Catholic Community Services
Submission to the Productivity Commission
Caring for Older Australians

Catholic Community Services (CCS) welcomes this opportunity to provide input into the Productivity Commission's review of services and care for older Australians.

CCS is a division of Catholic Healthcare Limited, one of the largest providers of residential and community aged care in NSW with 39 residential aged care facilities, 10 senior living facilities and a diverse range of community aged care programs including 901 aged care packages, 23 consumer directed care packages and a substantial allocation of HACC programs. CCS has experience in providing care to a range of special needs groups, such as older homeless, Indigenous Australians, culturally and linguistically diverse older people and older people who live in squalor.

CCS has developed new services and approaches to address service gaps and shortfalls of the existing aged care system as follows;

- CCS has a Centralised Access Point (CAP) which makes it easy for older people to access the most appropriate service for their needs.
- CCS has adopted an Enabling Philosophy which supports clients to regain their independence and seeks to reduce ongoing dependency on aged care services.
- CCS has developed a Squalor program to address the special needs of clients with hoarding problems and reducing the risk of homelessness.

1. Entry into Community Services

Aged Care Assessment Teams

The current system requires Aged Care Assessment Teams (ACATs) to determine a person's eligibility for DoHA funded community packages under the Aged Care Act. Eligible care recipients are placed on a waiting list for services. In some areas ACATs maintain waiting lists, while in other areas providers have responsibility for managing their own waiting lists which can create inequities in access for clients.

Once a place is available, the potential care recipient is assessed by an approved community care provider to determine the care recipient's suitability and willingness to accept a package. There is often a poor uptake of packages following the provider assessment. CCS statistics for the past 3 months show that the majority of clients (60%) declined packages when they were offered.

The high rate of declined packages results from a lack of understanding by clients during the ACAT assessment about the packaged care and delays in receiving care which mean that clients' may have made alternative care arrangements or their circumstances have changed so that they no longer require a package. There is an opportunity to improve these entry systems to address these inefficiencies.

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Recommendation 1.1
It is recommended that a system is developed to facilitate clients understanding of aged care packages and the role of Aged Care Assessment Teams and community service providers in assessment and referral processes.

Client Fees

Fees are generally established with clients prior to commencement of services and therefore at the initial meeting or assessment, clients are asked to discuss financial contributions towards their care.

Clients are not refused a service due to their inability to pay, however service providers face challenges in gauging a client's 'actual' ability to pay. These challenges include clients who are asset rich but cash poor, those who refuse to contribute, those who refuse to disclose their financial situation and those who have many additional costs such as medication and allied health interventions.

The current system requires case managers / coordinators to make a judgement call on whether to reduce or waive fees. This often makes coordinators / case managers uncomfortable as there has been limited time to build rapport prior to asking for client's to disclose financial situation.

The Australian Government has well-established systems for means-testing which is used to assess eligibility for pensions and other benefits. These systems could be used to advise aged care providers on care recipients' eligibility for fee reductions and waivers.

Recommendation 1.2
It is recommended that a system be established to more objectively and fairly determine fee payments.

Recommendation 1.3
It is recommended that higher levels of funding be provided for services to financially disadvantaged clients to compensate service providers for foregone client contributions.

Centralised Access Points

In 2006, COAG agreed that there should be simplified ways for consumers and carers to get information about and access community care services. As a result ten Access Point Demonstration Projects were implemented in seven states and territories. The anticipated benefits of this approach was that people would have a centralised place where they could get comprehensive and consistent information about local services and receive consistent screening and eligibility assessments.

Some of these demonstration project access points were operated by government agencies alone, non-government organisations alone and others by combinations of government and non-government organisations together. Some projects operate on a network model and others on a central intake model. An evaluation is currently in progress.

Catholic Community Services Centralised Access Point
As a large NSW based non-government community services organisation, Catholic Community Services began a centralised access point in 2007, operating from the Sydney based Meadowbank office.

The CCS Customer Service Centre (CSC) is the single point of access for all existing and new Community Services clients, referrers, external brokers, community members and staff throughout NSW seeking information on CCS and other services. The CSC assists callers to identify their needs and the most suitable services in their region. It has information on service availability and eligibility and supports callers to access services as promptly as possible in a streamlined manner.

The CSC manages all calls and the administrative aspects of CCS work, including billing and compliance reporting from a central point. This centralized function allows co-ordinators more time to focus on their clients. Calls to the CSC provide the caller with access to all sections of the organization between 7am to 5.30pm, Monday to Friday, as well as providing urgent after hours support to clients and staff through phone diversion to on-call co-ordinators and community workers.

