MACARTHUR AGED & DISABILITY FORUM
(Sharing Information between HACC, DSP & Commonwealth Programs)
C/- P.O. Box 284, Campbelltown N.S.W 2560

The Macarthur Aged & Disability Forum is made up of over 100 representatives from variously funded projects that provide services to people who are frail aged, younger people with disabilities and their carers in the Macarthur area. The aim of the forum is to encourage the exchange of information between different sectors to ensure a cohesive and co-operative service provider network within the Macarthur area.

Productivity Commission Inquiry – Caring for Older Australians:

19/7/2010

Synopsis –

This submission relates to issues raised by the Productivity Commission Report "Caring for Older Australians". The submission is particularly reflective of issues affecting Home and Community Care target group clients i.e.:- aged/disability clients with low care needs, who are still living in their own homes and their Carers.
The model of service delivery spoken about in this submission incorporates the philosophy of a one stop shop for Home and Community Care services but also ensures that delivery is a sustainable model for local, currently funded services. Additionally, the model reflects the needs of both the Aboriginal and CALD communities through maintaining local input into service delivery.
Proposed funding options discussed in this submission have been based on models of funding already available and successfully working within the Australian community. Proposals throughout the six sections of this Submission have been evidenced from demographic and planning information conducted regularly within the Macarthur region by bodies such as the HACC Development Project, Local Councils and Individual Services within the region.

Submission Participants:

This response has been prepared and submitted by the Macarthur/Wingecarribee HACC Development Project, and a small sub-committee of interested parties, on behalf of the Macarthur Aged & Disability Forum.

The Macarthur HACC Forum is a consortium of service providers and other concerned parties who come together regularly to share information and discuss issues concerning the provision of HACC and other aged services in the Macarthur region. Members of the forum include individuals from a variety of backgrounds including Aboriginal, CALD and special needs. Services they represent include providers who work with aged and disability clients and their Carers. As a group, it was identified that the following issues (and possible solutions outlined) were significant enough to warrant a response to the Productivity Commission Inquiry "Caring for Older Australians".

Demographics for the Macarthur Area:

Macarthur encompasses three Local Government Area's, Campbelltown, Camden & Wollondilly. Macarthur is part of the South West Sydney funding area and as such is classified as a Metropolitan area. In reality, all three LGA's have a proportion of

regional communities. This is exampled with population density information provided by Wollondilly Shire Council which states that Wollondilly LGA (total land mass of 255,656 hectares) has 0.16 per hectare population density, Camden LGA (total land mass 20,128 hectares) 2.44 per hectare population density and Campbelltown (total land mass 31,223 hectares) 4.56 per hectare population density.

Population statistics for the Macarthur area as at the 2006 Census were:

LGA	Total Pop	ATSI %	CALD %
Campbelltown	143,000	2.7%	18.3%
Camden	50,000	1.3%	7.9%
Wollondilly	42,000	1.9%	5.3%

(Information provided by Profile id based of 2006 census)

In recent reports of projected growth from each LGA population is anticipated to increase in some instances by over 400% in the next 10 year period. Camden City Council forecasts its population to increase from 50,000 to 250,000 as a result of new development planned for the area. The annual growth rate of people over the age of 50 for the Camden LGA is 7.8% of the population. These forecasts for Camden, along with information from Wollondilly Shire Council that states currently 14.6% of females and 10% of males over 50 in the LGA are living alone. During the 20 year period to 2006, the proportion of the population aged 55+ years has increased by 222% in Campbelltown LGA compared with 23% for Australia. This gives an idea of the need in the area for increased ongoing Home and Community Care service for the area.

