

Outsourcing Community Service Delivery

Answers to Questions on Notice

Organisation: Centacare NENW

Date: 17 September 2012

Hearing number: 3

1. Centacare refers to the need for mechanisms to be put in place in order to engender a smooth transition from Government service provision to outsourced localised organisational service provision. The submission from Calvary Silver Circle (Submission 20, p5) refers to possible problems resulting from service transition, including distress being caused to clients and carers.
 - In your view, what mechanisms would be beneficial and effective in managing a smooth transition from Government service provision to localised organisational services?

A smooth transition from a Government service to a local NGO service will only be achieved for the client cohort and community as a whole, if they, the real stakeholders, understand clearly what is happening and are included in all decision making processes in a way that gives them ownership of the decisions and has their positive agreement about these decisions.

Clear, time limited and inclusive processes, simple to apply and allowing enough time to achieve client, carer and community familiarisation and comfort must be employed.

These transition processes could include a period of dual support ie. a period of transition that allows for previous support staff to work alongside and gradually hand over to the new NGO staff.

Stakeholder meetings and information sessions will be essential prior to and during the transition period to allow for gradual familiarisation and acceptance of the changes; to address concerns appropriately as they arise; to demonstrate that the changeover can be seamless, without disruption to support programs; and that the best interests of the clients are uppermost in the minds of both the previous provider and the new provider.

It is reasonable to expect that such a transition program could last up to three months, with regular meetings, feedback sessions and adjustments to meet the needs and concerns of the entire stakeholder group.

In order to formalise the process and give real capacity to the transition process, a project management team could be set up for the pre-determined transition period, drawing members from the Government and Non-Government providers with equal, local stakeholder representation, thereby giving the service recipients and community as a whole genuine input into and ownership of, the transition process.

2. Centacare represents a broad range of service providers across a wide geographic area of NSW.
 - Given that Centacare NENW services are spread across a wide geographic region, are any innovative health or communication technologies currently being used by the organisation to assist in the provision of services to regional/isolated clients or are there any plans to do so.

With a relatively large geographic footprint and a range of services across the region that we cover, Centacare NENW has employed a number of processes and technologies to enhance our service provision. These include:

- ✚ A fully equipped and staffed office in each hub community across the region. We have offices in Tamworth, Armidale, Narrabri, Moree, Inverell and Walgett.
- ✚ Staff within each office are multi-skilled and can represent each program as needed in order to maintain client support and knowledge at all times.
- ✚ All staff within the organisation can access professional supervision both internally (we employ 10 psychologists) or externally, as and when appropriate. Staff supervision and support mechanisms are built into the local office structure and across the organisation as a whole ie each local manager supports all staff at a local level and they are in turn supported by senior management and the CEO.
- ✚ Each Centacare NENW office has state of the art video conferencing facilities that are used daily to support both staff and clients.
- ✚ There is a degree of flexibility of hours built into the duty statements of frontline staff that allows them to provide the service to clients when it is needed and then take time in lieu in a way that helps avert any potential burn out.
- ✚ It is also recognised within the organisation that very productive endeavours can be carried out from the staff member's home office, utilising the many and varied information technology options that are available today.
- ✚ Centacare NENW has developed an integrated case management system and MOU's with other isolated service providers that ensure client's pathways to care are maintained and isolation does not act as a barrier to support.
- ✚ Centacare NENW works with key Federal/State bodies such as ICC/Aboriginal Affairs to help break-down isolation barriers and thus ensure key priority areas for regional/isolated communities are met.

3. The submission indicates that in order to achieve best practice in the provision of services to the public, non-Government organisations should be provided with support to attend industry conferences and forums.

- What industry conferences and forums relating to service provision are currently attended by Centacare NENW?

Centacare NENW actively participates in the following industry conferences and forums:

Catholic Social Services NSW/ACT – bi-monthly, chaired by Fergus Fitzsimons

Catholic Social Services Australia (CSSA) – bi-monthly

FaHCSIA Senior Executive Managers – annually

Family Law Pathways Steering Committee – monthly

Family Relationships Services Australia – annually

University of New England (UNE) Masters of Counselling Committee – bi-annually

Hunter New England Local Health District Board

FaHCSIA Targeted Community Care Reference Group

Federal Mental Health Commission Roundtable

Centacare was the only service provider invited to be part of the Federal task force review on rural aboriginal mental health advisory committee.

headspace

Homelessness NSW

NSW Government Responsible Gambling Fund Conference and regular meetings

North ACOSS (Australian Council of Social Services)

NSW Government Ministerial Taskforce on Aboriginal Affairs

National Standards for Disability Services

Funding Body information sessions and training programs as appropriate

- Are conferences and forums particularly important for regional service providers networking purposes?

