHD staff 06)

But I think the community would have benefited a lot because their voice has been heard. Not so much their voice, but their concerns have been tackled, somebody did something. And I think that means a lot. (SLHD staff 01)

The role has also assisted in the organisation of the second Waterloo Community forum. A third forum has been delayed due to the Covid-19 restrictions.

2. Providing navigation to facilitate access to health services for individuals, groups and the community

The WHLLW has been working with individuals in the community to help them navigate the health system, directing them to appropriate services, and supporting their interaction with service providers.

I have a problem with [health condition] and needed surgery. And he helped me to get to the hospital (RPA), I was very sick. (Community member 04)

The big achievement I think is [to] make a health network accessible to the community, and it might seem to be a small thing to say, but it means a lot. It means a lot to the community, it means a lot to us as well. (Other govt staff 04)

This is not a model of care that we've done before. […] So this is actually a really important service, in my opinion, because of actually doing it in a different way, it's actually looking at a community and saying "What are its needs?", and actually going out and meeting people and engaging with people in that local area and thinking about how do we do things better. (SLHD staff 03)

The navigation services provided by the WHLLW to community members in collaboration with Counterpoint Community services (one day per week) and the Waterloo Housing Office weekly outreach (half a day per fortnight) were seen as an important avenue for identifying individuals with health needs and assisting them to access services.

The weekly outreach in Waterloo, as well, I believe has been very successful and has high attendance from local residents. I know that the WHLLW has been instrumental in getting that set up and attending and being able to answer those health questions as residents drop into that – and also having a base at the factory community centre. (Other govt staff 03)

A number of key informants described **the importance of the individual navigation services** provided by the WHLLW to the community, and its impact and responsiveness to community need.

So, our impression is that the WHLLW, is doing some good stuff, he's doing some good stuff around the sort of working with individual people to help them access services. (NGO staff 04)

I think navigation is his key strength. It's navigating services for the vulnerable population as well as also setting up linkages for us in the community, those are the two strengths, I think. Yes, absolutely. (SLHD staff 06)

So it's achieved in supporting families, youth and individuals and communities through a complex health system … And I have seen some massive outcomes that come back with positive results from that, instead of it being a long waiting list becomes a shorter waiting list. Those individuals or families are getting the treatment or support they need immediately as they should. (NGO staff 02)

Several key informants reported that the involvement of the WHLLW had led to **individuals being more engaged with the various health services** that they have been directed to. This has been demonstrated by them returning for scheduled visits and feeling supported with their health needs.

> *I think there were many, many patients, homeless patients, some patients, they have complex social issues and they weren't willing to come to [SLHD service], they didn't feel that they could go anywhere. And it was good, because through [the WHLLW] we were able to provide them that personalised service. They're no longer a number, they come in, and somebody sees them, meets them, takes them there, speaks to them, see how they are going. So it's providing that feeling to patients that their health really matters to us. (SLHD staff 01)*

> *And we've noticed that because [the WHLLW] has been involved, the patients' attendance rate has been higher. (SLHD staff 01)*

> *And I have seen some massive outcomes that come back with positive results from that […] a lot of the clients in Waterloo and Redfern are not being retraumatised within the health system. It seems that re-traumatisation seems to be decreasing. A lot of them are willing to readily engage back with health services. (NGO staff 02)*

3. Acting as an 'advocate', 'broker' or 'link' between the community, other agencies and health services

The WHLLW has facilitated improved connectedness and communication between the community, NGOs and SLHD services. The key informants reported that the WHLLW was a **consistent presence** in the community and in various committees where he represented SLHD. He had also **built trusted working relationships with community members** and better understanding of the needs of the community.

> *I think having the same person in the role, over a consistent period, and where that position has been routinely reliable, that makes all the difference to that engagement, that relationship building. ……So I think having the same person, consistently turn up at the same time, every day, every week, is what makes that role successful. (NGO staff 02)*

> *The first thing is a consistent face. So a presence. A presence in the health service, in the community, where the community knows that's [the WHLLW]. So to have that presence and that face there in the community, it is extremely valuable. (SLHD staff 05)*

> *…and he's got the trust [of the community]. (NGO staff 01)*

The WHLLW led the work with SDH acting as **a 'link' to facilitate a number of activities aimed at improving the delivery of oral health services** to the community for disadvantaged young people in the Waterloo area.

> *So we were able to engage with the three youth services, have an MOU sign[ed], have a dedicated person at our end who could then take referrals, so navigating the path for the youth person, as well as case manager who's referring, is much easier rather than ringing a call centre, waiting for an answer, and trying to navigate through the general pathway. (SLHD staff 06)*

> *And I'm glad, because we were able to do something for that community that really needed that help. And had he not referred them, they would still be in pain, and waiting, and leaving it for later. (SLHD staff 01)*

In his role on the Aboriginal Mental Health Steering committee, the WHLLW has worked with SLHD Aboriginal Health Unit to develop and facilitate Aboriginal youth mental health consultations, forums and projects that can be jointly delivered by SLHD and NGO partners. Most recently, the WHLLW has worked with SLHD Drug Health services on smart recovery at the Waterloo Community Centre and is also working with SLHD Diversity Hub to support the delivery of health information sessions to Chinese social housing residents in Waterloo.

Generally key informants reported that the WHLLW has **effectively facilitated collaboration between stakeholders within SLHD, NGOs and other government organisations** to connect the community to the required service.