The Submission:

Our submission has been divided into six sections:-

- Service Delivery Framework
- Funding and Regulatory Arrangements
- Government Roles and Responsibilities
- Workforce Requirements
- Reform Options and Transitional Arrangements
- Other concerns and recommendations

Service Delivery Framework

One of the key issues facing the Macarthur Region is the classification of the geographical area. In recent funding rounds, the Macarthur region received funding as a metropolitan area rather than one that incorporates regional or remote/rural locations. Whilst parts of the Macarthur region would be considered metropolitan centres, a large geographical area of the Macarthur region is classified as rural or remote. This is particularly true of certain sections of the Camden and Wollondilly LGA's. As a result of this incorrect classification, many services are unable to reach HACC eligible clients in the outer-lying suburbs and villages of this region. Transport costs and the travel distance required to provide in home assistance is not adequately compensated in relation to the funding received. A way to rectify this would be to re-classify the parts of the Camden and Wollondilly LGA's as rural/remote, and adjust funding to services accordingly.

Currently the HACC Service target group are those who are frail aged, have a disability and their Carers. An issue with this report is that it refers to older Australians only. There is no mention of the remaining two target groups from the

current definition for HACC providers. We feel that it is essential to include people with disabilities in such a report, as people with a disability are noted as needing aged types services prior to reaching the designated "aged" criteria (currently 65). Considering most people living with an aged illness or a disability have a Carer, funding and service provision realistically needs to be inclusive of such groups. Service provision also needs to focus on the needs of clients from CALD backgrounds, Indigenous backgrounds, and other minority populations.

Many of the members of our forum represent small, grass roots organisations. These organisations provide valuable services in our region. There is a concern that these services will be consumed by larger providers that may not have a local focus. It is important for smaller, local services to remain in existence, as this type of system enhances service engagement, adds to community capacity and encourages clients to believe that someone in their community is assisting them. This builds and maintains a greater sense of community connectedness. It was noted by participating groups including the Aboriginal representative, that this is evident in the Indigenous community, where anecdotal evidence has suggested that indigenous clients are far more comfortable receiving service from smaller, community-focussed providers, who are known and trusted. Due to the need to maintain a local focus, funding for aged care services would better be provided under its own funding category rather than being funded under a wider umbrella for example; designated health funding.

Currently transitioning to higher care services such as Community Aged Care Packages (CACP) and Extended Aged Care at Home (EACH) can be problematic for some HACC service users. Flexibility in the amount of service provided under an EACH package for example may see a HACC client losing care and support hours. Due to funding regulations and guidelines a service can often be restricted. For example transport may not be available for long distance medical travel unless personal care or domestic assistance services are cut back. Greater flexibility in hours offered to clients and services utilised is needed to ensure these packages remain a viable option to those requiring more support than HACC services can provide. This will also ensure that the level of service being received by aged clients under HACC service provision guidelines is maintained or increased when carer requirements increase.

A possible solution to the service delivery framework issues discussed above would be to establish a "one stop shop" for service provision. The "one stop shop" discussed here will be for all service activities, not simply an access point for clients and services to obtain information and referrals. The model presented here is therefore different to the trial of access points currently being undertaken in the hunter region. Our suggestion would be to create an overarching auspiced body or allocate to an existing provider. An overarching auspiced body in each local region would have responsibility for management of allocation of funding to local services, coordinating both casual staff and volunteers, collation and reporting on any data required by the funding body, maintenance of waiting lists if necessary and generally supporting all services in the local region. For the purpose of this proposal a local regions would be comprised of between 3 and 6 local government areas, depending on population and demographics. This organisation would have an understanding of the needs of the community, and would therefore be better placed to apportion funds to services, advise on planning for future service development and refer clients to the most appropriate service for them.

This model would allow services to maintain their own identity, and the range of services in the area would remain the same. One key difference, which will greatly benefit both clients and service providers, would be one referral for all local services. The referral would be made to the auspiced body, who would then allocate clients

accordingly. This auspiced body would act as an intake service, providing a local access point for community members needing service, and would then pass the details of the client on to the relevant service providers. This would eliminate the need for each service to receive an individual referral for the client, and would reduce the burden placed on their assessment staff, as well as reducing the stress of arranging services for the client. The Aged Care Assessment Team (ACAT) could also be attached to this head organisation. This would allow for ease of assessment when client need increases, assist to determine the appropriate level of care for clients and also provide clients with a continuity of service.