For a regional service provider such as Centacare NENW conferences and forums are vitally important. When staff are working in a remote environment, it is extremely important that they have the opportunity to debrief with their peers from other services and areas and the

opportunity to avail themselves of information relating to best practice service provision and alternate perspectives and ways of doing things. Meeting with other providers and support personnel gives the staff member the opportunity to develop their own support networks that can help them find innovative solutions to problems/scenarios that may confront them in the future.

- What form of Government support is needed to encourage attendance at sector/regional forums or development conferences?

Time, travel and accommodation costs to attend sector/regional forums and development conferences are currently met out of the budget of a particular service. The budget is developed out of the funding model that the funding body determines. It is usually the first area to be cut within a service budget when the dollars are tight.

The best form of Government support to encourage attendance at sector/regional forums and development conferences is financial. Obviously, it is far more expensive for a service provider in rural/remote NSW to attend a forum/conference, due to travel and accommodation costs than it is for a provider who operates a few suburbs away from the forum/conference venue. There needs to be a differential in the funding models for like type services that are situated in a rural/remote environment, compared to those in a metropolitan environment.

Funding bodies have at times provided some financial support to committees that organise and coordinate/facilitate forums and conferences. It would also help rural and remote attendees if these bodies were funded in a way that allowed them to offer financial support (eg lower registration fees) to those potential participants who will already incur considerable travel and accommodation expenses to attend.

All forms of professional development are more expensive to access in rural/remote environments. In order to provide equality of service access and supports for all service recipients across the state, it is important that all staff providing services have an equal capacity to do so. One way of achieving this is to make professional development of all service personnel more accessible through financial supports built into the system that encourage participation in all professional development activities to be based on need, not on whether or not the service can afford it.

4. The submission states that 'peak groups' and 'consortiums of service providers' should be developed to ensure that efficient, seamless and holistic service delivery is encouraged (p1).
 - You indicate that consortiums of service providers could be developed through funding models. Can you please provide further information about the benefits that consortiums could bring to the community services sector?

The historically favoured model of service outsourcing and devolution from Government to Non-Government services has been built on the competitive tender. Whilst this ensures transparency and equity of access by individual NGO's to service options, it does not engender unity within a community or develop services that are necessarily responding to the needs of that community.

Funding models that are based on the concept of Lead Agencies and consortium members encourage positive networking among local providers. Instead of a disparate group of NGO's competing against each other for the funding dollar and all the divisiveness that this can bring, we see many of the same NGO's coming together and analysing each other's strengths to better determine ways of meeting the need of the local community. This in turn helps to crystallise the exact nature of the unmet needs of the community. Thus the local providers come together in an environment of positive respect and networking, identification of strengths and diminishing focus on competition and duplication of services. Whilst there may still be competition between different consortiums, the impact of this is not as great within the community as the divisions between many separate, non-affiliated, NGO's. In some communities' one consortium may well include all interested NGO's anyway. This collaboration results in seamless service delivery, where priority is given to the needs of the community and the individual service recipient benefits from streamlined, seamless and holistic service referral and delivery.

Consortium models also assist smaller agencies to be effectively involved in service delivery, where, if they 'went it alone' they could not do so. As an example; a small agency may be exceedingly competent in a particular area of hands on service delivery but too small to maintain an effective Quality Improvement System and WHS program. Another larger organisation may have a 'state of the art' Quality and WHS program but be lacking in the finesse needed for some of the hands on areas. Bring the two together in a consortium and the synergies that result will see much better outcomes for both providers and the community as a whole.

- Could you also elaborate on the funding models that you believe would encourage consortiums of providers within communities?

When a funding body is considering either a new service to accommodate unmet need or the devolution of an existing service within a particular community, there needs to be more community consultation that includes all stakeholders, including local NGO's, than is currently the case. This has the impact of bringing the community as whole and NGO service providers in particular, together at the earliest of stages and sets the scene for effective collaboration, prior to the release of the tender.

Funding models that require service providers to either apply as a community consortium, or stress that consortium applications will be considered favourably will achieve the desired outcome of more NGO's entering into consortiums.

Within the funding model itself, the funding body has the capacity to not only request a consortium response/application, but also the opportunity to work with NGO's to develop the practical means of setting up and maintaining effective and compliant consortiums. Such things as guidelines for effective Memorandums of Understanding, Governance Guidelines, operational structures and so on, would all encourage and assist the Non-Government sector develop successful consortiums within their local communities.

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**ACIA Questions
following public hearing
(17/09/12):**

**Inquiry into
Outsourcing Community
Service Delivery**

**NSW Legislative
Assembly**

October 2012

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1. About ACIA

The Attendant Care Industry Association (ACIA) is the peak body for attendant care service providers operating across Australia. ACIA was established in 2005 to promote and implement the vision of an attendant care industry that is known and respected as a provider of quality services that enhances outcomes for older people and people with disabilities of all ages who require support to remain living at home in their community.

