
Reply to
Productivity
Commission
Draft Report
“Caring for Older
Australians”

Submitted by
Western Sydney Regional
Community Care Forum

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Introduction and Scope

Western Sydney Regional Community Care Forum (“the Forum”) is made up of government and non-government organizations providing services to older people, people with disabilities and their carers in Western Sydney. The Forum welcomes the opportunity to comment on the Commission’s findings and recommendations to date.

The Forum is convened by Western Sydney Community Forum (WSCF), a non-profit community-based agency which supports and resources community organizations in Greater Western Sydney. WSCF has been involved with the Home And Community Care (HACC) Program in New South Wales since 1987.

The focus of the comments in this submission relates to the community care system. The Forum supports the general direction of the Commission’s report as it relates to community care. If carefully implemented, the proposed reforms will address the issue of overlapping service types and the general complexity of the current system.

This submission makes comment on:

- The proposed Australian Seniors Gateway Agency
- The “Building Blocks” approach
- Consumer Directed Care model
- Catering for Diversity
- Workforce Development
- National Co-Contribution Scheme
- Regulatory Arrangements

Australian Seniors Gateway Agency

The Forum acknowledges that the current system is complex and confusing, and welcomes any initiative that makes access to the system simpler for older people, their carers and families. However, there is a concern that the Gateway Agency has sufficient capacity to deal with demand, which the Productivity Commission rightly indicates is growing.

The Gateway Agency should have:

- Sufficient capacity to prevent backlog
- Sufficient capacity to manage all waiting lists and provide “real time” data on service availability
- A local presence
- A “no wrong door” approach; all inquiries about aged care should find their way

to the Gateway Agency. Older people, their carers and families should not be expected to make multiple contacts with the system in order to receive appropriate information, assessment and referral.

- An active care navigation role, to guide people through the system
- Culturally competent staff, who have the capacity to conduct appropriate assessments. The Forum welcomes the proposal to make use of Interpreter Services, but this in itself is not sufficient to provide culturally appropriate assessments. Recruitment of skilled bilingual workers to these Agencies is essential.
- The frontline assessors need to be highly skilled in counselling and in knowledge of all the current services available, what they actually provide, and their availability.
- The Gateway Agency should have the capacity to conduct face to face assessments where this is indicated. This is important for CALD communities in particular. Culturally and linguistically appropriate assessment and diagnostic tools are necessary to provide an accurate understanding of a person's needs.

The Forum is concerned about existing clients of community care, who number approximately 240,000 in NSW in 2007-2008, specifically that they be guaranteed continuity of care and minimal changes to existing care arrangements where these are working well. The Forum believes that older people and people with disabilities will be best served if the transition to new arrangements is smooth and well thought out in order to minimize fear and disruption to existing arrangements.

The Building Block Approach

The Forum generally supports the Building Block approach, as this will remove artificial barriers between services and will potentially allow clients to remain with their preferred care provider as their needs change. The building block approach has the potential to create a more responsive community care system, where services are provided based on assessed needs as opposed to service type definitions.

The interface between Health and Community Care providers in the building block approach needs to be clearly articulated. An issue of concern is the distinction between government agencies and NGOs as direct service providers in the building block and under a Consumer Directed Care model. There needs to be considerable improvement in the linkages between health and community for the building block approach to work effectively for older people. Non-government providers need to be given equal status as partners in the provision of care to older people.

Consumer Directed Care

The Forum supports the concept of Consumer Directed Care and notes that there are a variety of models in operation internationally¹. The Forum agrees with the Commission's view that the introduction of Consumer Directed Care will require additional resourcing of advocacy services. Some consumers will be better placed than others to make informed decisions about appropriate care and to choose between providers. Even with the assistance of advocacy services, consumer directed care may not be appropriate for some people such as those with cognitive impairment.

Significant resources will need to be invested in ensuring that older people, their families and carers are well informed about the care system and that they have the skills to enable them to effectively manage their own package of care.

The Forum notes that there are risks in the Consumer Directed Care model for both clients and organizations, and agrees with the Commission's view that the role of support services such as information, care advocacy and planning will be critical. Consideration could be given to incorporating case management funding in clients' funding package.

The Forum strongly supports block funding of some services such as social support, community transport and meal services, all of which rely heavily on volunteers. These services are cost effective because of their strong volunteer base, in addition to contributing significantly to social capital. The provision of these services, as well as packaged care, across accommodation settings is strongly supported. For example, the HACC-funded social support programs provide a similar service to the Commonwealth funded Community Visitors Scheme, the major difference being the setting of service provision. Recent research in Western Sydney² revealed that residents of aged care facilities are disadvantaged by their lack of access to HACC-funded community transport services, particularly to medical appointments. Community Transport organizations are set up to provide this service but are constrained by program guidelines which restrict their services to community dwelling frail aged people and people with disabilities.

Block funding at least in part, needs to be made available to Centre-Based Respite Programs (Day Care Centres) as these services have fixed overheads, for example rent, utilities, building maintenance, that do not vary according to client numbers.

The Forum also supports direct funding for sector development positions, particularly in

¹ Ottmann, G., Allen, J., Feldman, P. (2009). Self Directed Community Aged Care for People with Complex Needs: A Literature Review. UCCO/Deakin University, Melbourne.

² Great Community Transport. (2009). Transport Needs of Residents in Aged Care Facilities in Penrith and Blue Mountains LGAs.

