

Ballina District Community Services Association Inc.
Representing Northern Rivers local community
services Association members:
Neighbourhood Centres/Community Services
Centres

**A response to the Productivity Commission's Issues paper, Caring
for Older Australians**

Who we are

Ballina District Community Services Association Inc (BDCSA) is representing in this response other Neighbourhood/Community Services Centres who are members of the regional Local Community Services Association (LCSA). The geographical service coverage is from South Grafton to Pottsville across to Casino.

Neighbourhood centres provide a range of community services to meet the needs of many different people groups of people living in the community and those in residential care through community visitors. Neighbourhood centres provide services for all aged groups including people who are frail aged, with a disability, those with dementia and their carers. These services are funded by State and Commonwealth government including the Home and Community Care Program (HACC), and National Carer Respite Program (NCRP) and Community Visitors Program.

BDCSA manages 29 funded programs including a community based respite cottage that provides respite for carers and when required a smooth transition for those who need to enter residential care.

Premise

The Productivity Commission's should be applauded for this comprehensive report on the issues in caring for older Australian. The report examines the current issues, the current service systems and makes recommendation on future service systems to meet the needs of projected number of older Australians. The bases for the recommendations have been formed on extensive consultation with current clients, service providers, costs of the current services and projection of the ageing population.

An area which is not fully examined is the expectation and wants of the next generation who will become the next group of clients. This report informs the governments in order to improve policy, develop plans and determine funding for the future therefore the perceived needs of the baby boomer generation (next group of clients) should be taken into account. From my reading there needs to be further exploration of this groups views not only of the projected number and wealth of this group.

There have been many speculations on what the baby boomer generation will expect in terms of service delivery. One suggestion is that this generation (to which I'm one) while do not know what they want, they do know what they don't want. I'm one that has views on this. If I require services I would likely access the service system through internet or social group (word of mouth), I would know what service I would want to access being meals, transport or respite if I should become a carer. I will not want a package of service if I only want one type. If I come in through the hospital system I would want not want stay or stay a very short

time in hospital, to have the same staff providing medical/support services for me in hospital move with me to my home, service which are based on rehabilitation so that I regain my independence. Should I be in a situation whereby I will not regain fully my independence than I would like to have control over the types of services, when they should occur and what support staff I have. I would be happy to have a mixture of informal and formal support.

There should be consideration and work to change attitudes in paying for services; this generation is the one in transition to a new approaches including increased user pay for services and in an increased aged to be eligible for the aged pension. Consideration needs to be taken of the people who have worked to acquired wealth with the view to pass it onto their children and or grandchildren. For this generation many have paid into private health cover and have insurance in the event that something unexpected happens. Now people's homes are expected to be used to pay should the person require care and further use of this asset is being recommended. Government should also look at alternative funding options not only the ones outlined in this report.

Care in the Community

It is commonly recognised that the preference for many older people is to remain in their own homes. For some people this will not be possible due to not having access to the level of community care required. As this report highlights a range of strategies are needed to increase services for the growing demand of people who choose to remain living in the community. Increased funding into the community support services sector is vital together with building community capacity and improving the services system

Australia's older population is growing and many choose to move to coastal areas for their retirement. There is a growing demand for services including for services that provide respite for carers who are looking after a loved one who has dementia.

There are additional barriers for people living in rural areas including access to services, limit choice, poor transport infrastructure.

Access and continuity problems

Hopscotch in their response highlights the delays which occur at many points; this problem was also highlighted in the review on Case Management services provided by NSW Community Options. The problems are:

1. Waiting time for an assessment in this area up to 10 weeks.
2. Limit availability of services at the time required.

These major problems will not be solved by creating a super senior gateway as suggested in the Report. It is my personal opinion that this would in fact be a 'cane toad' solution which creates a larger problem than the one it was set up to resolve. The alternative could be a model referred to as 'No Door Is the Wrong Door'. This simply is where no matter where the person goes that they are provided a pathway into the right service, this would mean that no matter how the person enters the service system they get assistance. This means that many different doors need to be created.

In a community with good inclusive capacity everyone takes a role in looking out for vulnerable people in the community. This means that the responsibility of a vulnerable older person is not only that of the traditional groups such as health, police, and community care providers but also that of everyone including people who deliver mail, the post office, the local shop, the neighbours, Council workers. This is similar to the focus on children through 'keep them safe' where it is hoped that a community cultural change will improve the safety of our children, the same needs to be achieved for older people. It is well know that relationships are an important element in achieving benefits for vulnerable people.