> *So I think it's really effective in navigating the different teams within the different government districts […] Whether it's with community workers that are dealing directly with clients and can make those referrals, or whether it's that direct connection from resident to worker. (Other govt staff 03)*

4. Supporting community development activities

The WHLLW has been building closer relationships with health staff and the community, the NGO sector and other government agencies in order **to support health literacy**. The worker has provided them with resources such as GP lists, psychiatrist lists, referral forms and health promotion material. He has co-ordinated a range of activities connecting the community, NGOs, government agencies and SLHD services **to improve the health and wellbeing of the community**. These include: organising the first Waterloo Health Expo held last November with a wide range of SLHD health services;[a] connecting SLHD Diversity Hub to culturally and linguistically diverse (CALD) communities in Waterloo; and working with Diabetes Australia to deliver healthy eating and exercise sessions for Redfern and Waterloo residents.

> *I think there has been a couple of things that have really worked quite well, and one of them was the Health Expo that was held, in terms of getting a range of health organisations together. (NGO staff 04*)

> *The big achievement I think is make a health network accessible to the community, and it might seem to be a small thing to say, but it means a lot. It means a lot to the community, it means a lot to us as well. (Other govt staff 04)*

> *He has brought in other health organisations like Diabetes Australia, and Drug Health, and Mental Health to different community events, and Multicultural Health. (NGO staff 02)*

4.2 Does the role engage with community and other key stakeholders?

Almost all key informants reported the WHLLW has successfully engaged with the community including specific groups such as Aboriginal peoples.

> *Good links with the Aboriginal community, which is important, as it's a high Aboriginal population in Waterloo. ….. Seems to be good engagement (SLHD staff 02)*

> *The WHLLW participated in the weekly outreach sessions that have happened, so that's a way of being able to, sort of, make direct contact with people who have health concerns. (NGO staff 04)*

There was a concern that a large proportion of the community may not be aware of the WHLLW.

> *I think, he engages well with the community, or some segments of the community. I would say it's the active community, the noisy people, and there's a lot of other community that probably wouldn't know anything about it. (SLHD staff 04)*

Key informants also stated that the WHLLW has supported SLHD services to engage with various sectors of the community:

> *The Health Expo …… a lot of community members came, there were a lot of services represented, so, people could engage with a number of both district health services and other government (SLHD staff 02)*

[a] Services included: Aboriginal Health, Breast Screen, Child and Family, Allied Health, Camperdown Child and Family Health, Diversity Programs, Healthy Homes and Neighbourhoods, Drug Health services, Hepatology at RPA, Mental Health, NDIS services and Oral Health.

I think the WHLLW's engaged very well with Aboriginal health staff, I think that's worked really well, and there's been a bit more health promotion going on there, there's the Hub, and things like that. (SLHD staff 03)

And he went out of his way to engage on our behalf and speak on our behalf. And then we were getting almost no consents and dropping off that site in - from our project, we got a really good response and the site was continued as one of the sites for our project, which was really good. (SLHD staff 06)

4.3 Are all stakeholders satisfied with the activities of the role?

Information for this research question is based on the key informant interviews. Community member participants were asked: 'Overall, are you satisfied with the job that the WHLLW is doing?' All key informants were satisfied with the activities related to their interactions with the WHLLW.

I think it's a worthwhile thing. (Community member 07)

I am really satisfied. He help [sic] me and other peoples. (Community member 04)

With me, he understand [sic] my position, so what I'm going through. So for me I think he is doing good. (Community member 02)

Don't take [the WHLLW] away from us because we need him. (Community member 06)

Representatives from other government and non-government agencies were asked: 'Overall, are you satisfied with the activities of the role?' and most provided positive feedback about their satisfaction with the role.

I think with a three-day position the reach, the networks, the ongoing presence and the coordination of activities and different meetings and forums have been incredibly successful to date. (Other govt staff 03)

So on a community level, especially in the outreach environment, it's been brilliant. (Other govt staff 01)

I cannot stress enough how much I feel the community values that role. […] It's such a valuable, valuable position. (SLHD staff 05)

I think it's been great. (SLHD staff 03)

It was suggested by one respondent that the navigation focus of the WHLLLW role was not needed as this could easily be allocated to existing services and roles, although the majority of respondents did not hold this view:

And we don't actually need that. There are things in place already, Red Link and what's the other one, Waterloo Connect. If we make the connections with them, then there's health representation in those, and there's drop in centres for drug and alcohol and mental health at Redfern. They're the avenues we should be teaching services providers, for truly integrated care, and for everybody in that community to be able to respond appropriately, know what services are out there and how to access them, not stepping somebody through it. (SLHD staff 04)

4.5 What are the current challenges for the role?

This section draws on information from the position establishment interview participants (who were asked 'What do you think the challenges were for the position?'), the key informant interviews with participants from SLHD, NGOs and Other government agencies (who were asked: 'What isn't working and why?') and the interviews with the current incumbent. Eight challenges were identified. The community members were not asked questions relevant to this section.

1. Difficulty for one person to fulfil all the responsibilities of the role

The position description suggests the role had three main functions: 1. a navigator role, linking individuals, groups and the community to health services; 2. a system influencer role, which

advocates and actively identifies the community's health needs and brings about change in service delivery to meet those needs; and 3. a capacity building role within the community supporting the community and building health literacy. SLHD and NGOs staff felt that the responsibilities for each of these roles is substantial enough to have one or more workers employed to address each role.

> *One person can't do everything. (NGO staff 03)*

> *it's probably identified as too big a job for one person. I think it's identified that there's different components to the job as well as different specialities. …….. It's certainly highlighted the need for clinical case management, in terms of people navigating that system on an individual basis, and we were first coming for this position as identifying systemic issues, community issues, policy and practice issues. And what we've actually found is, is that the higher success, in terms of that one-on-one work, than it has on the community development, community planning work. But that's probably because it's two separate jobs, and it's two different specialities, in my view. (NGO staff 02)*

> *With the need and the demand of that region is so big, and the areas that can be helped are so many that we are restricted by his availability and how much time he can give. (SLHD staff 06)*

2. Stakeholders had different expectations of the role

Individuals involved in the establishment of the role had different ideas about how the role would work and the types of activities that the WHLLW would be involved in, from providing individual health service navigation, sorting out complex mental health related to the redevelopment of the housing estate, and inputting into a human services plan for the area to change the way services are delivered to the estate residents. The breadth of responsibility of the role led some key informant interviewees to question whether the focus of the work should be on patient level intervention or system level intervention. A number of the key informants suggested that the role should have a more strategic focus.