ACIA is a not-for-profit Association that represents the non-Government attendant care¹ sector, including charitable and private organisations. At present, ACIA has a membership of some 100 organisations, the vast majority of which provide the full suite of community care and disability services funded by the NSW Government (and all other jurisdictions). While ACIA commenced as a NSW based association, it is now a national organisation with a national agenda.

ACIA's primary focus on quality assurance and workforce capacity building aims to ensure the delivery of high quality, low risk attendant care services. ACIA's objectives therefore support the implementation of federal and state government policies aimed at enabling people to actively participate in society, achieve their person-centred goals, remain in their own homes and avoid unnecessary residential care.

2. Context

ACIA's vision is that the non-Government attendant care industry, which includes charitable and private organisations, is known and respected as a provider of quality services that enhances outcomes for service users. To achieve this vision, ACIA provides education, resources and support to the industry and has also developed an independent, national quality management program that is endorsed by the Joint Accreditation System of Australia and New Zealand (JAS-ANZ), and addresses specific attendant care quality requirements. The ACIA endorsed certification to the *Attendant Care Industry Management System Standard* (ACIMSS) program can and is being applied in NSW and across Australia to assess the quality of services being delivered to any individual requiring low, moderate or high levels of support to live in their community. It is not limited in scope to any one particular government funded program.

¹ ACIA defines attendant care in the generic sense as any paid care or support services delivered at a person's home or in their community to enable them to remain living in the community. **It is not limited to any one particular funded program.** It includes nursing care and assistance with all activities of daily living including personal assistance, domestic services, community access, vocational support, educational support, child care services, gardening/home maintenance, respite care, palliative care, social support and therapy program support.

3. Responses to Questions

3.1 Question One

The submission acknowledges that the types of care and range of services being delivered in the community will become increasingly complex with an ageing population. As a result, vulnerable and ageing service users will inevitably be exposed to increased risks (p.4). In an environment of increased outsourcing of services, what kind of risks to you envisage being faced by service users when choosing a provider?

The risks that are faced by service users do not relate specifically to the process of outsourcing, nor to the delivery of support by non-Government agencies. The main risk emerges from the rapid increase in the provision of resources to deliver the supports required, and the oftentimes lack of an adequate timeframe in which to ensure that a suitably skilled and qualified workforce is available, and that appropriate safeguards have been established. The needs of the end user of the service are also likely to be complex and high at the start a support arrangement, and at this crucial stage in the support arrangement it is essential that the time is spent assessing need in the context of a person's chosen lifestyle and preferences, and with reference to the goals and aspirations they hold. The risk is that large numbers of people coming into a system which is not adequately resourced and does not have the required infrastructure could result in less than optimal support being provided in the first instance, which will be costly to remedy over time.

The issue of risk associated with choosing a provider has two elements. Firstly, many recipients of support and care currently do not have the option of choosing a provider and so are, quite simply, not experienced in making decisions about which agency is best placed to support them. Such a wholesale cultural change will require some level of support and education, with a focus on what are the key aspects of a provider's method of support that will recommend them to the user, and how to critically examine a provider's record and their quality to ensure they are the right provider for that user. And, secondly, whilst some providers in some sectors are used to marketing their services, others are not as prepared to provide information about the outcomes they have achieved and are capable of achieving for their service users. In an environment where service users will increasingly have choice about which provider to go with, it is essential that a range of information relevant to the user's concerns is included in the providers' marketing tools, and mechanisms provided for potential users to critically examine outcomes achieved for other users, as well as how their own personal objectives might be met by those providers.

In short, the sector has not been encouraged to operate according to market principles, despite their having been competitive tendering for many years, because of the lack of a genuine consumer base (again, some sectors like aged care, have been more aware of this than have others). The expectation in NSW is that the community sector will become consumer-driven as well as outsourced from government, and the risk is that neither the supply nor the demand side of the emerging market are truly prepared for this right now.

Another aspect of risk associated with the relationship between the service user and the potential provider, is whether or not the provider is suitably equipped to provide support, and how new customers will assess whether or not this is the case. This leads to the question of accreditation, and the requirement by Government of a rigorous quality framework which all providers must adhere to, and which will be addressed further below.

3.2 Question Two

What mechanisms should Government implement to protect service users from the risks associated with a crowded market of competing providers?

ACIA does not accept that the profile of the sector will be a “crowded market”, although it does welcome the continuation of the notion of competition, as a necessary component of a market which will offer quality enhanced by consumer choice. Furthermore, ACIA is hopeful that the vast majority of future support, outsourced in the community, will be delivered to people in domestic settings rather than in purpose-built, residential facilities, and is confident that risks such as fraudulent behaviour and institutionalised and persistent abuse and violence are much less prevalent in domestic settings. Having some idea of what the potential risks are would assist in determining the solutions.