NSW, where the community care sector is more complex than in other states. Such positions would include HACC Development Officers, HACC Training Projects, Multicultural Access Projects and Dementia Advisory Services. These positions have been instrumental in progressing the many reforms the HACC program has undergone in NSW, and are ideally placed to support the implementation of the reforms proposed by the Commission.

Small community managed organizations provide a range of HACC services in NSW. These are usually locally based with a relatively high profile in their communities. There is concern about how these organizations will compete with larger providers with more sophisticated marketing operations. Social support services, community transport services and meals on wheels services are typically auspiced by smaller organizations in NSW. These organizations provide important services at the Basic Support level of the Commission's proposed building block model, while also contributing to the well being approach advocated by the Commission because of their focus on linking older people with the wider community.

Counseling, support, and advocacy services for carers should also be considered for direct funding, as carers in crisis need timely access to emotional support.

National Care Co -Contribution Scheme

The Forum supports an equitable and affordable national co-contribution scheme for community care based on assessed capacity to contribute to the cost of services, with provisions for financial hardship. The current contribution regimes between packaged care and HACC services is inequitable and unwieldy to manage and can result in disincentives for people whose needs are best met by receiving packaged care opting to stay with their HACC provider to minimize their financial liability. There is also great diversity between the co-contribution regimes of package providers which can result in people shopping around for the provider with the cheapest fee, rather than the one who can best meet their needs.

The Forum supports a simpler assessment based on pensioner status for older people who are receiving basic support services under \$100/week. However, there should also be a simple and clear way to assess for financial disadvantage even among those not receiving a pension. The procedure should take into account additional expenses associated with special needs, such as medications, alternative therapies, physical aids and equipment, high accommodation cost, specialist care, among others. Some current State HACC Fees policies (e.g. WA) have adopted tiered fee schedules according to net level of income (after accounting for special needs/expenses). They specify fee reduction procedures that may be worthy of consideration by the Commission.

Catering for Diversity

The Forum welcomes the Commission's acknowledgement of the diversity of older Australians and that this diversity is not only related to CALD status.

The system needs to be able to address the needs of older people with chronic mental illness and other lifelong disabling conditions such as Down Syndrome, older people who are homeless and older people from refugee backgrounds.

The issue of early onset dementia also needs consideration. Under the COAG Agreement, responsibility for care of people under 65 years will rest with State governments, however the expertise in Dementia Care is clearly located in the aged care sector. This issue requires careful attention to enable the vision of continuity of care to be implemented for this group of people.

The Australian Government should ensure that remote and Indigenous aged care services are actively supported before remedial intervention is required. This support would include but not be limited to:

- the construction, replacement and maintenance of appropriate building stock
- meeting quality standards for service delivery
- clinical and managerial staff development, including locally delivered programs and enhanced use of technology assisted training
- funding models that are aimed at ensuring service sustainability and that recognise the need for the building of local capacity to staff and manage such services over time.

Development of Formal Workforce

The Commission received submissions highlighting the use of temporary or agency staff to address staff shortages, and the challenges this can pose for continuity of care and client well being. The Forum is concerned that the open market (i.e. Consumer Directed Care) model of community aged care would make workforce planning difficult and potentially affect organisations' ability to provide regular and sufficient hours for their direct care staff, both of which contribute to job satisfaction and reduced turnover. Sustainability of small businesses in this environment is also a concern expressed by the Forum. How would they survive and budget for the future if the quantum of their client base is not known?

While the matter of sponsored migration programs for nurses and aged care workers (page 371 in the report) is beyond the scope of this submission, the Forum strongly supports the need for more bilingual workforce development in Community Care. This is

to address a potential shortage in trained bilingual community care workers, especially in areas/communities where there is less English language proficiency among older/ageing people.

New Regulatory Arrangements

The Forum welcomes streamlining of regulatory arrangements through the proposed Australian Aged Care Regulation Commission (AACRC). As indicated in the Report, the proposed AACRC will need to have a clear communication strategy and be in regular dialogue with stakeholders. The relationship between the AACRC and Department of Health & Ageing (DOHA) needs to be clearly articulated and DOHA should ensure that it has a regional presence.

Support should be available to small volunteer managed organizations who are current providers of aged care to acquire Approved Provider status under the Aged Care Act.

In transparently recommending the scheduled set of prices for care services, the Forum supports the call for the AACRC to take into account costs associated with catering for diversity, including:

- providing ongoing and comprehensive interpreter services (either within facilities or through telephone translators) for clients from non-English speaking backgrounds
- ensuring staff can undertake professional development activities which increase their cultural awareness.

In terms of streamlining quality reporting requirements, the Forum welcomes the introduction of the Community Care Common Standards.

Conclusion

Western Sydney Regional Community Care Forum supports the general direction proposed by the Productivity Commission in its draft report. It urges the Commonwealth Government to proceed with caution, to consult widely, to acknowledge the existing expertise in the sector, particularly as it relates to diversity and special needs groups, and make its implementation plans transparent.

Further information regarding this submission can be directed to:

Christine Mifsud, Regional Resource Worker, Western Sydney Community Forum
0411 644 600, christinem@wscf.org.au

OR

Rocellita Lacsina, Regional Resource Worker, Western Sydney Community Forum
0411 644 680, rocellital@wscf.org.au