Initial Submission to the Productivity Commission Public Inquiry on

Caring for Older Australians

July 2010

NSW HACC Development Officers Network

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

About Us

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- http://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

Although the focus of our work is Home and Community Care (HACC), HACC DOs necessarily work with funding bodies and providers of the full range of community care programs, including Community Aged Care Packages (CACPs), Extended Aged Care at Home (EACH) and the National Respite for Carers Program (NRCP). We work closely with NSW and Commonwealth funding bodies as well as peak organisations.

HACC DOs play a key role during periods of reform and transition (like now), facilitating an interface between the community care sector (from small 'grass roots' organisations through to larger charities) and the funding bodies; conducting local consultations as well as providing training and localised support to organisations on issues relating to implementation of the reform agenda.

> *For instance, many HACC DOs have supported service providers through the many reforms that Community Care has seen over the years, including:*
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> - *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*

This submission is based on the knowledge and experience of HACC DOs as well as inputs from service providers in NSW, which were gathered through local and regional community care forums for the purpose of this submission. The submission focuses on community care, rather than residential care services.

We have chosen to focus on specific areas in which we believe we can provide unique and useful perspectives. Our comments are framed in terms of key processes:

1. Promotion of the services
2. Entry to the system
3. Assessment of individual needs
4. Service delivery
5. Planning and funding allocation
6. Sector development
7. Transitioning into a new system

Refocusing HACC towards person-centred approaches: IMPACT as underpinning principle of Community Care

The HACC DOs are part of a movement in NSW which aims to re-focus HACC towards person-centred approaches.

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 – which are reflected throughout our submission - should be embodied in any future community aged care system.

***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.*

   ***I**ndependence is promoted through the provision of support & builds on the individuals' strengths, resilience & capacity.*
   ***M**eaningful activities meet the individual's social needs as well as physical ones.*
   ***P**ositive image of consumers as valued members of the community is promoted at every opportunity.*
   ***A**utonomy is enhanced by involving the consumer in all aspects of decision making.*
   ***C**onnectedness of the individual to their social networks of family, friends & community is a key part of goal-setting.*
   ***T**ailored 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.*

   ***I**nclusive assessment methods ensure individual's access to support is not affected by prejudice or stereotyping.*
   ***M**ulticultural activities are provided by all services.*
   ***P**ractices & customs requested by individuals are maintained in service delivery.*
   ***A**ll individuals are unique and respected in their expression of their needs and interests.*
   ***C**ultural needs are identified and addressed in partnership with specific individuals and communities.*
   ***T**raditional values & lifestyle preferences are respected.*

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

   ***I**nformation is provided to the consumers and carers where relevant, to maximise their support options.*
   ***M**ultifaceted service plans are developed in close consultation with the consumer to reflect personal circumstances.*
   ***P**articipation in decision-making starts with the first assessment & is ongoing throughout service delivery.*
   ***A**geing & disability are not considered fixed processes, but fluid experiences affecting each individual differently.*
   ***C**reative solutions are sought for individual challenges.*

***T**herapies & assistive technologies facilitate consumers' adaptation to, & compensation for, deficits in ability.*

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

   ***I**nterdependence, mutual help & reciprocal relationships are valued & promoted.*
   ***M**aintenance & support services optimise the health & well-being of carers.*
   ***P**revention of family breakdown is a key component in care planning.*
   ***A**ssistance is designed to complement informal support systems.*
   ***C**onsumer and carer involvement in service design & delivery reflects recognition of the carer experience & expertise.*
   ***T**rust, 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.*

   ***I**nnovation is constant and aims to increase capacity & improve outcomes for consumers.*
   ***M**anagement of programs ensures effective allocation of resources to attract & retain the appropriate calibre of staff.*
   ***P**athways for access are clearly identified through service promotion.*
   ***A**ccountability measures focus on services' ability to deliver consumer outcomes rather than service system outputs.*
   ***C**ollaborative relationships challenge the assumptions of existing care models.*
   ***T**raining & development is ongoing & provides staff & volunteers with appropriate skills & knowledge to meet all levels of need.*

1. PROMOTION OF SERVICES

A reformed community aged care system should be widely recognised by the general public and should provide clear and transparent information about what a person is entitled to, availability of services, eligibility criteria, as well as clear and transparent policies and procedures on contact and assessment. 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.