The CSC staff has a diverse background including nursing, case management, social work, accounting and community care. The staff are also trained in customer service.

This approach has proved to be very successful for CCS staff and clients by: freeing up co-ordinators to have more face to face contact with clients and carers; avoiding duplication of effort by both clients and staff; giving clients, carers and members of the general public quick response to enquiries; and conducting preliminary phone based assessments using standardised referral and assessment tools.

CSC technology
The CSC is accessed via a state-wide 1800 local call number. The service utilises a state-of-the-art CISCO phone system with real-time call monitoring to ensure calls are answered in a timely and high quality manner. This system interacts with a client information system so CCS client records can be immediately updated.

The service would have the capability and capacity to link to other systems such as HSNet, ServiceLink and ReferralLink if required in the future.

The CSC service capacity
Each month the CSC takes between 4000 and 6000 calls with the capacity to grow and offer the service to other Community Services organisations.

The CSC outcome
Evaluation of the CSC services has shown that for the past two years, the Catholic Community Services CSC has successfully: provided clients, carers and the general community with information about community care services; provided advice on eligibility for services and conducted initial phone based assessments of need; and assisted with referrals to other Community Services community care providers or to other specialised or comprehensive assessors, as appropriate.

The Centralised Access Point approach has proved not only to be a simplified system of entry and access to community care services but also by providing a central point of contact for all other organisational information such as invoicing and for easy communication with a mobile workforce.

Catholic Community Services has realised great benefit for its own organisation through the CAP, particularly for clients, carers and staff. This service has made negotiating a service system in a large metropolitan area simpler for all and has the added benefit of being a central contact point for state-wide services.

As a technologically sophisticated organisation, CCS is well placed to manage such a single point of access facility on a larger scale. CCS sees the expansion of this service to other similar organisations as a natural progression.

Recommendation 1.4
It is recommended that evaluations of Centralised Access Points be extended beyond the ten Access Point Demonstration Projects to capture the learnings and experience of other CAP models.

2. Service Provision

Enabling Philosophy

Enabling approaches challenge the traditional perception of community services which has focused on the delivery of ongoing, maintenance care. Enabling services improve an individual's capacity to participate independently in daily life. There are widespread use of enabling approaches across the United Kingdom, where older people are re-abled on intake to a service. Results from the UK are impressive with service providers consistently finding that the majority of clients (approx 58%) do not need ongoing services following re-ablement. Follow up studies have found that a substantial number of these older people (approx 40%) still do not require services a year later[1].

In 2007, CCS commenced implementation of an enabling approach to care in order to build on clients' strengths and abilities. Recently, CCS has received a Better Practice Grant to work with the Department of Ageing, Disability and Home Care (ADHC) to further develop and evaluate the enabling model in a Sydney metropolitan region.

Ageist assumptions about inevitable dependency of older people too often results in premature and unnecessary reliance on service provision. Enabling approaches improve clients' independence and quality of life. By reducing the need for ongoing service provision, enabling services have proven to be cost effective by reducing the costs of ongoing care.

Recommendation 2.1
It is recommended that a Community Care Enabling Strategy be developed to guide the implementation of enabling within the sector. This strategy should include the development of appropriate funding models, as well as plans for training, tools and evaluation to support implementation.

3. Special Needs services

Severe Domestic Squalor

As the population ages, there will be an increase in prevalence of complex needs, not all of which are generally associated with the process of ageing. One of these areas of need is those who have poor living conditions, including those who are living in conditions of severe domestic squalor.

Catholic Community Services has been working in the area of Severe Domestic Squalor since we commenced a pilot program in 2008 which was funded by the Department of Ageing, Disability and Home Care (ADHC). In October 2009 the program was formally evaluated by the Social Policy Research Centre, University of NSW, and in late 2009 received further funding through ADHC to continue to provide services in the area of severe domestic squalor and compulsive hoarding. The research included 218 referrals, 55% were male and 45% female with an average age of 62 years, with referrals ranging from 20 to 94 years of age .The service model adopted incorporates the following elements:

- Holistic assessment
- Case management
- Flexible and individualised support
- Intervention design and planning
- Service coordination
- Reviews of intervention
- Advice and support to front line workers
- Training

- Collaboration with individuals, organisations and agencies
- Identifying sustainable options

One of the key findings of the evaluation was the over-representation of people referred to the program who were living in public housing. While only five per cent of the population lives in public housing, 54 % of referrals to the program were tenants of either Housing NSW or a Community Housing organisation.

