



Submission to the
Productivity Commission
Draft Report

*Caring for Older
Australians*

March 2011

NSW HACC Development
Officers Network

<http://www.nswhaccdos.org.au/>

About the NSW HACC Development Officers Network

The NSW HACC Development Officers (HACC DOs) Network is a forum for regional sector development workers who are funded through the Home and Community Care (HACC) Program to promote best practice in the development of a strong, cohesive community care system.

HACC DOs are located in most HACC regions in New South Wales. We are funded under a specific Service Type Description, which sets out aspects of our work that are essential to the operation of the HACC Program in NSW:

Service objectives

- *Strengthen the capacity of the HACC service infrastructure to deliver quality services, which respond to client needs, including special needs groups.*
- *Strengthen interagency and community relationships and understanding of HACC.*
- *Promote better practice in the development of a strong, cohesive community care system.*
- *Provide information about objectives and guidelines of the HACC Program and any other relevant Government policy and guidelines to HACC funded agencies and related community care services.*

Service outcomes

- *Efficient and effective regional HACC infrastructure to deliver quality services.*
- *HACC-funded agencies and networks operating from a strong knowledge base.*
- *Productive cohesion and network between HACC and other relevant community care services.*
- *Input from the service sector into the Regional planning process.*
- *Improved understanding of the HACC and related community care programs for agencies and the community.*
- *Increased integration and cooperation among local HACC services resulting in better outcomes for service users.*
- *Access and use of HACC services by service users is reflective of regional demographics.*

For more information about the NSW HACC Development Officers Network, please visit- www.nswhaccdos.org.au.

For the full Service Type Description, please visit- http://www.dadhc.nsw.gov.au/NR/rdonlyres/179CB674-C327-4F49-BA8C-B212916E2436/3515/HACC_Development_Officer.pdf.

Focus of submission

The principle role of the NSW HACC Development Officers is centred on the development of Home and Community Care (HACC) services, however necessity dictates that we provide some support to providers of the full range of community care programs, including Community Aged Care Packages (CACPs) and National Respite for Carers Program (NRCP). We work closely with NSW and Commonwealth funding bodies as well as peak organisations.

Especially in times of reform and transition (such as those upon us now), HACC Development Officers play a key role in providing a voice for HACC providers as well as information, training and support to individuals and groups on both change management and implementation issues.

For instance, HACC Development Officers have supported service providers through the many reforms that Community Care has experienced since its inception in 1985, including:

- *the introduction of common HACC referral forms (CIARR) and local protocols*
- *HACC Minimum Data Set reporting requirements and related software*
- *Statewide and local abuse protocols*
- *quality monitoring*
- *HACC planning processes*
- *HACC Agreements impacting National and NSW HACC Program Guidelines*
- *service type reviews and guidelines changes*
- *funding agreement structures and acquittals processes*
- *The Way Forward*
- *interface issues related to the introduction of new Community Care Programs and providers (after every tender round)*
- *general business issues, including GST, OHS, industrial changes*

The NSW HACC Development Officers Network welcomes the opportunity to make comment on the Commission's findings to date. This submission is based on the knowledge and experience of HACC Development Officers as well as inputs from service providers in NSW, which were gathered through local and regional community care forums and consultations. We have chosen to focus on the following specific policy areas in which we believe we can provide an informed response.

1. Consumer Directed Care
2. Simplified access to the aged care system
3. Care that meets the needs of older Australians
4. Funding Aged Care

5. Care delivered by informal carers and the formal workforce
6. The need for better data and 'evidence' in aged care
7. Diversity and special needs
8. The implementation pathway

Consumer Directed Care

The NSW HACC DO Network supports the concept of Consumer Directed Care. As such, it continues to play a major role in the movement in NSW to re-focus HACC towards person-centred approaches that stress the importance of independence, wellness and the ongoing contribution of older people to society.

IMPACT Services - Supporting HACC Consumers' Active Participation in Their Community was developed in response to the National HACC Forum held in Melbourne, February 2008. We believe that the following principles should be embedded in any future community aged care system and more particularly as a basis for any consumer directed care model.

IMPACT Services are HACC services that are:

1. **Person-centred** & enables each consumer to explore **individual strengths & goals** & work towards achieving the outcomes they desire, with security of support for those who need it.

Independence is promoted through the provision of support & builds on the individuals' strengths, resilience & capacity.

Meaningful activities meet the individual's social needs as well as physical ones.

Positive image of consumers as valued members of the community is promoted at every opportunity.

Autonomy is enhanced by involving the consumer in all aspects of decision making.

Connectedness of the individual to their social networks of family, friends & community is a key part of goal-setting.

Tailored service responses aim to assist consumers 'to do', rather than 'doing for' or 'doing to' them.

2. **Culturally-appropriate, socially inclusive,** & sensitive to individual circumstances, social context & relationships, enabling the consumer to continue with what is important to them.

Inclusive assessment methods ensure individual's access to support is not affected by prejudice or stereotyping.

Multicultural activities are provided by all services.

Practices & customs requested by individuals are maintained in service delivery.