Funding and Regulatory Requirements

Under the model outlined above, part of the regulatory requirements for the auspicing body would be that a majority of the service provision be allocated to local services. This will prevent larger organisations that are not necessarily based in an area to monopolise funding and duplicate services that already exist within a community (e.g. services already under a community based management committee).

Access to services in an alternate region should also be incorporated into service guidelines in the event that clients will want to engage services outside of their local area. In the Macarthur region, this is particularly prevalent in the peripheral suburbs of the Wollondilly Shire, some suburbs in the LGA are located geographically closer to other regions, such as Penrith or Wingecarribee. Part of the regulatory requirement of the head organisation should be that where practical it will be possible for clients who live outside the service region to access the services in the neighbouring regions. This could have a potentially major impact on accessibility of services, and may allow those who live in those out-lying suburbs and villages to better access services they are eligible to receive.

In terms of data and reporting requirements, under the model outlined above, individual service providers would report to the head organisation, who in turn will provide the Federal Government with one report on the entire region.

In order to fund aged care into the future, our recommendation is to establish a Medicare Levy-style tax for service provision, known as the "Age Support Levy". The theory being that, in a similar vein to superannuation, people have a small portion of their income taken each pay period, then, when they are of age they will have access to this money to fund their aged care services. This levy would cover all age services, whether it is HACC service, or a transition into a residential care facility. A portion of this money could also be used to fund community services, which are available to everybody. The money from the "Age Support Levy" will be held in trust by the Federal Government, who uses this funding to supplement service provision thereby keeping aged services to a minimal or, if funding is substantial, fully covered cost.

Government Rules and Responsibilities

First and foremost, funding should be distributed from a Federal level for both Aged and Disability services. This is in contradiction to the recent "HACC Split", however will be necessary to ensure continuity and consistency of service for those currently using HACC services.

As a strategy to ensure that service is provided to those in need of it, a redefinition of current age restrictions on service access would need to be made. There are people currently accessing HACC and other aged services that are under the age of 65. These clients are often experiencing what can be classed as an age related illness.

For example a 40yr old that suffers a stroke may also develop an early onset vascular style dementia. It should also be noted that certain disabilities have a greater aging rate than the general population. For example, premature aging is a characteristic of adults with Down syndrome. Alzheimer's disease, unfortunately, is a common occurrence in people with Down syndrome. Most people with Down syndrome seem to begin to show changes characteristic of Alzheimer's in their brains in their early 40's – (www.about-down-syndrome.com/down-syndrome-lifespan).

Additionally there is a stated increase in the age of Aboriginal people being able to access service. The increase of age from 45 years to 50 years of age for service eligibility of Aboriginal clients appears unwarranted. The current Oxfam "Close the Gap coalition" is calling on governments to take action to achieve Indigenous health equality within 25 years. Having only commenced in 2008 as a major campaign it can reasonably be determined that in a mere 2 years the rate of aging for indigenous people has not improved by 5 years, especially considering changes to health and education are only now being discussed and implemented.

It is therefore suggested that service eligibility definitions be changed to state

"People over the age of 65, Aboriginal people over the age of 45+ years and people under these ages experiencing age related illness."

Workforce Requirements

In the Macarthur region many services have reported an expression of interest by the community for traineeships in Disability or Aged Care work. We feel that this is an opportunity to expand the HACC workforce by also enhancing the traineeship system to increase availability of and access to traineeship courses aligned with Disability, Aged Care and HACC qualifications. A large part of this expansion will be to educate students, in partnership with TAFE's, other registered Training Organisations and Universities, about HACC services, relevant competencies and potential career pathways. As the current workforce is ageing, it is necessary to offer younger people the opportunity to enter the workforce, where they can learn as they work. Traineeships would allow for this. There is currently a workforce project funded by ADHC addressing these issues, this project currently covers the Met South HACC Planning Region and could be used as a model for expansion across the community to address these workforce issues.