Strengths of the current HACC system in NSW include:

- Multiple entry points, which provide a variety of ways for people to get information about services.
- Some services are well-known and positively regarded by the general community because they were initiated by members of the local community to meet the needs of people in the area (e.g. Meals On Wheels and Neighbour Aid).

- Service brochures, client handbooks and other creative materials promote client empowerment through information on National HACC Service Standards' rights and responsibilities, including advocacy and complaint procedures.

  For instance, information stands at shopping centres and other aged care events in Sutherland Shire are proving to be very successful in capturing enquiries, including people who may not otherwise take the initiative to consider their needs until a crisis occurs.

- Specialist and targeted information by a range of community service providers and development workers who have focus and expert knowledge of specific client target groups. They engage with specific communities and their particular issues, to promote understanding of and access to services (e.g. CALD people, carers and people with dementia.

  The Multicultural Access Project

  Since its inception in the early 1990s, the Multicultural Access Project (MAP) has worked with local service providers to increase access for CALD communities. The information provided by the MAP to CALD communities – in community languages and through the use of interpreters – ensures that clients know about services available, and clients can then make informed decisions about their care.

  The MAP is a flexible, comprehensive model that informs CALD communities and other HACC target groups about the entire range of aged and community services available to them, whether funded by Commonwealth or State Government. Additionally, the flexibility of the model allows for focusing on emerging aged care needs and issues of individual CALD communities which are often marginalised due to different and very specific reasons (their culture, small/insignificant size/population, lack of ethno-specific welfare and support structures and/or unidentified needs).

  The MAP also works with multicultural and mainstream agencies and services, ensuring the selection and delivery of the most appropriate responses to meet the specific needs of vulnerable groups. MAP workers are also involved in a number of local groups, forums and initiatives which help them understand specific characteristics of each local area, allowing MAP workers to work closely with local providers in solving and responding to issues as they arise.

  Many HACC DOs work closely with MAP workers to address CALD issues through training; information sessions about HACC services to CALD groups; participating in MAP Advisory meetings; addressing CALD social isolation issues; and developing/advocating for flexible and innovative service models that better meet the needs of CALD communities.

<u>Weaknesses</u> of the current community aged care system include:

- The complexity of multiple programs and eligibility criteria makes it difficult to provide clear and succinct public information to enable potential clients to understand and navigate the system.
- Low awareness and visibility of community care services compared to residential care.
- Commonwealth Respite and Carelink Centres (CRCC) cover wide geographic areas and while able to gather and communicate information about services, they are

unable to convey the depth of knowledge required by potential service users. The community care sector is dynamic by nature and information quickly becomes out of date. This is particularly evident around service's ability to accept new referrals.

"Carelink's areas of coverage are generally way too large. It is impossible to know the detail required in so large an area."

-HACC DO Network consultation by Access Point researchers in 2007

2. ENTRY TO THE SYSTEM

A reformed community aged care system should (invite and) provide Universal Access.

- Access to all services can be made directly by anyone who needs assistance due to functional disability, with referral to access point within a short timeframe. It should have an initial service that clients can re-access easily if they have episodic needs, including an "interim safety net" of short-term service, so clients don't deteriorate whilst waiting. This would be like ComPacks service in NSW, where direct access to services is available straight away after discharge from hospital. This initial service should also include Wellness/Restorative/ IMPACT service, to provide opportunity for clients to improve in functionality.
- In accordance with HACC's stated aim, we should describe prospective 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.
- Access points need to be open beyond business hours, including weekends and Public Holidays, to respond when crises occur and/or when working carers are able to access support. Access points need to be visible and well-promoted directly to the community (i.e., they need some resources for community development). An Information and Referral hotline, with national/state multilingual phone lines similar to Centrelink, should provide specialist culturally and linguistically appropriate service that liaises with regional access and information services.
- Any new referral and assessment pathway/s should be clear and easy to understand and follow: i.e. simplicity of entry, not singleness; or multiple gateways with a clearly-defined common system.