ACIA sees the potential risks as relating in the main to quality of support and care. Receipt of poor quality support can have a devastating impact on a service user, from the risks associated with health from poor or inadequate personal care, to the denial of opportunity for community inclusion from support which is not provided as agreed, or in a manner which does not reference the wishes and requests of the service user. Good quality support and care is provided by agencies which have skilled and qualified staff, who are well matched and respectful to their service users, and a robust management structure which supports staff, and directly and regularly monitors the outcomes being achieved for all service users. It has long been the position of ACIA that these quality structures are best attained and maintained through the application of quality systems, and has developed its own quality standard, the Attendant Care Industry Management System Standard (ACIMSS), which many ACIA members have achieved. The ACIMSS is currently under periodic review, having been in existence for more than three years, and is being rigorously checked to ensure that it meets the growing expectations of service users in the emerging environment in NSW and nationally. The Standard has, however, always required providers to demonstrate their capacity to achieve identified outcomes for service users, and it is this kind of requirement, and a rigorous and systematic process of verification, which can greatly mitigate risks for service users.

There will be increasing pressure on providers, who will be competing directly for service user business, to ensure they attain and maintain quality standards, which in turn will require their marketing to focus on promoting how exactly these measures of quality will impact positively on the lives of consumers.

The development of user-friendly marketing, which directly references quality standards, is likely to be the hallmark of successful providers, and is arguably currently a requirement under existing standards. The sector should expect, then, a greater emphasis on information being available to service users which promotes how the service will address the needs and aspirations of that service user. The competing market in this instance will be a conduit to improvement rather than an impediment.

Finally, ACIA is keenly aware of the need for robust safeguards, so that service users who experience poor quality support and care, or do not have access to any or adequate support and care, have recourse to a remedy. One of the significant benefits of outsourcing is the shift in focus of Government and its departments from the business of service delivery, to the maintenance of a functioning system with all the requisite safeguards. Government will still be central to the decisions made about resourcing individuals, although the choice of how those resources are spent will lie increasingly with the service user. Grievances which relate to resources should be addressed through an appeals mechanism, which reviews decisions made in relation to individuals, and has the capacity to refer these external to the relevant department should the matter not be resolved. Such an appeals process would need to be established in a way that genuinely facilitates ease of access to people who may have complex needs and few resources.

In addition to an appeals mechanism there should ideally be a strong, independent body to which complaints about the quality of support and care can be referred, as well as allegations of abuse and neglect. Again, this body would need to work hard to ensure that it was accessible to people with complex needs who may also have experienced some level of trauma from the experience they are alleging, and have powers to investigate and effect resolutions. The body is likely to have some responsibility for ensuring that the community sector as a whole continuously improves its internal mechanisms for receiving and resolving grievances, such that the majority of complaints are resolved locally and only referred to the body when this cannot be achieved.

3.3 Question Three

Would you be in favour of a star rating system for providers, as recommended in the submission from the CPSA (Submission 65, p6)?

ACIA does not support a star rating system, as a component of quality assurance in an industry which is expanding and outsourced to the non-government sector. Whilst the CPSA submission provides no detail about what such a system would include, members of ACIA are sceptical of the capacity of such a system to guarantee quality and to safeguard the rights and wellbeing of service users. Typically in star ratings systems, such as those used by the Commonwealth Department of Education, Employment and Workplace Relations (DEEWR) to gauge the quality of Disability Employment Services, quantitative, service-oriented results, such as numbers of placements and length of time actually placed, tend to dominate the determination of “quality”, to a much greater extent than do indicators of quality of support to individuals.

As stated in our submission, and again at the response to the questions above, ACIA is strongly in favour of the continuation and strengthening, across the sector, of its own ACIMSS, and the requirements of providers in the relevant sectors (supporting people with disability and elderly people in the community) to meet this standard. In addition, ACIA is confident that, in an environment where service users are truly encouraged to become informed consumers, and are given the means to choose their providers and the nature and timing of the support they receive, much more direct and meaningful reference to achieving outcomes will be the best way of marketing to individuals than the publication of star ratings.

Outsourcing Community Service Delivery

Answers to Questions on Notice

Organisation: United Services Union (USU)

Date: 17 September 2012

Hearing number: 3

USU response to further questions re Outsourcing Community Services Delivery Inquiry

Additional questions put to the United Services Union following the Public Hearing on 17 September 2012.

Question 1

The Union submission makes the point that levels of funding provided by local councils for community services has risen substantially (p3).

- **How is the increase in funding of community service workers for local councils derived?**
- **Is this by way of grants from State Government programs?**
- **Can you explain how such funding enables the more efficient use of available council resources (p4).**

Answer to Question 1

Expenditure

When the USU stated that there has been a dramatic increase in expenditure on community services in local government over recent years, the Union used data from the Division of Local Government (DLG), *Snapshot of NSW Local Government: Comparative Information on NSW Local Government Councils 2009/10*, DLG 2011, p132. The Union endeavoured to draw on two sets of figures from page 132 of the document.