> *I think there's a – probably a disconnect between what's anticipated from the role and what the role can actually achieve. (NGO staff 01)*

> *I don't understand the activities of the role. I think there's still confusion about whether it's strategic level or whether it's patient level, and, I think, people are saying it's both, but it's a stand-alone position. … I would have seen it as a strategic role, …. and when it comes down to patient level, that's where it gets really confusing. It's not a community health worker role, I didn't think. There is a link, but I think it should be more strategic. (SLHD staff 04)*

> *I think that role has a capacity to sit at a broader more systemic level and coordinate, I guess, change at that level. (Other govt staff 02)*

The position establishment interviewees identified the role responsibilities were unclear, including lack of clarity about how the position overlaps with other community development workers in the NGOs, community participation workers and community health service clinicians. There was some expectation that the WHLLW would undertake some form of 'case management' in order to effectively assess health service needs and/or provide appropriate health information/navigation to individuals in the community. Concerns were raised by a few position establishment informants that the role should not provide direct services as "a clinician on the ground" or conduct research. There also appeared to be a lack of clarity about the WHLLW's role among SLHD staff:

> *… because I wasn't really aware of what the scope of the work was for the role, we may be under utilising the worker, and that's only become clear to me now. (SLHD staff 02)*

3. The success of the role has been dependent on the person in the role

While praising the WHLLW's skills and positive attributes that have contributed to the success of the role, a number of the key informants also highlighted the possible disadvantages of over-relying on the extensive expertise, skills and experience and pre-existing networks of the current incumbent, and what this may mean for the future of the position.

I think it's hard to separate the role from the person and I think they've got someone in the role who has a depth of knowledge and a connection with that particular community that is hard to replicate really. (NGO staff 01)

He's got a skill, I could say. I think it is him as a person, I think the organisation was very lucky to have the right person for this job, with the skillset and the connections and the personality, and most important, the willingness to make a difference and to go above and beyond, and to do a bit of upskilling if required. (SLHD staff 06)

… it's about the position, it's also about the person in the position ….. if you talk about the position without a particular person in mind for that, I think a new person would struggle because they need to make themselves known and re-establish the network ….. So it means that [the WHLLW] just came to the role and just knew everyone, and everyone knew of him as well. (Other govt staff 04)

4. Lack of clear governance and objectives of the role and procedures

The accountabilities of the role are very general. The WHLLW role needs clear goals and objectives about what the position /program is trying to achieve so that strategies and activities can be developed.

It was identified that there was a lack of processes and procedures within SLHD services for issues identified by the WHLLW to be considered, and if appropriate, addressed.

You just need to know where to go and what to do, and it's a big ask for somebody that's sitting in that position isolated from health service providers. It's a big ask for him to have all the knowledge. What he needs to have is where to go with that, rather than him making the referral or making that contact. So, it gets complicated there. (SLHD staff 04)

The WHLLW can identify barriers or blocks or things that need – things that are disadvantaging community members from accessing health services but without a proper mechanism in place, that will allow him to have those changes actually adopted, then I think there's a sense of frustration, isn't there, with what you can actually achieve? (NGO staff 01)

5. Difficulty influencing health system change

Although some system change has been achieved especially with oral health, some key informants from SLHD and NGOs felt that the role had not made substantial inroads into identifying and addressing system problems and bringing about change. One position establishment informant talked about the 'silos of health services' and the mismatch between the way services are delivered and 'what is needed in the community'.

And there was also supposed to be a consultation element that identifies systemic problems within the health system, or systemic barriers to accessing health, and piloting of changes, and I wouldn't say that that's happened ….. In terms of the role identifying systemic issues, and trying to get systemic changes within the health system, that's probably not happened. (NGO staff 02)

So one person, cannot change a system. (NGO staff 01)

It was identified that SLHD is a large machine and is difficult to leverage change and so it has been difficult for the WHLLW to influence change in the way services are delivered to meet the needs of the Waterloo Housing Estate residents. There does not appear to be consistent mechanisms in place to bring about system-level change.

I'm not sure however that it's actually working back the other way into Health, in terms of getting people to understand how that role can work within the community and how that feedback about how different parts of Health that don't work together, operate. (NGO staff 04)

That's it. They are the ones that run the program for my care. And I had some difficulties with them because they're very rigid and things like that. And I found that they were not meeting my needs this is just Sydney Health District as a whole. ….Too many rules, too much red tape. (Community member 01)

Interview participants compared how processes differ between the health bureaucracy and the community sector.

> *It's good to see how the culture is between the NGO and Government workers, are quite significantly different, in terms of that bureaucracy, the oversight, the approval levels. And whilst all those things are needed, they're definitely a barrier to progress and productivity in terms of that role, from my perspective in the health side. It's quite obvious, it could be something as simple as needing approval for a poster, communication which would take us 10 minutes to do, and would be done. But when it has to go through health formal processes, it can take a lot longer, and it slows down that communication with the community and the clients, or other partners. (NGO staff 02)*

A number of those interviewed from NGOs perceived that some SLHD service providers seemed rigid and unwilling to work together and in some cases work with the WHLLW to find creative solutions to address the needs of the Waterloo residents.