- Special needs groups like CALD and ATSI people need services that provide specialised advocacy and supported referral, to assist navigation and access to the system, even at the stage when people have low level needs before crisis point is reached.
- A process is needed to ensure continuity of service for clients whose needs increase, like 'Ageing in Place' in Residential care; e.g. people with severe dementia often need to change services at a time when transitioning is most difficult. Strategies could include brokering the same field workers from an organisation that a client is initially with.

Strengths of the current HACC system in NSW include:

- Multiple entry points; there is no 'wrong door'.
- Indigenous people are eligible at 45 years of age (rather than 65 yrs), in recognition of the early onset of some age-related conditions.
- It is a social model, not medical model; clients are not 'prescribed' service based on assumed needs.
- Specialist organisations and access workers that provide 'assisted referrals'.

  For instance, in Sutherland Shire, carers and consumers can get information and support from bi-lingual access workers (Chinese, Greek, Italian, Macedonian, former Yugoslavia, Indian sub-continent), carer support workers (incl dementia-specific, CALD), a dementia advisor and an ATSI organisation; the value of these services was emphasised in local consultations for the local response to the Australia Government's Community Care Review, 'Who Cares What's Happening' (2003).

- Some initiatives have been undertaken at regional level to enhance client entry to the system, co-ordinate referrals, as well as follow through.

  An Information and Referral service via a central 1800 line for the Macarthur area is currently in place and in the process of expanding into Wingecarribee. This service is available to the general community, service providers and other interested parties. Information or formal referrals to HACC and disability services for the Macarthur and Wingecarribee areas is provided. Formal referrals are followed through until the service indicates that they have been accepted and in the event that they are not, this information is then fed back into the local planning process. This service produces a variety of publications that include HACC combined brochure, Aged and Disability Pack, Transport Options Booklet, Dementia Specific Services Booklet and Respite Options Booklet.

Weaknesses of the current community aged care system include:

- The CACP/EACH system is dependent on a single entry point, so that ACAT staff shortages or other dysfunctions create assessment delays ('bottlenecks') for people who have nowhere else to go, as well as limiting appeals.

- The trial of a single entry point in HACC in NSW has had mixed reviews.

  The HACC DOs in the Hunter Access Point project area believe it has adversely affected relationships between community and providers (as well as) processes of referral between services if client needs increase, and (has also adversely affected) local problem-solving for the client.

- Multiple entry points can mean inconsistent intake processes between providers.
- Some individuals are on more than one waiting list for the same service types; this can distort reporting on unmet need, as some clients are double-counted and/or becoming 'lost' in the system.

  '[There is] no clear system and processes and no clear, binding follow up'.
  -Western Sydney HACC Managers Forum, 17/3/10

  For this reason, several HACC regions have developed centralised co-ordination of waiting lists for respite, including: Far North Coast, Sutherland/St. George, Illawarra, North Sydney and Western Sydney (Cumberland Prospect-Nepean). Macarthur and Cumberland Prospect/Nepean have developed a coordination protocol and clearinghouse for Personal Care and Domestic Assistance.

- Inability to provide short-term care, including gap-filling during periods of crisis due to episodic conditions or increased frailty due to illness; transitional care is only available from hospitals.
- Individual future planning is difficult, because assessments are only available at the time of need (and arguably only when people reach crisis).
- Poor links between hospitals and community care and inability and/or unwillingness to share resources means some clients do not receive the support they need.

  '[There is] no discharge planners consultation (with community care services)'
  -Western Sydney HACC Managers Forum, 17/3/10

3. ASSESSMENT OF INDIVIDUAL NEEDS

A reformed community aged care system should be Person-Centred and provide individuals with assistance and support (not 'care') based on assessed level of need and an individual plan developed through a partnership between the assessor, consumer and carer/s. It should also provide a process encouraging self-assessment of individual ability, not just disability. Assessments should be holistic and consider all aspects of an individual's strengths and needs, not just what the funding guidelines allow.

In-home assessments are the only way to ensure holistic understanding of individual client circumstances and appropriate delivery of services, including OHS. Assessment and re-assessment processes should reflect key transition points in client's life, allowing time to discuss, and facilitating informed consent while recognising any fear of change. Involvement

of family and other persons nominated by the client is vital in planning; including allowing the client to maintain any existing service provider relationships where possible, and/or a 'key worker' or case manager to assist the client throughout the process, to monitor the plan and review on a regular basis.