The USU stated the following on page 3 of the submission:

A large proportion of funding for local government community services workers is provided by councils. There has been a dramatic increase in expenditure on community services in local government over recent years. For example, for the 2007/2008 financial year total local government community services expenses totalled \$409.4 million across the state: the 2008/2009 financial year saw this amount increase to \$478.8 million.

However, we note a typographical error which requires correction. The stated '2008/2009' financial year should read '2009/10' financial year in the USU submission. But the substance of the issue remains unchanged - that being, that there has been a dramatic increase in expenditure on community services.

However this 'expenditure' doesn't necessarily mean that there has been a commensurate increase in 'funding' to local government to compensate for the increased expenditure on community services. For example, a council may identify a critical community services gap which has suddenly emerged, and may allocate community services staff and resources to attend to this issue - possibly drawing on council funds to do so. If the gap has emerged as a result of the withdrawal of services or shifts in policy by other levels of government, the effect will be a form of cost shifting - particularly if local government is left to pick up the pieces without being given adequate additional funding from other levels of government.

USU response to further questions re Outsourcing Community Services Delivery Inquiry

Funding

Having noted the above comment regarding expenditure and possible cost shifting issues, we now turn to the issue of funding.

The USU submission noted that:

Funding for local government community services may come directly from council income sources or indirectly from other levels of government.

We wish to note that the Division of Local Government would be better placed to access information and provide statistical data on funding sources for community services in local government.

We can however make a few broad statements which may be of assistance.

We are of the understanding that many councils (possibly the majority) fund their own community services staff and activities from their own revenue sources (possibly from council rates and charges). Many community services staff are therefore part of the council core staff numbers.

In some councils there may be a proportion of community services staff whose position may be made up of a mix of council funding and funding from other sources (possibly other levels of government).

There may be some councils which are given funding from Federal or State government specifically to undertake particular roles or provide services to targeted communities.

Some councils may receive grants for specific events or activities. For example 'Youth Week' grants may be received by councils to fund activities associated with Youth Week.

In the USU submission it was stated that

.. some funding is also provided directly by other levels of government. This funding is often tied to particular projects (for example Youth Week activities.) Funding of this nature can be highly effective because of the existing infrastructure, resources, skills and networks already available to councils.

This comment is not the same as saying that "such funding enables the more efficient use of available council resources" as inferred by the last part of Question 1. That would be to suggest that without the grant the council resources may not be as efficiently used, but this is not the intent of the statement in the USU submission. We therefore welcome the opportunity to clarify the meaning of the statement made in the USU submission.

Put simply, a council has access to a broad range of facilities, resources, connections and trained staff which are utilised for a range of purposes. Council may choose to make some of these available to ensure the success of special events. These resources may be

USU response to further questions re Outsourcing Community Services Delivery Inquiry

particularly useful where events require a lot of logistical work, co-ordination and dedicated resources. For instance, Youth Week events may require considerable logistical work; an understanding of safety and regulatory requirements; tents or marquees may need to be erected; parks or picnic areas may need to be booked; traffic interruptions may be anticipated; stages and p.a. systems may be needed; artists organised; local schools may need to be mobilised to participate in events; advertising will be needed as well as a wide range of other aspects to be taken into account. In regard to large events, Councils are better placed to deal with these issues than would a small under-resourced not-for-profit organisation. When a Youth Week grant is provided to council, the council can decide to mobilise existing resources and networks in a co-ordinated way to ensure the event is successful. In this way, the provider of the grant (in this case the State Government) gets good value for the minimal amount of money that it provided to council for Youth Week.

Question 2

The submission quotes 2001 ABS estimates indicating that approximately 75% of local government community services workers in NSW are women and further asserts that the Union is attempting to attract more workers into the sector (p4).

What is your view of the recent introduction of the standard rate of pay in the Social, Community, Home Care and Disability Services Industry Award 2010.

What else should be done to address gender equity and working conditions in the sector?

Answer to Question 2

The Union stated in the submission to the enquiry that:

The industrial parties have worked together in an effort to retain and attract more workers into the industry. Such strategies have included the addition of flexibilities into the NSW Local Government (State) Award, clauses to improve the work and family balance, paid maternity leave and other provisions.

These working conditions help to make local government a more attractive industry in which to be employed. Thus, through the Local Government (State) Award (which is a negotiated consent award) the award parties have been able to make local government more attractive to job seekers.

The statistical estimates quoted from page 4 of the USU submission referred only to community services workers who were employed in local government. As local government employees in NSW, the appropriate industrial instrument is the Local Government (State) Award. This Award has a different industrial history when compared

USU response to further questions re Outsourcing Community Services Delivery Inquiry

to that of the non-government community sector (for which the relevant award may be the Social, Community, Home Care and Disability Services Industry Award 2010).

