

NSW Community Care Industry Council Submission To COAG Re Future HACC funding responsibilities

Purpose of Report

To advise governments on the key features that must be included in the current proposal before COAG to split HACC funding responsibilities between Commonwealth & State jurisdictions in regard to Aged Services & Disability Services. These key features will assist in ensuring future optimal arrangements for the ageing and disability services systems in NSW.

Background Summary

At the next Council of Australian Governments (COAG) meeting, the issue of splitting funding responsibility between Commonwealth & State jurisdictions for Aged and Disability services is planned to be discussed. The major implication of this proposal is the splitting of the HACC program across 2 levels of government funding jurisdictions.

A change in splitting HACC funding arrangements could have some severe implications for older Australians, people with a disability and the community care sector if not planned and managed appropriately by government.

Basis of this Report

This report is based on the findings of a recent statewide consultation workshop held with representatives of key ageing and disability peak organisations within the community sector in NSW on Friday 7th November at Rhodes NSW. Peak organisations representing both service providers and consumer groups were in attendance at this workshop.

NSW COMMUNITY CARE SECTOR RECOMMENDATIONS TO COAG: Key features essential for future Aged Services and Disability Services systems in NSW.

Seven Key Features to transcend and infuse both future service systems:

1. A Holistic View by Governments. Regardless that each 'system' may in the future be funded by a different government jurisdiction, services to older people and to people with a disability need to be seen as, and treated as, being fundamentally interlinked and as one 'whole' system. That is, all governments must ensure that they take a holistic view of service provision for both target client groups because of similar service, administration and transition requirements both within and between the proposed two separately funded

service systems. It will be important to take a 'whole of community care' approach in planning this new service system.

2. A clear vision for each service system. Fundamental to optimum service efficiency is a clear understanding of what each service system is responsible for AND how each will relate to the other – especially in terms of 'transitions'.
3. An agreed set of Principles that will underpin both service systems. Recommended principles that must be included are:
 - a. A 'person centred', 'empowerment', 'quality of life' approach to service provision. This means that the 'person' is at the centre of service decision making and that services are planned based on the goals and needs of the person in such a way that the person is maximally empowered to live the life they wish to live. This approach recognises differences between clients and is a positive 'strengths based', 'wellness', 'preventative' and 'socially inclusive' approach to service provision and not a traditional paternal 'provider' or 'treatment' approach.
 - b. An 'outcomes for client' approach to service provision. Quality processes and outputs are important but not if they don't lead to positive outcomes for clients. A quality service that produces quality outcomes for clients is what is needed.
 - c. A flexible and responsive approach to funding and service provision. It is important to remember that 'simple access' does not equate to 'single access'. Responsiveness to client need, including changing needs, is the key. Where possible this principle advocates for clients having a choice of provider - otherwise principles a) & b) above cannot be achieved. This principle is also important to ensure that innovation can continue within the sector so that, over time, services are enhanced by continuous improvement.
 - d. Access to services to be demand driven, not supply driven. Access to be based on a 'right' to access services according to 'need', not fitting a person into a service type where there is a vacancy.
 - e. Equity of access to service provision.
 - f. Portability of funding (that is, funding that is attached to and 'goes with' the person – whether this be across providers, across state and/or territory boundaries or transitioning between the disability and aged services systems). Continuity and consistency of service provision is critical for clients, especially when changing service providers or transitioning into a new system.
 - g. A 'blended' funding model that provides some funding to individuals as well as to providers to enable principles a), b), c), & f) to actually occur.
 - h. Importance of a mix of provider types. Both for meeting differing client needs and also for ensuring sector innovation and service improvements, small community based providers in the future are as essential as large providers. Likewise providers from different 'value' bases and different

specialisations (eg an indigenous focus, dementia focus etc) are essential for optimum future service provision.