> *I found the health teams to be very lacking in collaborative spirit, to the point that I found quite shocking. …but as a professional coming in and looking at a group of other professionals, there was a great hostility between the different services …….But, I must say some of the other managers who are obviously under resourced and overworked as well, .. but they were very resistant to working together. (NGO staff 01)*

> *I don't necessarily think [the WHLLW] commands the respect and response back quite yet. …… So, I'm not convinced that the role has the authority, yet, to execute theories to the system, or to be a little less risk adverse, and trial new things, and be creative. I think there's still a lot of caution within different elements of health. (NGO staff 02)*

6. Lack of community and community NGO input into the work

Key informant interviewees identified the need for the community NGOs to be more actively involved in 'steering' and supporting the work.

> *… one of the things that happened with this role, was when it started, the NGOs were involved in calling for it, were meeting with senior staff about the role quite regularly, and quite frequently. And that all stopped when the role came into play. (NGO staff 02)*

The work is supported by two independent advisory groups, one for SLHD managers and one with community and NGO representatives. Interviewees identified concern that the steering groups were not meeting regularly enough.

> *… there's some kind of a committee that's been meeting but hasn't met for a while to oversight all of that. (SLHD staff 03)*

> *There's been little value in terms of the steering committee of the project. Because it hasn't met as often, or as frequent as it probably should have. (NGO staff 02)*

> *… you've got to get that sort of balance, and I don't think the two-committee [SLHD committee and a community committee] system that guides that really helps that become an integrated approach. (NGO staff 04)*

It was suggested that merging the two steering groups would allow more open conversations about community concerns and would ultimately benefit the direction of the work.

> *I don't think the two-committee system that guides that really helps that become an integrated approach … we would have preferred the structure for the reference group to have the Health people involved and the non-government people involved to have been in the same group …… that increases the understanding of everybody around the table, and quite often it also means that people in power will also understand that there are aspects to a problem that they might not necessarily be aware of. (NGO staff 04)*

A number of key informants felt there had been a lack of follow-up with the community following the Waterloo community forums.

There was two forums that were held in Waterloo, and they were very well attended by community members and different service providers and health teams. However, it's not really gone anywhere since then. So there was initial reports that was written after the first one that then gave you the second forum, and then we haven't really had any follow-up since then. (Other govt staff 03)

And the follow up, I guess not unique to health, it's the same for a lot of government departments, the follow up was quite non-existent. So there was no follow up forums. (NGO staff 02)

7. Unmet need identified by the community

Community forums had identified the following gaps and unmet need: mental health, drug and alcohol, oral health, aged care, chronic disease, and social isolation.[6, 13] Although some progress has been made in drug health, oral health and Aboriginal health, many of these issues are outstanding.

So there's still clients struggling to access health services. There's still clients that are not getting adequate health services. There's still clients who wrestle with just simple things like, deciding whether to spend money on medication versus getting food. All those major issues, suicide, drug abuse, social isolation. Care for when people are diagnosed with terminal illness. All those issues are still problematic in the community, and I think a lot of them have been put in the too hard bucket. (NGO staff 02)

8. Lack of support and mentoring for the WHLLW

This was identified as a need for the role in the development stage as it was unlikely that anyone filling the role would have all the necessary skills and knowledge to implement the program of work. The position currently does not have an active support group that can provide direction, support and mentoring for the WHLLW. The position establishment review identified the need for mentoring and training in understanding how health services work and the appointment of mentors and/or allies in each of the health services that the WHLLW engages with.

5. Suggested enhancements

5.1 What recommendations can be made to support the role and ensure its impact?

This section draws information from the key informant interview participants who were asked 'How could the role function better?' and 'Are there any other activities the WHLLW could be involved in?' There were three main themes identified from their responses: 1) expanding or extending the WHLLW services, 2) enhancing support to influence health system change and, 3) addressing outstanding service gaps.

1. Expanding or extending the WHLLW services

A number of key informants from SLHD, NGOs and other government agencies suggested that **increasing the WHLLW's hours and availability, or having additional staff**, would be valuable and enable more to be achieved.

> *I think with more resources or another person I think that a lot more could be achieved. (Other govt staff 03)*
>
> *More of him is needed, especially for this district. …. The role would function better if he was actually full time. I think with the district that he's covering, there needs to be ….. but as well maybe between one or two staff underneath him to cover the area that he's covering, because it is quite diverse and quite complex. (NGO staff 03)*
>
> *[The role] should be really supported and clearly articulated and resourced …. if he had a couple of people working with him in a team that would be great, wouldn't it?... you need to actually set it up as a – as a team-based thing. (NGO staff 01)*
>
> *I think having more availability or more time … I think it should be supported, developed, expanded. (SLHD staff 06)*
>
> *Like, all of that foundation is there. I think it's just about expanding it. That would be my one thing, that I would love to see more of it. (Other govt staff 03)*

It was suggested that other roles could be brought in to work with the WHLLW and thus address the broad remit of the role.

> *I really think it's about redefining the role, maybe extending the role, or bringing additional roles that specialise in the different components of the job. I think, what I was saying earlier about, it's working well on the one-on-one issues. That should be something that could be looked at and upscaled, and probably professionally developed. (NGO staff 02)*

A number of key informants identified that **the role could be replicated in other areas** where there were vulnerable population groups.

> *I think it's a great role, I think there should be more of it. I think it should be replicated ….it's an important function that could be played in a number of other places, because I think it has made a difference on the ground in terms of how people see Health and how that's accessible. (NGO staff 01)*
>
> *I think the value of Health having a presence in the community, rather than the community going to them, is something that should be explored in other areas. (NGO staff 02).*
>
> *I think that [the eastern suburbs] district needs one of him there to work with the Eastlakes and Malabar, La Perouse and those areas with social housing and disadvantaged communities. (NGO staff 03)*
>
> *And I agree, having it in other communities that have either CALD population or more vulnerable population, a person like this I think can help people access services where, otherwise, they would find it challenging to do so. (SLHD staff 06)*

2. Enhancing support to influence health system change

A number of key informants made suggestions about how the role could more strategically influence health system change. There were three main areas discussed. The first was the need for a **more structured working relationship between the WHLLW and SLHD services**.

