

# **Developing the 'Sole Trader Model' as part of the Community Care Workforce**

## **SUBMISSION TO THE PRODUCTIVITY COMMISSION'S INQUIRY INTO CARING FOR OLDER AUSTRALIANS**

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This submission is the result of frustration experienced by two community health care professionals trying to cater to the needs of clients in the community.

The issues faced in the aged care industry are many and over the next 40 years the number of Australians aged 85 and over will more than quadruple (Treasury 2010), increasing demand for aged care services, the spending on aged care and the need to significantly expand the aged care workforce.

The Productivity Commission states that questions have been raised about the financial stability of the aged care system and its ability to supply an adequately trained workforce able to respond to the changing patterns of service demand that provides more flexible care.

These are big questions that require big answers. Answers that look at service provision differently, addressing the issues of care provision and workforce development in a cost effective way.

Some of the current issues identified are:-

- Gaps in service
- Lack of choice for the care recipient limiting what type of care they can receive.
- Lack of flexibility in care delivery
- Inappropriate admissions to acute care facilities due to unmet needs
- Accessibility of services for isolated clients
- Attraction and retention of community care staff
- Early admissions to aged care facilities due to the lack of services available
- Lack of available transport services.

- The loss of independence of our older Australians
- The cost prohibitive procurement of private care services.

We, as health care workers have many horror stories to illustrate these issues and for me, my own experiences have been a painful. I lost my mother before her time as I was pressured into placing her in an aged care facility as my only option.

My colleague lost her dad in a similar way, he, as the result of a fall, had a hip replacement and was discharged into hostel accommodation with no services and he fell again. Another hip replacement was the result which was complicated by a gangrenous pressure ulcer on his heel that led to a leg amputation and his eventual demise.

Many people that one talks too has a horror storey and the issues surrounding those stories seem vast and unsolvable but if we approach the delivery of care services in a new way many of these issues can be addressed.

### **The Independence Model:-**

The 'Independence model' places more emphasis on promoting and enhancing the independence of clients. It does not suggest that clients do not need support services, but that clients have the right to choose **who** will care for them, **where** that care will be delivered and **what** services they need for their individual requirements, giving clients the power to tailor their care to their own specific needs.

However, if care recipients are not provided with avenues of choice then more problems will need to be considered for clients who do not know where to access the services they require.

Structure of aged care services at this time, do not allow recipients of care to tailor services to their individual needs. Care providers are tied by restrictions on what they can offer under a system of regulated care provision.

To illustrate these restrictions one must consider the gentleman who cannot get community transport because the bus providing that transport in his local

area stops at a designated point not far from his home. This man cannot negotiate the hill outside his home to get to the bus so the transport is not available as he is considered ineligible for a tailored service.

The area in which I work is classified as metropolitan but, a considerable amount of the population live in the outlying rural parts of this area. The access of services is very difficult for these individuals. A client in the outer reaches of the area cannot access any services because she lives too far from the urban centre. The community care providers cannot find a worker who will service the area because the provider is not funded for service to a rural area and will not pay the extra hour of wages needed to cover the extended travel requirements of the care worker.

The provision of care needs to be easily accessible and tailored to the individual needs of the client. The structured environment in which care is provided under the current system restricts what can be delivered and does not cater to the needs of the individual.

### **The 'Sole Trader' as part of the Community Care workforce:-**

This model needs a bit of thinking outside the square and considers the '**Sole Trader Model**' to compliment and support the '**Independence Model**'. Put simply it involves linking the **sole trader** with care recipients through a website, using available technology that redefines care delivery and workforce development.

There is a huge need in the community for tailored services that are more flexible and, there is also a huge untapped workforce that need work and cannot conform to the restrictions that aged care providers are required to implement in order to provide employment.

My colleague and I have developed a web site as a personal project to address the issues outlined. We have done this with no input from industry or government and funded it from personal accounts because we are passionate

about the delivery of community care from personal experiences outlined previously in this submission.

We are health professionals and technically challenged so, if there are rough edges to the website in this submission I ask that you look past those edges and see where this proposal could lead and how it could be developed.

### **Trialling a website to link 'Sole Traders' with Care Recipients:-**

[www.homecareonly.org](http://www.homecareonly.org)

We looked long and hard at what we could do with a website and why it might provide an alternative to care delivery in the community. There were a lot of considerations on both sides of the care industry. We needed to protect the vulnerability of the aged recipient, but we also needed to protect the community aged care worker.

### **How it works:-**

- Care workers, who are sole traders, register on the website with their details and what they can offer to prospective clients. This accompanied by qualifications, references and police record checks
- These details are outlined on the website with a photograph of the care worker.
- At no time can potential care workers have access to care recipient details.
- Care recipients also register on line but these details are kept private and accessible only to the website administrators.
- The care recipients are free to browse the potential care workers details only after they register.
- The ability to find care workers close to them is achievable.
- The care worker is a 'SOLE TRADER' this means that it is their own business.

- Aged care recipients are not computer literate and need advocacy so, there is an assumption that the recipient will have an advocate such as an adult child, a hospital social worker etc., to browse the profiles for them.
- ‘Sole traders’ deal directly with the care recipient and contract on what care is to be provided.
- Monies are exchanged between the care recipient and the care provider at the time of service unless other arrangements are made.
- No funds exchanged between the website holder and the care providers or the care recipients for care delivery.
- The care providers pay a small registration fee to the website holders for ongoing costs of maintaining the website.
- Care providers charge a lesser fee than private agencies but a higher fee than government funded care providers.
- The registration fee should provide some orientation and ongoing education to keep the care givers information current.
- The registration fee could make the website ‘self funding’.
- Insurance companies put substantial monies to private agencies for the delivery of care to their policy holders so, if care was available at a more affordable rate it would be attractive for them to use the website which could be tailored to another degree of self funding.

This outline gives a brief overview of how the site could work and it is understood that many questions will be generated. Those questions can be answered easily but in order to limit the length of this submission I have not done so in this document. I am available at any time for this purpose and would welcome the opportunity to provide a more detail.

Details such as:-

• Security	• Insurances
• Education	• Quality Management
• Payment facilities	• Accountability
• Governance	• Redress facility

We are not technically gifted but my colleague and I have constructed a working model of a website that is worth considering.

[www.homecareonly.org](http://www.homecareonly.org) is not perfect yet but, it could be, with the right input. Please be advised that in viewing the site we have experimented with links, advertising and whatever else was available. The result has been over 190 care workers have registered and some have found work through the site.

There is a huge need for community care that will keep our older Australians independent and productive community members for as long as possible. People want to stay in their own homes and not be forced into early aged care residency.

There is also a huge untapped workforce in the community that cannot work within the confines of the rigid care delivery of care providing agencies. The talk is about the 'Independence Model' but this cannot be achieved without addressing the other side of the equation. We need to develop ways we can advocate for clients in the community while making sure that they have choices available to them.

It is acknowledged there are holes in this website that is not in dispute, but, it should be viewed as a working model or a building block with which to move forward and embrace the technology available to us today. My colleague and I have spent considerable personal resources to develop this model and we believe it can work.

We can manage it with the right funding, however, we believe that partnership with an agency such as an NGO would provide the infrastructure and the governance required to develop this model to its full potential and take it to the next level. Our main aim is to provide a possible solution, that is a little outside the square, worthy of your consideration.