The purchaser/provider spilt approach may not always be the most flexible approach for people needing to access community services in the rural areas. The model of community aged care currently is ad hoc and fragmented and does need to be reformed. However building a larger model on what is already being practiced in that the purchaser being the ACAT and the provider being CACP/EACH providers will not necessarily bring about the

desired results especially in the rural area. In the proposed model the senior gateway takes on the purchaser role in assessing for services. Further consideration is required with this model, currently BDCSA respite cottage does not require the person who stays to have an ACAT assessment this has allowed for faster access and benefits for carers.

People who do not have complex or multiple service needs should be able to enter the service system without waiting for an assessment of their needs i.e. support groups, neighbour aid. The challenge is how the current service system under HACC with a multiple different providers will be coordinated.

There is currently no smooth transition for people who enter into the HACC service system and the affect of gridlocks or parking lots is evidenced in the services system especially experienced in case management services. There have been a number of trials to improve this area including key workers, episodic case management, and respite service coordination. The package of services from one provider is one model that ensures the desired benefits for the clients with complex and multiple service needs. The service model of 'Attendant Care' used in NSW whereby the client has control over how their funding package is used within the guidelines is a model that can work well. Further development of this model to better monitor service delivery to ensure clients have the say in not just their service types and the amount of service but also the recruitment and management of their support staff.

Workforce

It is agreed that there needs to be an emphases on ensuring a sustainable workforce who provides quality service in aged services. Pay rates is one of the challenges in attracting staff and retaining them in the sector. Government funding should keep pace with the wage increases to ensure no reduction in service provision. Career pathways for community services sector into other sector such as health need to be in place.

In the report it states that by 2050 there will 2.7 people in the workforce to every one person over 65 years. Government and Industry should continue to work together on more flexible work arrangements for older staff members i.e. job share, 6 month on and 6 months off. Further resourcing to build the capacity of well aged older people to volunteer could provide additional resources.

Fee for service

It is agreed that a centralise assessment and payment system would improve the current approach. Considerations of outgoing expenses of clients need to be taken in account as part of the assessment not only income.

Currently the HACC service system does not allow for fee for service as some clients could be receiving more than one HACC service. This would mean that more than one Provider requests fees there is currently no coordinated system to assess and collect fees in the HACC service system. If a similar system as with child care service sector is adopted whereby parents are assessed and receive the subsidy then it needs to be easy for the provider to administrate. Funding should be provided for the infrastructure of the provider as it is difficult to operate with no infrastructure funding as experienced by child care service providers.

Transition of service system

The service system will be reformed with the transition to the Commonwealth Government taking full responsibility of funding aged care. The HACC service system has evolved over many years. There are now many different providers who provide HACC funded services, the transition to a new service system require resources. What works for people living in the cities is not always the most appropriate for people living in regional and rural areas. User choice with a competitive focus does not always translate well in the community service sector. The premise of competition translating to improved quality is also questionable in the community services. The fundamental philosophy of a business which is driven by profit is in contradiction to that of a community service driven by the needs of the clients or

community. To continue to apply the culture of competition to drive quality in the provision of human services is the wrong approach.

To better manage the transition to bring about the desired change direct transitional funding should be provided to individual service providers with funding for the recognised state peaks to resource the change. This could be similar to what has recently implemented by NSW Government with the transition of Community Grants Service Program (CGSP) to Community Strengthening and Early Intervention and Prevention Program (EIPP).

Summary Response

- Further research is needed into the perceived expectation and views of the baby boomers to shape service models.
- No doors the wrong door model trialled as a model for Northern NSW rather than the senior gateway.
- Adoption of the Results Base Accountability model that focus on measuring the benefits for the clients to drive the change to improve quality of services for the best cost rather than the business model.
- Centralise assessments and payment system that assesses using outgoing expenses as well as income.
- Continued infrastructure funding for service providers.
- Examine alternative income sources to fund service delivery not only user pay through increased utilisation of individual client's homes.
- Increase resources to service providers for workforce development that focuses on sustainability, retention and career pathways for staff to provide quality services. This includes flexible work arrangements and incentives for older staff to remain in the workforce.
- Resource and recognise the importance of community capacity building in creating communities that include and take care of people who are vulnerable. This includes utilising well aged volunteers and the contribution that local Neighbourhood/Community Services Centre make.
- Provide transitional funding and resources for HACC services to make these changes. Recognised that bigger the Organisation does not always mean greater quality and less cost of service delivery.
- Affordable housing options for older people who choices to remain living in the community.