Strengths of the current HACC system in NSW include:

- Each provider assesses the client without funding parameters per client; potentially HACC clients can receive all service types they need.
- Brokerage funds and other arrangements that cover the cost of (and thereby enable use of) interpreters for assessments.

  For instance, HACC service providers in Cumberland Prospect/Nepean, North Sydney and South West Sydney have free access to the state-funded Health Care Interpreters Services (HCIS), thanks to a recurrent HACC funding provided by ADHC regional offices. The HCSIS allows HACC service providers to engage highly-trained, professional interpreters to provide on-site (face-to-face, home visits and group interpreting) and telephone interpreting to communicate with clients who don't speak English or who have limited English fluency, protecting confidentiality, and ensuring informed consent is given. Working with Health Care Interpreters training is available to HACC services in order to build their competence in effectively communicating with people from a CALD background when using a professional interpreter.

Weaknesses of the current community aged care system include:

- Without a central register, service level assessors rely on clients to know and declare which services they are already using. Even when questioned thoroughly, some clients double-up on service (whether through confusion or deliberate misinformation).
- Clients have multiple assessments.
- Australian Government community care programs do not allow a focus on social support the way HACC does; prioritisation of limited funding allocations per client in CACPs and EACH means many clients are not assessed for (and do not receive) the socialisation they need.

4. SERVICE DELIVERY

A reformed community aged care system should be able to provide flexibility in assisting people to remain living independently in their own home. Services need to be tailored to individuals, rather than clients having to fit into pre-determined models or patterns of service delivery. Ideally, we should be able to match direct care staff to clients according to needs, especially culture; and make optimal use of enabling equipment and technology, as well as access to social support and increased promotion of health ageing. Clients should have

access to bi-lingual staff, interpreters, case management and advocacy as needed. A range of support for carers needs to be available to support them in their caring role. A Cultural Competence approach is needed by all services, as core practice and not as an afterthought or add-on, i.e. we need culturally competent mainstream services as well as specialist ethno-specific services.

Strengths of the current HACC system in NSW include:

- Community care organisations and their staff and volunteers are generally locally based; this creates efficiencies in not wasting resources in travel time etc.
- Local community based organisations have knowledge to be relevant and responsive to local needs, and to create appropriate services:

  'Local situations are all different. There are inequities across regions that need to be addressed by the access points program. This is a lost opportunity if the regional differences are not addressed. There are key elements in regional differences. Much service delivery capability is dependent upon relationships between service providers.'
  -HACC DO Network consultation by Access Point researchers in 2007

- Local community organisations have a local presence which makes them attractive to people who find it difficult or embarrassing to access support services.
- The range of service types available: HACC is able to provide a service mix to meet individual needs (not 'one size fits all') and recognises that some clients need just one service and not a whole package, e.g. social support services can be just as important as domestic assistance or personal care in assisting people.
- Service types like Social Support and Centre Based Day Care, and even Community Transport, address issues around social isolation; they enable clients to maintain lifestyle and establish/maintain contact with the community.

  This is demonstrated in client stories about service experiences which appear as interviews on 'Community Care Talks' (Sutherland Shire DVD). Marjorie, for instance, raves about her outings with her local Neighbour Aid group and shopping trips with a volunteer, which have enabled her to stay in the home she loves: '… I was very unhappy before…'

- Service type separation in HACC produces specialist abilities, efficiencies and innovation.
- The range of providers available, including specialists in particular target groups and service types; clients can choose providers most relevant to them.
- Partnerships and joint client care arrangements between providers.
- The mix of small, medium and large providers.
- The use of volunteers creates financial efficiencies in service types like Social Support in NSW and adds an important community dimension to service management and delivery.

- The number of existing providers utilising service models that promote client independence.

  For instance, Ageing Disability & Home Care in the NSW Department of Human Services' "Better Practice Project" is mapping good practice in person-centred service delivery across the State & developing a resource manual to promote these models to all providers. See- http://www.dadhc.nsw.gov.au/NR/rdonlyres/39C1876A-27F6-4C70-ABAD-CAD56D4F64E1/5041/BetterPracticeInform$65mationSheet1.pdf)

Weaknesses of the current community aged care system include:

- Tight program guidelines, eligibility criteria and fixed styles of service delivery that lack flexibility.