The Local Government (State) Award was the result of an award restructuring processes and the eventual consolidation of several awards between 1992 and 1995. The various awards which existed prior to 1992 included the following:

Municipal and Shire Council Wages Staff Award
Local Government Salaried Officers' Award
Local Government Senior Officers' Award
Health Surveyors' (State) Award
Local Government Engineering Staff Award

The Local Government (State) Award was ratified by the NSW Industrial Relations Commission on 11 May 1995. It consolidated the wages and salaried awards such that for the first time the conditions of employment for employees in local government could (with the exception of senior staff under the Local Government Act) be determined by reference to the one award instrument.

The new Local Government (State) Award contained a four band structure and established entry level rates of pay based upon key skill descriptors. These remain an essential feature of the present award. The four bands are:

Four Band Structure

Operational
Administrative/Technical
Professional/Specialist
Executive

The skill descriptors

Authority and accountability
Judgement and problem solving
Specialist knowledge and skills
Interpersonal skills
Qualifications and experience

The award implementation process resulted in the transfer of employees (including male and female workers from a broad range of occupations in local government) to the new skills based pay structure.

Part B of the Local Government (State) Award lists entry level pay rates for each band and level and councils were required to develop their own salary systems to build on top of these rates.

Where skill descriptors are applied equitably, local government workers in areas such as community services should be treated as equals in comparison to employees in equivalent male dominate occupations in councils.

Under the new consolidated award, many employees working in female dominated occupations gained significant wage increases. These increases occurred because the new

USU response to further questions re Outsourcing Community Services Delivery Inquiry

award established pay rates by reference to the set of skill descriptors common to all positions within the local government industry. The Award operated without an occupational classification system - meaning that at least in theory there was no distinction between the rates of pay for employees engaged in male or female dominated areas of employment.

The new skills based classification system helped to address many, though not all pay equity concerns. Nevertheless problems can still exist with the application of the award skill descriptors and the implementation of council salary systems. From time to time, analysis of salary systems and remuneration practices at particular councils have required attention. For example, the 1998 Blacktown Council Child Care Assistants Case involved the application of the award skill descriptors to set the rate for child care assistants at Band 1 Level 3. This successful claim by the Union resulted in pay increases for 67 Child Care Assistants at Blacktown.

A significant pay equity win was also gained in local government in 2004 following a lengthy campaign and court case run by the Union. The case related to the lack of parity in working hours for senior community services workers in comparison with their male counterparts. The introduction of the common set of skill descriptors and the removal of occupational classifications highlighted the fact that senior community services workers were required to work longer hours than their male counterparts (such as engineers and town planners). The Equal Remuneration Principle was utilised by the Union in the case. On the 16 February 2004 the Full Bench of the Commission approved a reduction of hours from 38 to 35 hours per week for professional specialist workers in community services in NSW local government. The win marked a turning point by giving community services professionals the same level and status as professionals in male dominated areas of local government.

Given the history of the local government industrial instruments, the achievements of the award parties and the progress made in addressing pay equity in local government, the Union wishes to stress that it would not be appropriate to consider the application of the Social, Community, Home Care and Disability Services Industry Award 2010 to community workers in the local government industry. Indeed it would represent a backward step for pay equity for many female local government workers.

As for efforts to improve pay equity in the non-government community sector, that is an issue for the workers and the industrial parties of that sector. We do however acknowledge the campaigns and successful efforts by unions (including the Australian Services Union) to improve pay equity in the sector. We also support the sector's call for State, Territory and Commonwealth government to commit to fully funding pay rises for community workers in the sector.

USU response to questions asked by Anna Watson during the public hearing re Outsourcing Community Services Delivery Inquiry

Question

Ms Anna Watson:

What about in regional and rural areas of New South Wales, especially in places like Boorowa and Moree, at the moment does local government provide those services to those communities where non-government organisations do not exist? If so, are the services broad ranging?

Answer

Rural and regional New South Wales plays a significant role in the economy of the state. However, some regions are faring better than others and some communities are faring better than others. In addition, some not-for-profit organisations are finding that volunteer workers are becoming increasingly scarce and fewer young people are available to replace ageing volunteers.¹ In many areas the need for services out-strips the capacity of many community organisations.

There are significant disparities within and between regions. Different communities in the same local government area may face differing abilities to access services such as

Transport options

Clean water

Suitable health services and resourceful community support networks

Sport, cultural and entertainment services and facilities

Educational opportunities

Availability of affordable and appropriate housing

Suitable employment and training

Quality communication services

The disparities in income and access to services and resources are often particularly significant when comparing the circumstances of indigenous and non-indigenous Australians in regional and rural areas. Many studies have revealed the significant disadvantage faced by indigenous communities and in many cases the disadvantage is getting worse.² Solutions will require the co-operative efforts of all levels of government working with the local communities. No single organisation (such as a local council) could fill all the gaps in services.