Issues of squalor and hoarding are recognised as complex sets of conditions and are characterised in individuals by some or all of the following behaviours:

- Living conditions which are very unclean and which may be considered as inhabitable by others
- Hoarding of large numbers of items such that the function of living areas is impaired
- Neglecting internal and external household maintenance
- Exhibiting eccentric behaviour and lifestyle
- Poor self-care in hygiene and nutrition
- Social isolation
- Neglect of health care including attendance at medical appointments and taking of prescribed medication

For individuals experiencing issues of squalor or hoarding there may or may not be the presence of social and health conditions such as mental illness, dementia, substance use disorders, poverty and a history of trauma.

Intervention is based on: reducing the consequences associated with squalor; addressing any underlying impairments; and improving the client's living conditions.

Recommendation 3.1
It is recommended that severe domestic squalor and compulsive hoarding clients are recognised as a special needs group.

Recommendation 3.2
It is recommended that adequate funding be provided to allow for the additional hours of intervention required to address hoarding and provide specialised case management and personal support required for elderly people living in squalor.

Assistance with Care and Housing for the Aged (ACHA)

The Australian Government's 2008 White Paper on Homelessness: *The Road Home* acknowledged the important role the Assistance with Care and Housing for the Aged (ACHA) program plays in linking older homeless people to accommodation and support. Each year over 3,000 older Australians are assisted by staff of ACHA programs to access housing and care in the community. Access however, is not guaranteed for all Australians.

In New South Wales, ten (10) extant ACHA programs meet the aims and objectives of the program in designated local government areas. Catholic Community Services ACHA program based at Waterloo in Sydney covers the City of Sydney and Leichhardt local government areas. This program has demonstrated consistently successful outcomes aligned with *The Road Home* 2020 goals. Specifically, the program aims to:

- prevent homelessness by intervening early in at-risk tenancies;
- offer an integrated and responsive service that achieves sustainable housing, improves social and economic participation; and

- facilitate the movement of older people into stable housing with the support they need to prevent the recurrence of homelessness.

In 2008-09, 66 new clients were seen by the Waterloo ACHA program. The number of active clients provided with support in that time was 136. The highest number of referrals was from emergency shelters and refuges (18%) followed by self-referrals (12%) and then hospitals (11%). The remainder of referrals were from community-based housing and health services and a variety of other sources. These patterns of referral offer an interesting insight into the pathways out of homelessness and correlate with the significant social and economic benefits of finding responsive and sustainable solutions to issues of homelessness.

Within that year, 39 people were assisted to apply for and access housing through Housing NSW and Community Housing. Over 75% of people were identified as having a primary need beyond housing, i.e. those for whom the provision of housing was merely part of a bigger picture of health-related or social support need. By focussing on accessing support at these key transition points and changes in life circumstance future relapse into homelessness was prevented.

Recommendation 3.3
It is recommended that increased funding is provided for the ACHA program to enable this service to continue to be responsive to the needs of this marginalised client group throughout all regions in Australia.

Homeless Aged

Financial disadvantage in the older demographic has seen an increase of older people in public housing. Over 102, 000 people or 29% of all residents in public housing in Australia are 65 years of age, 24% of whom are over 75 years of age. Demand for public housing for older people is expected to rise 76% between 2001 and 2016 with the highest increase in demand from the 85 year old plus group[1].

Older disadvantaged people rarely have assets to secure entry into a residential aged care facility and often cannot pay the bonds required. Concessional or supported places within residential aged care facilities are limited and proportional to the general population, however with 70% of people aged over 65 years reporting their weekly income less than $400 per week[6]; this allocation does not meet the financial situation of the ageing population. With experts estimating the “baby boomers” generation will need $1 million in assets to retire, a community based accommodation model will provide an affordable and sustainable solution.

The Federal Government’s White Paper *The Road Home: A National Approach to Reducing Homelessness* recognises the need to promote a successful model of housing for older people who are homeless or at risk of homelessness, and has amended the Aged Care Act 1997 to reflect older people who are homeless as a ‘special needs’ group.

Recommendation 3.4
It is recommended that a community based accommodation model be established to provide secure housing for older people at risk of homelessness.

The primary features of a community based accommodation model include:

- Environment – safety and affordability are key. Subsided rent and a weekly service fee to provide drop-in support staff, some transport and in-house activities.
- Care Services – integration of care coordination of in-home support services, allied health and medical services will facilitate successful independence in the community and prevent premature admission to residential aged care.