  '[In response to] CALD community lack of understanding of the concept of Respite…the [respite] service model needs to be flexible on how to deliver the services under the agreed framework'
  -Western Sydney HACC Managers Forum, 17/3/10

- Individual service providers that have not changed since they were originally funded, including those who have not yet adopted independence/enablement approaches.
- Poor culturally appropriate service delivery by many mainstream services, resulting in poor access to HACC by CALD communities.
- Greater supports are needed for specific client target groups and issues, such as domestic squalor, bariatric care (extremely overweight clients), mental health.
- Community Transport services are overwhelmed by demand created by insufficient transport provisions by other programs and jurisdictions, such as health-related transport (NSW Health).
- Tender specifications for 'packaged' models in recent years, including CACPs, have caused some service providers to generalise their services – and this results in them losing skills and expertise in the area in which they had previously specialised.
- Australian Government community care programs do not utilise and promote volunteer workforce like HACC.
- Lack of a nationally-consistent HACC fees policy and the need to provide clearer and more specific guidelines (e.g. for assessing financial disadvantage and capping/ reducing fees), while retaining HACC policy of not refusing any client a service if there is an inability to pay, and while catering to diverse circumstances.

  Key points in the 2007 HACC DO Network response to the Australian Government-funded consultancy on fees:

  -'flexibility is paramount and fees should never be fixed; we find diverse circumstances affecting service providers and clients in NSW compared with other State/Territories in the design and delivery of community care, not to mention difference between regions, the remoteness of the areas in which some clients live etc, which affect various elements of service delivery (eg. the transport costs of getting the worker to the client for an in-home service or delivering the client to an out-of-home service can be very diverse);

-a good fees policy is more than simply 'determining fees' and should describe a process of discussion and negotiation with each client by a qualified community care assessor who understands the breadth and depth of clients' issues; this will have two key elements: assessment of clients' ability to pay and structure of fees levels (tiered, ideally)
-fees should never pose a barrier to limit a client's access to services they need; the lack of sophistication in some agencies' current fees policies result in some clients paying more than they can afford in fees or making a decision to refuse services offered based on their finances rather than their need for support, while other clients who can afford to pay simply withhold payment, leaving service providers with little recourse
-It is vital to keep the fees policy as simple as possible; it should be easy for service providers to provide people with information about access & service delivery, per the HACC National Standards, & to explain & justify to clients what fee they are being charged.'

The issue of HACC fees have become so important in Western Sydney Cumberland Prospect-Nepean that a working group is currently developing a regional Interagency HACC Fees Protocol as a stop-gap measure. The working group recommends that the process of assessing for client financial disadvantage, as well as capping and reducing fees for multiple service users, be undertaken at the proposed one-stop shop level. This should help avoid any potential communication breakdown and arbitrary negotiations between service providers for their share of fee, where fee capping is involved.

5. PLANNING AND FUNDING ALLOCATION

A reformed community aged care system should be rights-based, not vacancy-based, so that people assessed as having need for support are not reliant on vacancies being available before their needs are met at both assessment and service delivery stages (i.e. the system in the UK). Comprehensive planning should extend beyond statistics and include local consultations around local need to plan for need at all levels as population and diversity grows, from low care needs occasionally to complex high needs. Funding allocations should look at the future, and not just identify services needed, but how they relate to the existing system; build capacity in existing providers rather than regular (and resource-intensive) tender processes constantly producing new providers of same service types. Client choice of a range of providers to support range of needs should be balanced against unnecessary duplication. Inclusive and person-centred means that the system is designed to support special needs groups as core practice, not as an afterthought.

Strengths of the current HACC system in NSW include:

- Planning occurs at a regional level and includes open consultation with service providers and user groups on unmet needs and gaps, with specific data collection such as waiting lists. Discussions encourage increased understanding of Program parameters and priorities at State and regional level.
- The HACC State Plans are published on the web, along with tender announcements and funding allocations, which creates greater transparency.
  (At www.dadhc.nsw.gov.au)

- Clear and consistent commitment to Program growth and development by the NSW Government, evidenced by funding for direct service, research, development and conferences.