Nevertheless councils often do play significant roles in working with the community to identify gaps, support not-for-profit organisations and provide services where no others will. However, the additional costs to council are often not met with increased funding. Many examples of this situation have already been reported in various studies. For instance, the NSW Parliament Standing Committee on State Development report on the *Economic and Social Development in Central Western New South Wales* included relevant information regarding cost shifting and the provision of health services by various local councils.³ The report noted several submissions to the inquiry including that of Cobar Shire Council which is responsible for over \$8.25 million of health infrastructure, including an aged care facility a medical centre, a separate doctors

¹ See S. Howden, 'They may be down but bush towns are definitely not out, residents say', *SMH Weekend Edition*, Feb 18-19 2012, p 3.

² Examples include: , P. Nagle and R. Summerrell, *Overcoming Indigenous Disadvantage Key Indicators 2011*, Productivity Commission, Commonwealth of Australia 2011, *Aboriginal Deaths in Custody: The Royal Commission and Its Records, 1987-91, 1996.*, and *Bringing Them Home, the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families*, 1997.

³ Standing Committee on State Development, NSW Parliament, *Economic and Social development in Central western New South Wales*, Report 36, May 2012, p39f.

USU response to questions asked by Anna Watson during the public hearing re Outsourcing Community Services Delivery Inquiry

surgery, dental clinic and housing for medical staff. The submission noted that the services are demanded by the community and council provides the infrastructure because no other organisation or level of government fills this gap.⁴

Moree Plains

Moree is a moderately sized town located in the north west of NSW. The region has long been considered one of the richest agricultural areas of NSW. Cotton, wheat and other grains, sheep, cattle, oil seeds, olive produce and pecan nuts make a significant contribution to the local economy.⁵

Aboriginal people make up approximately 25% of the population. The Kamilaroi people are the original inhabitants of the Moree district. Changes in the rural economy and increased mechanisation have resulted in a deterioration of Aboriginal employment since the middle of the last century⁶. Long term unemployment is a significant problem for many members of the community. There is therefore considerable untapped potential within this vibrant community who have a deep cultural connection to the country.

Based on a range of social indicators, it is clear that the Aboriginal communities in various regions across Australia are experiencing considerable hardship. ABS data has revealed disadvantage in levels of education, employment, housing and health.⁷ Members of the Aboriginal community around the Moree Plains district do indeed experience many of these hardships. However, community consultations undertaken by the council have also revealed broad concern that some sections of the media tend to focus only on negative issues in the community. Community members have called for a more balanced media approach. Consequently the council Social Plan for the shire included the need for positive media stories and the need to enhance pride and respect.⁸

The council is aware that there are ongoing gaps in services and infrastructure in the region and that unmet physical needs can have negative social consequences which will also need to be addressed.

The Moree Plains Council *Community Strategic Plan* noted the region has a lack of services and facilities that are required - particularly in outlying towns and villages.⁹ The Annual Report of the council noted problems relating to insufficient funds for infrastructure such as roads and listed the efforts it has made to obtain increased funding from other levels of government.¹⁰

Nevertheless the council is relied upon for a range of services, including emergency services. For example, the council Annual Report noted that during floods in January 2011, the council played a vital role in emergency and recovery efforts in Boggabilla, Mungindi and Toomelah.¹¹

In summary, councils in regional and rural areas provide an array of services which may differ from those provided by city councils – reflecting different needs and gaps in services. However, while Councils may fill some gaps in services and infrastructure, additional investment and services are still needed from other levels of government.

⁴ Ibid p41.

⁵ Moree Shire Council, *Moree Plains 2030 Community Strategic Plan for Moree Plains Shire*, p7.

⁶ G. Lewis, *Moree Aboriginal Employment Strategy – A report to Reconciliation Australia*, 2001

⁷ Australian Bureau of Statistics, *Australian Social Trends – Education and Indigenous wellbeing*, Cat. 4102.0, March 2011, ABS website <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features50Mar+2011> viewed 11/10/12.

⁸ Moree Plains Shire 2030 Community Strategic Plan for Moree Plains Shire, p15 & p14.

⁹ Moree Plains Shire 2030 community Strategic Plan for Moree Plains Shire, p13.

¹⁰ Moree Plains Shire, *Annual Report 2011*, p66.

¹¹ Ibid.

HOME MODIFICATION AND MAINTENANCE SERVICES

*Enhancing people's lives by assisting them
to remain in their homes longer*

The NSW Home Modification and
Maintenance Services State Council
Questions Following the Public Hearing
on 17 September 2012

NSW HMMS
state council



NSW Home Modification and Maintenance Services State Council – Questions Following the Public Hearing on 17 September 2012

Please see attached 2010/2011 NSW HMMS State Council Annual Report which will indicate the range of providers operating across NSW and their geographical locations. The State Council's website is located at <http://www.nswhmms.org.au/>

1. The submission does not indicate the scale or range of providers operating in the State and the extent of its base.
- In an environment of large scale devolution of service delivery from Government to non-Government organisations, would you envisage more providers entering the HMMS sector, or current providers substantially increasing their 'market share'?
- To what degree are clients currently provided with choice in terms of the HMMS provider delivering necessary home modifications?
- Do you think that HMMS should always be delivered by a dedicated provider and not by large organisations providing a range of additional community services?