All individuals are unique and respected in their expression of their needs and interests.

Cultural needs are identified and addressed in partnership with specific individuals and communities.

Traditional values & lifestyle preferences are respected.

3. **Flexible & responsive** to the range of changing needs, interests & **choice** of consumers.

Information is provided to the consumers and carers where relevant, to maximise their support options.

Multifaceted service plans are developed in close consultation with the consumer to reflect personal circumstances.

Participation in decision-making starts with the first assessment & is ongoing throughout service delivery.

Ageing & disability are not considered fixed processes, but fluid experiences affecting each individual differently.

Creative solutions are sought for individual challenges.

Therapies & assistive technologies facilitate consumers' adaptation to, & compensation for, deficits in ability.

4. Supportive & enables the positive *relationship* between consumers & carers.

Interdependence, mutual help & reciprocal relationships are valued & promoted.

Maintenance & support services optimise the health & well-being of carers.

Prevention of family breakdown is a key component in care planning.

Assistance is designed to complement informal support systems.

Consumer and carer involvement in service design & delivery reflects recognition of the carer experience & expertise.

Trust, respect & open communication are key components of the relationship between consumers, carers & services.

5. Recognised as a fundamental & valued part of society that *grows & develops* to meet the changing expectations of consumers, carers, funders & the workforce.

Innovation is constant and aims to increase capacity & improve outcomes for consumers.

Management of programs ensures effective allocation of resources to attract & retain the appropriate calibre of staff.

Pathways for access are clearly identified through service promotion.

Accountability measures focus on services' ability to deliver consumer outcomes rather than service system outputs.

Collaborative relationships challenge the assumptions of existing care models.

Training & development is ongoing & provides staff & volunteers with appropriate skills & knowledge to meet all levels of need.

Despite our commitment to Consumer Directed or Person Centred approaches, the NSW HACC DO Network recognises that this approach will necessitate a significant investment in resources, primarily in the provision of advocacy and information services. This will ensure that older people, their families and carers are well placed to make informed decisions about appropriate service models and to choose between care providers to effectively manage their own package of care. It is important to note that even with the assistance of advocacy services, Consumer Directed Care may not be an appropriate model for some consumers, including those with a cognitive impairment.

Simplified access to the aged care system – Seniors Gateway Agency

The NSW HACC Do Network acknowledges the current aged care system is often complex, confusing and difficult to navigate and welcomes any initiatives to enhance the ‘front end’ of the journey for older people who need formal care and support.

In essence, the Network supports the Australian Government model for Improving Information, Intake and Assessment for the Aged Care System, March 2011 which proposes a new ‘front end’ for aged care that will:

Provide highly visible central entry points for older Australians/ Be a central point for services and support – A Seniors Gateway agency will need to have a ‘local’ presence. It will need to be widely recognised by the general public, visible in the community and well-promoted (i.e. it will need to include some resources for community development). It will need to be open beyond business hours, to respond at times of crises /or to respond to the needs of working carers.

Provide information on support and care services – A Seniors Gateway agency should provide information to assist older Australians to remain living independently in their own home; it should be clear and transparent information about what a person is entitled to, availability and eligibility criteria, contact and assessment, etc. Information technology such as websites and social networks should be part of the strategy; but age-appropriate and translated written materials as well as verbal presentations are vital for many older people, especially for Culturally And Linguistically Diverse (CALD) and Aboriginal and Torres Strait Islander (ATSI) communities. Consumers need to have a clear and realistic understanding of service entitlements and of their responsibilities.

Promote positive ageing and service awareness - In accordance with HACC’s stated aim, we should describe potential service users as ‘older people requiring support to enable them to live at home and participate in the community safely and independently’, not just sick people exiting hospital. At access point/s, the system should channel people to short term wellness/restorative approaches, where appropriate, as well as long-term support for those who need it.

Provide screening and assessment – The Seniors Gateway agency should be staffed by a skilled, culturally competent, and bi-lingual workforce, who have the

capacity to conduct concise screening and broad and shallow assessment, to ensure the client's journey is effortless, uncomplicated and directed appropriately. There should be consistency in the way people are assessed; there is a need for an appropriate national assessment tool and service allocation should recognise client choice; and be made independently, equitable and fair. Assessments should be holistic and consider all aspects of an individual's strengths and needs, not just what the funding guidelines allow.

Be a conduit to comprehensive assessment – The new 'front end' for aged care should align with primary, acute and sub-acute health services for example, the Aged Care Assessment Team, to streamline and simplify the assessment process.

Make and assist with referrals/ Give people the tools and support they need to navigate the aged care system -- The Seniors Gateway agency should maintain a 'no wrong door' approach to aged care in which all inquiries are directed to the gateway and older people, their families and carers are not expected to make multiple contacts with the system to receive appropriate information, assessment and referral services.

Care that meets the needs of older Australians

Essentially, the NSW HACC DO Network supports the 'Building Block' approach to aged care. It welcomes initiatives to increase flexibility within service provision, to promote and address the need of the individual and to restore independence and wellbeing. However, there will need to be some improvement in the linkages between community and primary health care for the 'Building Block' model to effectively respond to the needs of older people.