  For instance, ADHC allocates approximately $65m to regional development workers (listed in Sector Development) and peaks, who support service providers and users. Statewide peaks with recurrent funding (not all HACC) include: National Disability Services, People with Disability Australia, Brain Injury Association of NSW, NSW Council for Intellectual Disability, Physical Disability Council of NSW, NSW Meals on Wheels Association Inc, NSW Home Maintenance and Modification State Council, Community Transport Organisation, NSW Council of Social Services, Council on the Ageing (COTA) NSW, Combined Pensioners & Superannuants Association NSW, Carers NSW.

- A transport component in funding for service types where transport is an enabling factor.

  For instance, all providers of Centre Based Day Care in Metro South have specific funds to purchase or provide clients with transport to /from the service.

- Current flexibility within HACC agencies regarding resource allocation (i.e. negotiable outputs and no set $$ parameters per client) allows for easier adoption to cost differences across a group of clients within a service, such as those related to distance.

<u>Weaknesses</u> of the current community aged care system include:

- General lack of funding in the system and limited capacity.
- CACP/EACH allocations do not encompass general consultation processes, but use calculations that rely on population measurements, which do not necessarily reflect actual demand for services.

  CACP providers in Sutherland Shire report great frustration with the lack of EACH allocations in the last Aged Care Round, despite significant waiting lists.

- It is vital to consult the local community in planning and funding allocation processes and that decisions are based on solid information about how local services interact with existing community networks. Many times, agencies have been selected by a National selection panel – that does not have any idea of the local issues – or how a particular service provider would perform in relation to other services; as a result, the services have failed or struggled to get referrals.
- HACC services worry about the role of HACC Minimum Data Set (MDS) in planning and determining new funding; services are only asked to report time spent on direct, individual client contact, not group activities, organisational planning, staff support and development etc.; it measures quantity of services given, not quality or outcomes for clients.

- Funded providers question some of the unit costs on which funding allocations and organisations' funding agreement outputs are based.

  NSW HACC Issues Forum has raised questions about the HACC Funding Allocation Method used in the State, particularly the apparent lack of consideration of increased service provision costs in regional areas.

- Lack of understanding of 'full cost recovery' requirements when using certain HACC service types (such as Food and Transport) by providers or clients already funded for the same service type/s through other programs like CACPs; some clients are inappropriately receiving a HACC-subsidised service because of the failure of the other program to meet their needs or pay the purchase fee.
- Funding of various programs by different levels of government has fragmented resourcing of the service system, creating duplication and competition, not to mention difficulty for clients seeking access.
- Competitive tendering has created barriers for collaboration between service providers.
- Current planning and funding processes assume HACC is only addressing low needs and CACP/EACH is for higher needs; actually, some personal care and case management providers in NSW are providing support above the limits of CACP/EACH and Veterans Home Care.

  For instance, client figures in Inner South West Sydney Home Care Branch over the past decade have shown about 17% clients receiving higher level of service than CACPs, not including people accessing service from the High Needs Pool.

6. SECTOR DEVELOPMENT

A reformed community aged care system should focus on continuous improvement in the knowledge, skills and good practice of the workforce through forums that promote networking and information-sharing, as well as enabling accessible, relevant training and development opportunities at individual and organisation levels. Partnerships and collaboration should benefit both service providers and their clients.

Strengths of the current HACC system in NSW include:

- The 25-year history of the Program has created best practice by a skilled workforce, including many paid workers, volunteers and managers who have been involved for more than 10 years.
- Clear lines of communication with Project Officers from Ageing, Disability and Home Care (NSW funding body), who are easily accessible to answer questions and initiate

service contact/visits outside service monitoring; most HACC DOs enjoy good relationships with ADHC regional staff.

For instance, ADHC Planning Officers from many regions (e.g. Metro South, North Sydney, Western Sydney, Riverina Murray, to name a few) attend Community Care forums, meet with HACC DOs and Aboriginal HACC DOs, and participate in working groups for special projects. They share useful information and engage in discussions/consultations with the sector, as well as in problem-solving on systemic issues.