> *I could easily invite [the WHLLW] to come to our staff meeting, for instance, and maybe that would generate a whole other conversation. (SLHD staff 02)*
>
> *I think there's opportunities where he could be involved, and, I think, that comes back to that strategic level, where if you make the relationships between the other services and look for gaps or identify opportunities at that level, I think, there's an element of that missing. (SLHD staff 04)*
>
> *I think having more availability or more time and a bit more,[…] kind of, a structured involvement. It was very ad hoc because when we require him, we ask him and if he's available, and if there is an interest and need, then it developed. …… having him available in a more structured way to services would be something that would benefit, mutually, I'm sure. (SLHD staff 06)*
>
> *I think probably there might be a more formal mechanism that [WHLLW] could have with teams, with health – with the district health teams, so that there was an agreement around what could be achieved, but that would have to come from the top down I think too. (NGO staff 01)*

The second was that the WHLLW should have the **'authority to negotiate with services to bring about change'**.

> *What would be ideal I think would be [the WHLLW] can negotiate the high level kind of – how to improve the system, like the navigation – the systems navigation ….. but also, some way to influence the health side of the equation more. (NGO staff 01)*

And finally, a number of key informants felt that **health services needed to work together and take a more holistic approach** to connecting and meeting community health needs.

> *I think it's a multiple of health services aligning. I know they do align but I think it just needs to be a bit more aligned and more transparent, because, well, everyone being on the same page. Like it's all linking to one. Doing more of a holistic approach but connecting it all together, instead of saying that's not my department, but working collectively. If they were able to do that it would actually create a stress-free pathway, what's best for clients from disadvantaged communities. (NGO staff 03)*
>
> *And this is really about, you know, how this part relates to that part, to that part and how that interaction is and what happens so, you know, it's like the old situation of people bouncing between mental health and drug and alcohol, you know, you have to have one fixed before we can deal with the other one, that sort of classic problem. So, then how do you actually get an integrated approach in that coming out of the health system? (NGO staff 04)*
>
> *So I really see the value in investing in the people, investing in those services who, I guess, different models where we go out to communities and we provide services. … I feel like those people that have those extreme barriers to health care, are extremely marginalised or have those complex issues, the more presence we can provide in the community to try to support and manage those really complex issues, the better outcomes we get. (SLHD staff 05)*

3. Addressing outstanding service gaps

A number of key informants identified outstanding health service gaps which needed to be addressed. These included providing support for housing estate residents caused **by the ongoing uncertainties related to the Waterloo redevelopment**, support for residents with **mental health concerns**, and the **need to do home visits to some housing estate clients** who are unable to engage with the WHLLW at the current venues and prioritising access to paediatricians for pre-school children requiring health assessments.

> *Unfortunately, there's a numerous amount of clients trying to access our services and other services within the area, and mental health is a major concern. Within social housing, a lot of the suicide*

jumpers, a lot of the self-harm or jumping, which they just can't get the access they need immediately. ……They're just not getting the right support and services that are needed. (NGO staff 03)

…..given the current state of the community with the redevelopment, there probably will be things that are quite traumatic for some residents. I think the anxiety and the mental health issues around that, there would be potential to do maybe some workshops or some sort of regular support groups that could support the community because it has been an extremely stressful time. (Other govt staff 03)

Stuff around building resilience in the community, before the moves, before the relocations would be great. (Other govt staff 04)

….. there's some properties we deal with that aren't really within walking distance for an elderly tenant. So I would love for that position, in certain scenarios … a two person visit [me and the WHLLW], to be able to go see them in their environment. They're more comfortable. … if there are opportunities [for the WHLLW] to visit vulnerable clients at home that would just help our clients. It would just help us help more people. (Other govt staff 01)

There is a massive waiting list for paediatricians. So that needs to be resolved. ….. Children should adequately just be able to see a paediatrician, not wait like six to 12 months. (NGO staff 02)

It should be noted that all these gaps may not be able to be addressed by the role of the WHLLW or a program of work but require the attention of the executive of SLHD.

DISCUSSION AND RECOMMENDATIONS

This report provides a comprehensive overview of the establishment, current status and impact of the role of the WHLLW. Given that it is only one part-time role, established in 2018, there has been significant progress made towards the expected impacts of the role. Specifically, the WHLLW has been providing navigation to facilitate access to health services for individuals, groups and the community; acting as an 'advocate', 'broker' or 'link' to change the way services are delivered to meet community need; supporting community development including improving health literacy; and facilitating improved connectedness and communication between the community, NGOs and SLHD services.

The role has also been actively supporting a number of community development activities including establishing a community choir to reduce social isolation, improving mental health, building community connections and skills, and co-ordinating a local Health Expo with a range of SLHD services.

An analysis of the key accountabilities of the job description show that the role was actively working to meet these requirements. The key informant interviews with NGOs, other government agencies and SLHD staff highlighted the work of the WHLLW in effectively facilitating collaboration between stakeholders within SLHD with NGOs and other government organisations and coordinating their involvement in a range of activities.

Most key informant interview respondents reported that the WHLLW has been working successfully and that they were satisfied with the role. Although some noted a number of challenges faced by the WHLLW including the number and range of responsibilities, the number and diversity of stakeholders to work with, and the breadth of health issues and services covered. They also highlighted the challenge of finding an individual with the appropriate expertise and experience to fulfil all the requirements of the role.