In order to provide comprehensive service to the community, the majority of HACC services rely heavily on volunteers. This is particularly true for food and neighbour aid services. Survey's conducted in the Wollondilly LGA in 2010 showed that 20% of 50 – 69 yr olds perform some form of volunteer work. This result highlights a growing issue with service reliability on volunteers, as many volunteers within HACC services are also within the HACC client age range. With an aging population recruitment of and incentives for younger volunteers to become involved in service delivery is required. In many instances, there can be a financial cost involved in volunteering. Out of pocket expenses for items such as petrol or other forms of transportation, can act as a deterrent to volunteering. We propose that volunteers receive some form of incentive or reward for being involved. Service can sometimes offer small incentive such as petrol vouchers etc but these rarely cover the cost of the actual expense. An incentive on a national level could perhaps include greater reimbursement for out of pocket expenses included in funding grants or tax deductions for time provided and costs incurred for volunteering.

In terms of the use of volunteers in the model proposed above, our recommendation would be that all volunteers are overseen by the auspiced organisation; who then allocate volunteers to the services they express an interest in working with. The

advertising for, training and recruitment and records of volunteers will be the responsibility of the auspiced organisation. Rostering and hours worked etc will be at the discretion of the service provider. This information held by the auspiced organisation will provide the region with a "Volunteer's Skill Register". This will include information such as languages spoken, any trade skills or formal training they may hold that could be of benefit to the service providers and clients. In line with keeping local services within the new model, partnerships could be developed with local organisations successfully providing volunteer services to the community; this would prevent any duplication of service occurring for current volunteers.

In terms of the paid workforce, we feel it is essential that there is parity of pay across all service providers, to ensure that all staff receives equal pay for equal work. Consideration of current issues regarding Equal Pay for Community workers and pay claims needs to be accounted for in funding of existing services and also future funding, if existing pay claims are not resolved prior to the implementation of a new system.

Reform Options and Transitional Arrangements

In order to establish the model proposed above, there will be a transitional process. We feel that in order to minimise disruption to service provision the best course of action will be to run the current system concurrently with the new system to ensure a smooth transition for clients and service providers.

A transition period for the establishment of the "Age Support Levy" will also apply. For a period of time, the amount of money contributed by clients, as well as the amount contributed by the Government, will be disproportionate. This will mean either older people may have to contribute a greater portion of their wage to provide for provision of service when they need it or government will have to provide a slowly decreasing level of subsidy for service provision until the levy has been in existence long enough to be sustainable.

A significant issue evident within the current system is the transition of HACC clients to residential care. The purpose of HACC is to prevent the premature institutionalisation of people who are still able to remain in their own home. However, as services are engaged there is often an increased reliance on services by clients. This reliance may not always be necessary and may be addressed by adopting a model similar to the Ageing-in-Place program introduced as part of the New Zealand "Positive Aging Strategy" in 2002. This model promotes the assistance of clients and re-education as part of the Home and Community Care Service model. Instead of viewing clients as needing everything done for them the model encourages services and clients to work together to find new ways of performing everyday care tasks so clients maintain independence as much as possible or become independant once again. This is classed as a restorative home support approach. If service providers educate clients in new ways of performing tasks, rather than simply doing it for them, this may not only keep them in the home for longer and prevent institutionalisation, it may allow the service provider to reduce the amount of care they provide, and thus release funding to assist more clients, or to provide higher levels of care to those whom the restorative model no longer works for.