- Independence – facilitation of care recipients' skills and supporting social connections to enable the continuation of independence in the community.
- Social inclusion – to ensure care recipients have a valued role in their community and can make the contributions to the community as they desire.
- Permanency – to ensure security of tenure and an enduring sense of home.
- Partnership – to make the most of areas of expertise in the community to support the continuation of independence in the community, eg NGOs, Allied Health, Housing, Health services.

This accommodation model offers a solution that facilitates partnerships in the community and with government, with the care recipient and with formal service providers. Duplication and cross-over of services will be minimised. This accommodation model offers an affordable long-term alternative for older disadvantaged people; increasing their health and wellbeing, participation in the community as a valued member and reducing stress and reliance on formal support agencies.

4. Consumer Directed Care

Catholic Community Services (CCS) supports the Consumer Directed Care framework for community aged care. Consumer Directed Care recognises the calls from care recipients and carers for increased flexibility, choice and control over the service they receive in the community. CCS currently provides person centred care through strengths based assessment and individual choice for all levels of packaged care across the state.

CCS recognises the successful operation of Consumer Directed Care is dependant on the following key principles:

- Integration – to provide additional options for care recipients already receiving care and to utilise existing operational structures
- Responsive – to ensure that the care recipients and carers support needs are not hindered by budgetary constraints
- Inclusive – to ensure social connections are recognised as a significant health and wellbeing outcome
- Equitable – to ensure transparency and accountability in all interactions with care recipients and carers
- Optional – to recognise the voluntary nature of participation in Consumer Directed Care
- Care recipient and carer centred – to ensure the appropriate supports for each individual are put in place to enable control over their service and budget
- Supportive – to ensure information and consultation support informed choice
- Sustainable – to ensure that care recipients can comfortably plan for their future care requirements.

CCS understands that Consumer Directed Care is a deeply personal choice and not suitable for all care recipients and carers. A sample of existing CCS CACP, EACH and EACH D clients from each service area was undertaken to provide an understanding of demand for consumer directed care and likely needs. 48% of those surveyed expressed an interest in receiving a CDC place. Interest in CDC was higher among CACP clients, than EACH/ EACH D clients. Informal carers of EACH and EACH D clients often reported not wanting additional responsibilities involved in CDC as they were already experiencing high levels of stress.

The results of the CCS survey are broadly consistent with reports on experiences of various forms of CDC from other countries. In addition, literature shows:

- CDC can reduce the burden on informal caregivers[2].
- CDC clients choose care workers from the same ethnic background and who speak their language[3].
- CDC clients seek to build relationships with their care workers by having consistent staffing[4].

- Concerns about the balance between the client's right to make choices and risk can present a barrier to the implementation of CDC. The Department of Health in the UK has published *Independence, Choice and Risk: a guide to best practice in supported decision making*. CCS uses this guide as a resource in staff education.

Recommendation 4

CCS recommends greater emphasis on consumer-directed care in the delivery of aged care services.

CONCLUSION

Reform of the community aged care sector has the potential to make the system fairer, easier to access, more cost effective and more focused on client needs.

Community aged care can assist clients to achieve independence goals, improve quality of life and contain costs of ongoing care. There is a growing body of evidence from the UK and Australia on the efficacy of enabling approaches and the benefits of consumer directed care.

The community aged care sector also has a significant role to play in providing housing assistance and tenancy support to prevent older homelessness, including programs to assist clients who live in severe domestic squalor.

CCS welcomes this review and looks forward to the draft report.

SUMMARY OF RECOMMENDATIONS

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Recommendation 1.1

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Recommendation 1.2

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4. Consumer Directed Care

Recommendation 4

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References

1. Gerald Pilkington, Department of Health, United Kingdom – personal communication.
2. Forster, Brown, Phillips & Carlson. (2005). Easing the burden of caregiving: the impact of consumer direction on primary informal caregivers in Arkansas. The Gerontologist, 45(4), 474-498.
3. Benjamin, Matthias & Franke. (2000). Comparing consumer-directed and agency models for providing supportive services at home. Health Services Research 35(1), 351-366.
4. Help the Aged. (2008). Personal budgets and self directed care – policy statement.
5. Naufal, R. (2007). National Shelter: A Literature Review of Seniors Housing in Australia.
6. Australian Bureau of Statistics. (2006). Census Basic Community Profile (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

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