The NSW HACC DO Network would like to stress the need to maintain basic care and support services like social support and centre based day care, which are not currently referred to in the core service types to be assessed-for by the Gateway. HACC in NSW recognises the fundamental benefits of social inclusion programs for the health and wellbeing of older Australians.

Funding Aged Care

The Network supports the need for an equitable co-contribution scheme based on the assessed capacity of an older person to contribute to the cost of service with concessions made for those experiencing financial hardship. It should be noted that inequities in the current co-contribution regime within packaged care provision has become a disincentive for clients experiencing financial hardship to transition from HACC services to more appropriate packaged care.

The future funding model for community care service providers also needs consideration. Concerns have been raised regarding the different funding regimes that exist between State funded HACC services and Australian Government funded packaged care programs. Currently HACC services are block funded and payments are made in advance of actual service provision ensuring cash flow especially for smaller funded services. In contrast, Australian Government packaged care programs are restrained by a 'pay on invoice', post service provision system of funding which could adversely affect the liquidity of small service providers and reduced day to day cash flow.

Funding allocations should look at the future, and not just identify services needed, but how they relate to the existing system; priority should be given to building capacity within existing providers rather than regular (and resource-intensive) tender processes that constantly produce new providers of same service types. Client choice of a range of providers to support range of needs should be balanced against unnecessary duplication.

Care delivered by informal carers and the formal workforce

Informal carers including family members, friends and neighbours are recognised as the largest provider of care services for older Australians and as such, the NSW HACC Do Network supports the following measures to better assist them in their caring role – Carer education and training; better access to planned and emergency respite; peer group support and carer counselling services; and improved access to advocacy services.

It should also be stressed that the willingness and ability of friends and family to take on a caring role must always be a choice and never just assumed. There are a range of factors that can make it inappropriate for the provision of quality care for some people including, the complexity of family relationships, work, finances, health etc.

In contrast to other parts of Australia, HACC services in NSW are delivered by a diverse range of community based organisations with foundations laid firmly within in the local community. Many HACC organisations are comprised of a mix of paid and volunteer staff who work together to deliver HACC funded programs and it is not uncommon in programs such as Social Support, Meals on Wheels and Transport to see paid staff to volunteer ratios of 1:50 or more. It is therefore essential to recognise the important role played by volunteers; to enhance the volunteer experience by providing more meaningful activities and to better support volunteers to ensure that they continue to offer their services.

The NSW HACC DO Network supports any initiatives to improve the knowledge, skills and good practice of the community care workforce. This will best be achieved through networking opportunities and information sharing, as well as enabling accessible, relevant training and development opportunities at individual and organisation levels.

The demand for aged care workers is expected to increase significantly as the numbers of older people requiring support increases. This is problematic for an industry that already has considerable difficulties in attracting and retaining staff. The NSW HACC DO Network welcomes the following strategies to address these difficulties – paying competitive wages (closing the gap between Government and non-Government not-for-profit service providers), improving access to education and training; developing well defined career paths and removing the burden of excess administrative and regulatory requirements, the network regards the introduction of the Common Care Standards as a positive step in this direction.

The complex processes needed to develop and maintain strong sector capacity should also be considered. Ongoing, targeted resourcing of the sector development

process should be separated from the assessment and referral role of the Gateway Agency. In NSW, we recommend the new system re-deploy existing expertise in community development and education of HACC regional workers such as HACC Dos and HACC Training Projects.

The need for better data and ‘evidence’ in aged care

The NSW HACC DO Network contend that the data collection protocol used to determine planning and funding distribution within the HACC sector is currently too heavily weighted on an ‘output’ rather than ‘outcome’ evidence base. HACC services are concerned that the HACC Minimum Data Set (MDS) seeks only to report on time spent with individual clients and numbers of activities conducted eg: trips conducted. It does not report on group activities, organisational planning or staff support and development etc. In a reformed Aged Care system it is necessary to measure not just the quantity of service but the quality of service and the outcomes for clients.

Diversity and special needs

The NSW HACC DO Network welcomes the Commission’s understanding of the diverse nature of Australia’s ageing population. Not only are our ageing Australian’s culturally diverse, but they have a myriad of needs relating to the disabling effects of chronic mental illness; homelessness; squalor; and chronic illness. And in particular, special needs groups like those with Down Syndrome and early onset dementia require careful attention. Under the COAG agreement, responsibility for people under the age of 65 will rest with state governments, however the expertise in care and support for people with dementia lies clearly within the aged care sector. It is evident that flexibility in service delivery will be essential to appropriately cater for the needs of Australia’s diverse ageing population.

The implementation pathway

The NSW HACC DO Network supports the direction of the Productivity Commission in its proposed reforms of Australia’s Aged Care System however; we wish to draw the Commission’s attention to the critical role of effective communication throughout the period of reform. Effective communication and consultation will be vital to ensure

all stakeholders receive appropriate and concise information and feel supported throughout the reform process. This is a key role already being performed by HACC Dos in NSW, including our engagement by the Australian Government to assist with communication about consultations on the current reforms.

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