Other challenges mentioned by the key informants included issues related to role clarity (i.e. what the role is meant to achieve and how it functions) with some key informants holding very different views on the objectives of the role, the activities to be undertaken and how it fits with other roles in the community. Another challenge for the role, echoed by a number of key informants, was the difficulty bringing about change in the way health services are delivered. This is especially relevant for people with mental health problems and/or who are socially isolated, which are both major issues within the Waterloo community.

The key informants identified three areas that would improve or enhance the impact of the role: 1) expanding or extending the WHLLW services, 2) enhancing support to influence health system change, and 3) addressing outstanding service gaps.

Recommendations

The following recommendations are based on the results from the position establishment review, the literature review, and the key informant interviews. These recommendations consider the current achievements of the role, the challenges of the role, as well as the literature on success factors of similar roles:

1. Investigate opportunities to extend the health navigation work within Waterloo and across the Health District

Many community members and representatives from community and government organisations highly valued the work of the WHLLW and proposed that the navigation work be extended. The SLHD, working with the community, could investigate how the work may be extended both within Waterloo and other locations of high disadvantage in SLHD. This would require securing additional resources, clear and achievable aims and objectives for the work, adequate staffing, clearly defined roles, training, support mechanisms, and the incorporation of an evaluation framework.

2. Concentrate the work on significant issues faced by the community

The redevelopment of the Waterloo housing estate and surrounds is likely to have a significant impact on the community over the next decade. The draft Waterloo Health Impact Assessment (*Healthy Waterloo: A Study into the Maintenance and Improvement of Health and Wellbeing in Waterloo*) identified that increased psychological stress is likely to occur, especially in the more vulnerable populations of the estate during the redevelopment. The Waterloo Healthy Living Program is ideally positioned, with additional resources to contribute to the implementation of the Waterloo Health Impact Assessment recommendations through acting as a 'link' between the community and the SLHD, to ensure the community has access to the necessary services to support them during this time of upheaval. The program should be integrated into any future strategic response to the Waterloo redevelopment.

3. Involve the community in the program of work

Membership and terms of reference of the Community Advisory Group (CAG) could be revisited and enhanced to ensure that community voices direct and support the work of the program, including identifying and prioritising health issues for follow-up, and ensuring that the community are aware of and able to engage with the program. In addition to the CAG, incorporating co-design principles and additional supplementary approaches tailored to different sections of the community, could be implemented to ensure that the Waterloo community can engage in decision making and planning processes that affect their lives.

4. Establish ongoing mechanisms to improve collaboration between the Waterloo Health Living Program, individual SLHD services and the community

Mechanisms could include: routine reporting of outcomes of referrals; running a seminar showcasing existing collaborations, such as between the WHLLW and the Sydney Dental Hospital; developing Memorandums of Understanding between the Program and the health services that clearly state how the interactions will work; and appointing a 'service mentor' in each relevant service, who would be the point of contact for referral and would work with the Program to investigate and implement a more systematic approach to improving service access and delivery models for individuals and the community as a whole.

5. Link the Waterloo Health Living Program with other similar programs within SLHD or wider

Helping disadvantaged people, and those who are disconnected from services, navigate the health system can be challenging. Linking the Program with other similar programs may foster a mechanism of change as well as provide a supportive collegial mentoring network.

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APPENDICES

Appendix 1: Acronyms

Acronym	Description
AHW	Aboriginal Health Workers
AIDS	Acquired immunodeficiency syndrome
BA studies	Before and after studies
BMI	Body Mass Index
BP	Blood pressure
CADRE	Inner City Cadre Project
CALD	Culturally and Linguistically Diverse
CESPHN	Central and Eastern Sydney Primary Health Network
CKD	Chronic Kidney Disease
CPHCE	Centre for Primary Health Care and Equity at UNSW
CHW	Community health worker
CHN	Clinic health navigator
COPD	Chronic obstructive pulmonary disease
CRC	Colo-rectal cancer
CVD	Cardiovascular disease
DCJ	Department of Communities and Justice
DH	Drug Health
ED	Emergency Department
eGFR	estimated Glomerular Filtration Rate
DV	Domestic violence
FOBT	Faecal occult blood test
GP	General practitioner
HbA1c	Haemoglobin A1c
HBV	Hepatitis B virus
HERDU	Health Equity Research and Development Unit
HIA	Health Impact Assessment
HIV	Human immunodeficiency virus
IHWs	Indigenous Health Workers
ISV	Inner Sydney Voice
LAHC	NSW Land and Housing Corporation
LDAT	Local Drug Action Team
LEP	Limited English proficient

Acronym	Description
LW	Link Worker
MH	Mental Health
MOU	Memorandum of Understanding
NAB	Neighbourhood Advisory Boards
NDIS	National Disability Insurance Scheme
NGO	Non-government organisation
NHS	National Health Service
NZ	New Zealand
OR	Odds Ratio
PARiHS	Promoting Action on Research Implementation in Health Services
PN	Patient Navigator
RCT	Randomised controlled trial
RPA	Royal Prince Alfred Hospital
RR	Relative Risk
SDH	Sydney Dental Hospital
SLHD	Sydney Local Health District
T2DM	Type 2 diabetes melilites
UK	United Kingdom
UNSW	University of NSW
USA	United States of America
WHLLW	Waterloo Healthy Living Link Worker
WHLPM	Waterloo Healthy Living Program Manager
WHLP	Waterloo Healthy Living Program
WHO	World Health Organisation
WNAB	Waterloo Neighbourhood Advisory Boards

Appendix 2: Documents reviewed

Waterloo Forum Reports

Final Draft Report of the Building a healthy and Resilient Waterloo now and in the Future.