Other Concerns and Recommendations

Carers play a significant role in reducing government outlay into care cost for both aged community members and also those with a disability. Carers have been neglected within the current information released in regard to the guidelines given to the commission. Currently Carers are included in HACC guidelines and target

groups. Services that support Carers and carer access to these services needs to remain a part of the government focus when a model of service and guidelines is being addressed. With the Federal Government seeking to address the issues of an aging population carers need to be included in the model that is introduced. Carer's are also aging. This will raise issues relating to who will care for children with a disability whose carers also develop a disability or age related illness. In addition many partners of the elderly also experience their own health issues and impairments and often struggle to keep up with the demands of caring. Carer access to Home and Community Care services need to be maintained to support Carer's who are looking after others in the home. Recently the NSW Government adopted a Carer's Recognition Bill 2010, an act to recognise the valuable role of carers and to increase awareness of the role of carers in the community. It is suggested that the Federal government as part of its revision of the funded health and community care services system also adopt a Carer's Recognition Bill similar to NSW Parliament.

Community Housing is a major issue in the Macarthur region. Current service statistics highlight that capacity is not meeting demand. With regard to older Australians, we would propose that Community Housing and Residential Care facilities join forces to assist clients who may not be at the point of requiring full time residential care, but still need some form of support. This could be addressed by establishing retirement village-style Community Housing facilities, whereby clients would be able to live independently, however with some form of emergency support that is linked to the residential care facility. This type of system would also serve as a transitional arrangement for those who do eventually require full time residential care. Ongoing involvement with the care facility through Community Housing will reduce the stress on the client, transitioning into residential care. This would also maintain the community links they have built as the residential facility is in the same area in which they have lived.

Increased use of technology should be considered as a way of creating service efficiencies and accurate record keeping. Under the model described under "Service Delivery Framework", a computer program should be created that the head organisation can, on making contact with clients, use to record details of the client such as their personal details and the circumstances of the client. This computer program would be accessible to all service providers, with access levels varied according to the service need. It will mean that clients will not have to tell each individual service provider their circumstances, greatly reducing distress for the client who may be in a crisis situation. This model would also allow for any 'ehealth' system introduced in the health system to be cost effectively rolled out to HACC and other community services via the "one stop shop" model presented above.

All services gather statistics on service provision, such as how long a support worker spends with a client. This is currently done mostly on paper and can be time consuming. We propose some form of Palm Pilot or other hand held computer technology, issued to all direct care workers, which will allow them to simply record such statistics at the time they are providing the service and will be directly sent to their organisation. These hand held aids will automatically collate these statistics, which will allow more time for service delivery.

For aged clients especially, greater access to technology, and education on how to use technology, is required. We recommend using already existing technology such as Skype to communicate with clients. Of course education on these systems would be key to successful implementation, however once established this would allow service providers to have face to face contact with clients without having to physically be in the same room. For clients who live in remote locations, this could greatly increase their access to services, and allow providers to reach more clients.

Referencing Sources

- Profile id Demographic website www.id.com.au
- Camden City Council - Development & Growth Update March 2010 (Macarthur HACC Forum Presentation, 17th March 2010)
- Wollondilly LGA – Macarthur HACC Planning 17th March 2010 (Macarthur HACC Forum Presentation)
- Campbelltown City Council - Macarthur HACC Planning Day 17th March 2010 (Macarthur HACC Forum Presentation)
- About Down Syndrome – Ageing and Down Syndrome Lifespan http://www.about-down-syndrome.com/down-syndrome-lifespan.html
- Oxfam Website; Explore Indigenous Australia Close the Gap. http://www.oxfam.org.au/explore/indigenous-australia/close-the-gap
- Australian Council of Community Workers website: http://www.acoss.org.au/
- New Zealand Parliament Positive Ageing Strategy, Ageing-in-Place 2002 http://www.osc.govt.nz/positive-ageing-strategy/index.html
- Carers Recognition Bill, NSW Parliament, 2010. http://www.parliament.nsw.gov.au/prod/parlment/NSWBills.nsf/d6079cf53295ca7dca256e66001e39d2/f61cfb137931cc7bca25770b001bb011?OpenDocument

Yours Faithfully

Nadia O'Toole
For and on Behalf of the
Macarthur Aged and Disability Forum