- i. Recognition of the important role that carers and the extended family provide. This means that carers/members of the extended family need to be acknowledged as having a role in service planning and that they too may need to be recipients of appropriate support services. Particular attention needs to be paid to the extended family in CALD families and Indigenous families.
 - j. Recognition of the different needs of different geographical communities such as regional, rural and remote areas.
 - k. Clear, consistent and simple referral systems and protocols which clients, their families and carers can understand and use.
 - l. Clear, transparent and accountable processes for providers to follow.
 - m. Clear guidelines for, and effective monitoring of, the quality of service provision. This 'quality' approach must include the involvement of clients in ongoing service monitoring and evaluation.
 - n. A 'sector development' approach to funding. This approach will help to ensure that sector development occurs in priority areas such as workforce development and to enable the involvement of clients in ongoing service monitoring and evaluation. Specific funding to peak agencies and for regional HACC development workers, will also assist with community development and assist governments to monitor and maintain effective community service systems.
 - o. Where possible, a simple system of funding to providers (whether it be a grants model or a purchasing model etc). An uncomplicated system of funding is important to minimise administrative overheads for providers as complicated processes simply eats into funding that could otherwise go on direct service provision for clients.
 - p. Where possible, only one efficient quality system, data collection system and reporting system for providers to adhere to. Any more than one cross system approach will unnecessarily build inefficiencies (and therefore costs) into the provider system – which in turn will also eat into funding that could otherwise go on direct service provision for clients.
 - q. An independent approach for audit, review, evaluation & system complaints management. This function, to be truly effective, needs to be independent of both government and providers.
4. A consistent national approach, policy & guidelines for both the aged services & the disability services systems, which includes all the above principles. These policies and guidelines need to include clear transitional rules and arrangements regarding client movement between the aged services and the disability services systems.
 5. Clear definitions. Fundamental to the above points is clear definition of key terms such as 'person centred', 'dignity', 'empowerment', 'quality of life', 'ageing', 'indigenous ageing', 'disability', 'services', 'portability of funding', 'transition' etc.

6. Clarity about the system to support carers. Carers may at any one time be supporting an older person, a person with a disability, a person with a disability who is ageing or simultaneously a person with a disability and other persons who are ageing!
7. The planned restructure of the funding of these service systems must not take away from or reduce funding allocated to direct service provision. That is, the costs of this restructure must not come from funding that would otherwise go on direct service provision; any additional costs to providers from this restructure must not be paid from funding that would otherwise go on direct service provision; and this restructure must not result in some jurisdictions reducing their involvement in funding for community services – this includes Commonwealth and State jurisdictions and especially local government funding of these services. It would be a backward step if as a result of these reforms, any of these jurisdictions did not at least maintain their current funding involvement in these services.

Specific additional Key Features to be included in the proposed National Aged Services system:

1. The Aged Services system should be referred to as such – not as an aged ‘care’ system. This is because the majority of older Australians seeking community aged care services want just that – ‘services’ and not ‘care’. These clients see ‘care’ in this sense as an unwanted, outdated and paternalistic approach to service delivery that does not assist them to remain an empowered adult.
2. The Aged Services system must include staff with specialist skills in working with older persons with a disability, clients from CALD backgrounds and indigenous clients. It will only be through the provision of these specialist skills that the importance of the unique individual (ie person centred) approach and an understanding that people age differently depending on their health, ability, cultural backgrounds, will be recognized and responded to appropriately by the aged services system.
3. Clear entry, internal pathways and exit policies and protocols for the aged services system that clients, their families and carers can understand and use. This is especially important for transition into one of the forms of residential care, including respite care.
4. Assurance that levels of service provision for a person with a disability entering the aged services system will not drop following their departure from the disability services system.

Specific additional Key Features to be included in the proposed National Disability Services system:

1. A 'rights' based approach to service delivery. A clear expectation of people with a disability is that the level of 'quality of life' to be provided for them is as for persons in our community without a disability
2. Acknowledgement of the different needs of people with different disabilities – such as the differing needs of a person with an intellectual disability compared with the needs of a person with a physical disability.
3. Acknowledgement of the different needs of different individuals who have a disability and the importance of supporting, wherever possible, the aspirations of these individuals.
4. A clear expectation that clients of the State disability services system will be appropriately and fully supported up to their time of transition to the Commonwealth Aged Services system. That is, under-provision of services in (say) the last 6 to 24 months of their time in disability support services will not be tolerated by government.

Organisations/Projects that participated in this forum were:



CCIC Workshop
Attendees.pdf

The following names need to be added to the attached list

Tara Prince

Senior Policy Officer

NCOSS

Ruth Wilson

Community Care Policy Officer

Aged & Community Services Association

For any assistance in regard to the matters recommended in this report please do not hesitate to contact me.

Submitted on behalf of CCIC

Les MacDonald

CEO

NSW Meals on Wheels Association Inc.