Report of the Waterloo Health Forum 2.0 Strategies for the improving the health and wellbeing of the residents of Waterloo now and in the future – Draft

Position Description

Healthy living link worker possible duties statement – 2017

Healthy living link worker - Position Description – Final – September 2017

Program Advisory Committees

Waterloo Healthy Living Program Advisory Committee Terms of Reference

Waterloo Healthy Living Program Advisory Committee Minutes September 2018

Waterloo Healthy Living Program Advisory Committee Minutes March 2019

Waterloo Healthy Living Program Community Advisory Committee Terms of Reference

Waterloo Healthy Living Program Community Advisory Committee Minutes September 2018

Waterloo Healthy Living Program Community Advisory Committee Minutes March 2019

Waterloo Healthy Living Program Update – presentation September 2019

Waterloo Program Update - Presentation to steering group- July 2019

Other relevant documents

Waterloo Community in Numbers Report – Draft

Healthy Waterloo: A study into the Maintenance and Improvement of Health and Well-being in Waterloo- Draft Nov 2019

Waterloo Health Impact Assessment: The health impacts of re-development announcements and the wait to be rehoused 2019 – Draft

SLHD Our healthcare services in the community 2015

SLHD A framework for improving health equity in Sydney Local Health District 2017

Current activities and achievements December 2019

Appendix 3: Questions for the position establishment interviews

1. Why was the position established? What was the need or motivation for the position?
2. Was there a theoretical basis for the position? Was there other positions or activities that this role was based on? (How does the position differ from Community Participation Co-ordinators?)
3. Are you aware of similar positions that have been established elsewhere?
4. What was the focus of the role? Were there areas which the role would not focus on? If yes, what were they?
5. What do you think the key goals and objectives of the role were?
6. What did you expect the position to achieve?
7. What do you think the challenges were for the position?
8. What training/guidance was provided for the successful recruit?

Appendix 4: Comparison of similar roles to the Waterloo Health Living Link Worker

Components of the role	Waterloo Health Living Program Manager	Community-based health workers[61]	Link Workers[62]	Patient navigators[15]
Purpose	To provide a point of connection, liaison & navigation between SLHD & residents of Waterloo & to address health & wellbeing issues	Increase health access & reduce health inequities Provide a better understanding between community members & health & social service system	Support patients to address psycho-social determinants of health, enabling better health management & adoption of healthier behaviours	Support access to health care through linking & connecting or removal of obstacles or barriers
Skills	Negotiation, communication, ability to influence & resolve conflicts	Communication, negotiation, facilitation, cultural competence & advocacy	Negotiation, facilitation, networking & advocacy, motivational interviewing & behaviour change	Interpersonal & communication skills, ability to build trust
Population focus	Residents of the Waterloo housing estate	Community – usually those with access disparities	Individuals within a general practice	Individuals – in hospital or the community
Health condition focus	Health promotion and various health conditions as identified by clients	Varies: health promotion, individual conditions such as diabetes, CVD risk, asthma, cancer screening	Varies – focus on those with psychosocial problems & low levels of well-being	Varies: Cancer screening & treatment, diabetes prevention & self-management, smoking cessation
Needs assessment	Identify community health needs & concerns and barriers to access	Identify both health & social concerns	Identify social & psychological concerns	Identify patient barriers to care
Building community skills and confidence	Promoting health literacy	Promote health literacy and build individual & community capacity Provide culturally appropriate health education & information	Enable & empower individuals to act in a positive way to protect their health & wellbeing	Provide health education & psychosocial support Build patient skills in self-management, adherence & appointment compliance
Health service navigation	Connect, liaise & help the community navigate SLHD services	Ensure people get services they need Provide “bridges” between the community & health care services and navigate individuals to appropriate health & community services	Refer to health & social services where appropriate	Support individual patients or groups to navigate the system Provide care co-ordination across services, address issues related to the social determinants of health (e.g. housing concerns, food insecurity, legal & employment issues

Components of the role	Waterloo Health Living Program Manager	Community-based health workers[61]	Link Workers[62]	Patient navigators[15]
Working with other services	Work in partnership with key stakeholders within the community including community members, NGOs & other government organisations.	Bridge & provide cultural mediation between communities & health & social service systems Ensure cultural competence among health professionals Educate health providers & stakeholders about community health needs	Build strong working relationships with local services & develop referral pathways Some deliver training sessions to workers in the health & social care sectors to raise awareness of health & how to tackle health inequalities	
Advocating for change	Reduce health disparities in the community Work closely with other SLHD services to prioritise initiatives that focus on health risks or concerns including improved access and services delivery	Advocate for individual and community needs Advocate for improved access and delivery of services	Develop community supports and activities to increase opportunities for health	Advocate on behalf of the patient and address patient barriers to care

Appendix 5: Key informant interview questions

Community questions	Staff of the Health District and other relevant organisations questions
1. Can you please tell us how you got to know [the Link Worker]? *Probe (if not addressed):* *Can you tell us about a specific time when [the Link Worker] has helped you or someone you know?*	1. How have you (or other staff in your organisation) been involved with the Waterloo Healthy Living Link Worker role? *Probe: Is there a process or protocol which guides these interactions?*
2. How well do you think [the Link Worker] works with people in the community?	2. How successful has the Waterloo Healthy Living Link Worker been engaging with: a. the community b. the staff of your organisation c. the staff of other organisations such as Sydney Local Health District, community-based non-government organisations, Families and Community Services or other government organisations *Probes: If yes - can you provide some examples? How has this been achieved? / If no - can you provide some examples?*
3. How is [the Link Worker] making a difference in the Waterloo community? *Probes:* *In your opinion, what are the most helpful activities of [the Link Worker]?* *What other activities could [the Link Worker] be involved in to help the Waterloo community?*	3. In your opinion, what has the role achieved? *Probes: What has worked best? Why? / What isn't working? Why?*
	For Sydney Local Health District staff ONLY: 4. What capacity does your service have to support those the Waterloo Healthy Living Link Worker refers to you? *Probes: If they have capacity – Can you provide some examples? /If they don't have capacity – What has been the issue(s)?*
4. Overall, are you satisfied with the job that [the Link Worker] is doing?	5. Overall, are you satisfied with the activities of the role? *Probes: How could the role function better? /Are there any other activities the link worker could be involved in?*
5. Do you have any further comments or suggestions about what [the Link Worker] is doing for the community?	6. Do you have any further comments or suggestions about Waterloo Healthy Living Link Worker role?