- Community development workers who canvass issues with service providers, assist with structural issues and capacity building, including HACC DOs, Aboriginal HACC DOs, Local Government Workers, Multicultural Access Projects, Carer Support Projects, Dementia Advisory Services, HACC Training Projects.

  Please see all development worker positions listed as 10.20 at *http://www.dadhc.nsw.gov.au/dadhc/Doing+business+with+us/service_type_descriptions.htm*

- HACC DOs and HACC-funded local government workers facilitate HACC/Community Care Forums that provide opportunity for strategic discussion and action.

  Recent agenda items around NSW include: HACC Eligibility, Client Rights, Advocacy Services, Communication Methods (Sutherland Shire); Referral/Waitlist/Capacity Management, MDS Issues, HACC Fees, Workforce Development, COAG Health Reforms, Building Linkages with other NSW human services, Cost-effectiveness of HACC services (Western Sydney CP-Nepean), Ethical Issues in HACC, among many others.

- Funding for community and sector development projects, both recurrent and one-off in nature, encourage and enable provider agencies to work together for clients.

  -Recent projects around NSW include: NSW HACC Innovative Solutions Manual (HACC DOs Network); Ageing in Isolated Areas, 'Community Care Talks' DVD (Sutherland Shire); (CALD) Communication Aid for Aged Care Services and Working with Healthcare Interpreters (Multicultural Access Project-Cumberland Prospect); Recruiting and Retaining CALD Volunteers in HACC Resource Kit (SW Sydney), among others.

  -Some unfunded initiatives being spearheaded by HACC DOs in partnership with the sector include development of interagency coordination protocols and Interagency HACC Fees Protocol (Western Sydney Cumberland-Prospect Nepean), among others;

  -Some recent ADHC-initiated sector development projects include: HACC Workforce Project, www.carecareers.com.au, Better Practice (person-centred approach) project, Good Governance project, Working with Carers Training and OHS Client's Home as Workplace project, among others.

- Peaks and networks work across service types and the whole sector.

  For instance, IMPACT Services was developed by the NSW Industry Forum (NSW Peaks and Agencies) in late 2008 as a new brand against which HACC service providers in NSW could position themselves as a part of a refocus on client-centred approaches. For details, please visit- http://www.impactnsw.com/what.html

Weaknesses of the current community aged care system include:

- There is unmet need for training and .cultural change to bring some providers up-to-date with IT, including online information gathering and referrals.

- There is unmet need for training and cultural change to ensure all providers are culturally-competent and able to respond appropriately to the needs of CALD and ATSI clients, as well as older people with HIV/AIDS, gay/lesbian/transgender.

7. TRANSITIONING INTO A NEW SYSTEM

Current community aged care providers already struggle with:

- Uncertainty about the future of HACC; lack of information from governments to enable workers to plan their lives and inform clients.
- Uncertainty about organisational survival.
- Ability to recruit and retain staff due to poor pay levels, low morale, lack of career pathways etc.

They want the transition to include:

- Retention of HACC DOs and other local sector development workers and their products which include: client brochures, HACC orientation packs, websites/intranets, newsletters, workforce training, individual advice to service providers and users, community education, research and development, advocacy, targeted initiatives, among others.
- Community care provider networks and their products, including regular forum meetings, protocols/agreements for collaboration.
- Simplified reporting to funding bodies and incentives and rewards for quality service delivery and collaborative practice.
- Mix of small/medium/large/ethno-specific providers.
- Well-promoted, flexible choice for clients, including self-directed care models.
- Accessible and culturally-appropriate choices for CALD and ATSI clients.
- Continuity of access and service delivery as clients age and needs change, including transitions for people under 65 years old with disability who experience early onset of age-related conditions, episodic conditions etc.
- Evidence-based planning and practice, including continued funding for existing providers who meet current compliances, so clients don't have to change provider.

  When the Commonwealth re-tender of NRCP occurred, the negative impact were wide-ranging and include: loss of skilled/knowledgeable staff in the time between announcement and re-funding; the time providers had to invest in a tender process that took them away from direct service; privacy issues with client information and change of provider; lack of continuity of service.