Appendix 6: WHLLW activities and achievements

This section summarises the activities and achievements of the role to May 2020 according to the key accountabilities outlined in the WHLLW job description (28/09/2017).

Key accountabilities	Key activities and achievements
1. Convene **regular community stakeholders' and residents' forum** to facilitate the opportunity for the communities of Waterloo/Redfern to have input into the priorities of the service	- Preparing for a third Waterloo Community forum in 2020 (delayed due to Covid-19 restrictions) - Preparing a stakeholder forum with local Community Drug Action Team about AOD issues in community (Delayed due to Covid-19 restrictions) **Achievements** - Helped co-ordinate the second Waterloo Health Forum
2. Provide **advice regarding local service availability and information to support access to and navigation of, health services** and to enhance individual and community health and wellbeing in Waterloo and Redfern	- Providing navigation services to community members in collaboration with Counterpoint Community services (one day per week) and the Waterloo Housing Office weekly outreach (half a day per fortnight) **Achievements** - 75 clients seen at Counterpoint Community services with an average of 3 appointments before onward referral - one off navigation advice to 92 community members - supported well-being checks for 30 members of the Redfern Waterloo choir
3**. Work closely with other SLHD services** such as Community Health, Drug Health, Integrated Care, Oral Health, Mental Health, Aboriginal Health, Multicultural Health, Chronic Care, Aged Care, NGO Portfolio, Population Health and other relevant clinical streams and the Planning Unit	- Working with SLHD Drug Health services on smart recovery at the Waterloo Community Centre - Working with SLHD Aboriginal Health Unit and Aboriginal Mental Health Steering committee to improve access to mental health services among Aboriginal youth - Working with Dental Hospital Social Worker to improve supports for patients with other health needs. **Achievements** - Worked with Sydney Dental Hospital (SDH) to:(1) facilitate dental screening and oral health check-ups for under 5s at four preschools and (2) implement a priority referral process for at risk young people and individuals with complex health needs
4**. Undertake a mapping of available health and wellbeing services identifying gaps, unmet needs and opportunities to improve equity, integration and targeted delivery of health services** and programs for the communities of Waterloo/Redfern	**Achievements** - Identified gaps related to: o oral health of children, youth and people with complex health needs in the area o access to mental health services for Aboriginal youth o social isolation

Key accountabilities	Key activities and achievements
5. In **partnership with key stakeholders develop and support localised initiatives and activities aligned to prevention health and population-level health outcomes** and that promote access to health services, particularly amongst vulnerable populations	- Working with key youth NGOs to develop an oral health manual and train youth workers. **Achievements** - Worked with the Diversity Hub to deliver health information sessions to Chinese social housing residents in Waterloo - Developed resources such as GP lists, psychiatrist lists, referral forms and health promotion material for NGO and health staff - Worked with Health Promotion to deliver health information to over 700 Social Housing residents During COVID 19 Period. - Worked with SHLD, NGOs and other Govt Depts to support COVID 19 Clinics in Waterloo and Redfern with high community attendance. 363 people screened in Waterloo.
6.Provide, develop and encourage **opportunities and support for local people to identify and meet their own health needs**, and share knowledge and skills within their own communities in relation to Waterloo/Redfern resident's issues	- Building closer relationships with health staff and the NGO sector - Working with health promotion to coordinate material for Waterloo community events such as Summer on the Green - Encouraging local residents to attend SLHD Open days - Connected SLHD Diversity Hub to CALD community in Waterloo - Working with Diabetes Australia to deliver Healthy eating and exercise sessions for Redfern and Waterloo **Achievements** - Promotion of mental health resources to NGO staff in Redfern/Waterloo
7**. Prioritise the development and implementation of initiatives that focus on areas of health risk or concern** raised by the community	**Achievements** - Successfully co-ordinated 30 health, community and other government agencies to conduct the first Waterloo Health Expo in November 2019 - Partnered with RedLink and then the wider community to establish a Community Choir to reduce social isolation and build community connections and skills for social housing residents - Assisted in the co-ordination of a Mental Health forum with NGOS and local Aboriginal community. - Provided support to Aboriginal young people looking for employment both at SHLD and in other places.
8. **Report and respond to health service issues** that may be experienced by tenants and agency workers with a view to improving service reach and delivery	- Assisted in the co-ordination of a Mental Health forum with NGOS and local Aboriginal community **Achievements** See achievements under Accountabilities 2,3 and 5
9. **Facilitate and enhance communication** between SLHD, NGOs, community groups, other government agencies, City of Sydney and the local public housing communities	- Participates in the range of community-based committees, acting as the SLHD representative on the following committees and working to support communication across agencies: Waterloo Neighbourhood Advisory Board Wellbeing and Safety Action Group, Local Community Drug Action Team Committee, Police Community Liaison meetings and REDWatch community forum, Local youth interagency and Family and Community Interagency - Supporting work to provide mental health consultations for Aboriginal youth at five high schools across region

Appendix 7: Literature review research strategy and the study selection