1a) In an environment of large scale devolution of service delivery from Government to non-Government organisations, would you envisage more providers entering the HMMS sector, or current providers substantially increasing their 'market share'?

Response

The large scale devolution of Home Modification service delivery from Government to NGOs would necessitate and support a combination of growth in market share for the current HMMS sector providers along with opportunities for other appropriately qualified and experienced providers to enter the sector.

The entire sector is being redefined by the current roll-out of individual client packages for both aged care and disability clients. In addition to this, there is the possibility of a National Disability Insurance Scheme (NDIS) being provided for younger people with disabilities and these factors are already changing the nature of all community service provision by allowing for expansion of market share to current providers (current funded geographical boundaries will be removed and packaged care will provide for an open market) plus opportunities for the inclusion of other for-profit, commercially based providers.

There is no reason to think that the element of home modifications wouldn't also follow this market expansion trajectory but the question in all expansion to market share in community services is the government's responsibility for implementation of accreditation and/or regulation of market providers to ensure quality control and risk management of services provided to our most vulnerable community clients.

BUILDING ON SOLID FOUNDATIONS TO PROTECT VULNERABLE CLIENTS IN AN OPEN MARKET

As the Peak Body for specialist Home Modification providers within NSW, our submission was not meant to appear to be self-serving in containing market share to our current members, as we well recognise the need to be inclusive of all APPROPRIATE Service Providers who may seek an opportunity to enter the market. We have sought in our submission to highlight the possibility for the NSW government to capacity build on investments already made over the past 27 years in creating and maintaining a regulated sector. The framework of this sector could potentially be the foundation of a regulated, cost efficient and best-practice approach to the devolution of the element of clinically justified home modification within community services.

We denote the word 'specialist' to define the evolution of the sector's profile in working with our stakeholders, particularly Occupational Therapists who are seeking to obtain a health and wellness outcome for their clients. People with a disability and frail aged clients are not only the most vulnerable of clients as a result of their mental and physical disabilities, they can also be the most difficult of clients to deal with in terms of health-related design/construction of their home environment. An open market system would clearly need to protect these clients from possible rorts, disrespectful and dishonourable behaviour, particularly where mental health issues and complex high care needs are indicated.

Even now, as packages start to roll out, commercial tradespeople are using marketing terms like 'disability specialist builder' to gain access to this vulnerable market when their expertise is not substantiated. Some may well be excellent providers but, as has been historically shown, construction opportunities and government monies tend to attract a significant proportion of dubious providers especially where government has not put adequate regulatory systems in place.

NSW HMMS STATE COUNCIL AS AN UMBRELLA ORGANISATION FOR INDEPENDENT HOME MODIFICATION SERVICE PROVIDERS

The sector is not fearful of competition as our not-for-profit services have become highly competitive in style and structure and have substantial and substantiated experience and expertise with the target client group. Our current service system training in working with referring OTs, clients, their carers, the health system and other Service Providers, has ensured continuous quality control mechanisms are in place across the funded provider network. Stakeholders who access this network can be assured of a trusted and respectful style of service delivery where meeting client/carers needs are the focus of the service. They also have clear pathways to the resolution of issues that meet government expectations of community Service Providers.

1b) To what degree are clients currently provided with choice in terms of the HMMS provider delivering necessary home modifications?

Response

Currently, in NSW, HACC program funded clients are restricted to application to approved, funded auspices within their designated region (as defined by Ageing, Disability and Homecare (ADHC), Department of Family and Community Services) but clients being provided with packages for care are able to openly choose, with no geographical boundaries, a suitably qualified, registered Occupational Therapist to do their home modification needs assessment and a commercial builder or home modification provider, at least for minor home modifications.

Major home modifications for community clients (not on packaged care) are still restricted to ADHC regional processes for funding or subsidisation through to the end of the current 3-year funding cycle - 30/6/2015

- Current best practice for all approved providers ensures that clients/carers and their appointed advocates attend Joint Home Visits with OTs and Builders (if the client gives permission for them to attend) and are advised/included in any decisions made on client prescriptions or choice of service provision available. As many of our frail aged clients are, at the time of referral, still in hospital awaiting discharge, many major/complex modifications require copious liaison with client families, carers or nominated advocates and other community Service Providers, to truly capture and meet client choice.

CLIENT CHOICE OF PROVIDER – IMPLICATIONS FOR OUR TARGET CLIENT GROUP

Client choice of provider (with a preference for funded home modification Service Providers) has been deeply influenced by two elements:

- Client vulnerability levels and the degree of difficulty involved in organising even minor modification work to the target client group - The need for the provider to manage all elements involved in a home modification to ensure it meets the clinical needs of the client/carer and to provide liaison and understanding of other community services that may be also (or potentially) providing services e.g. health, respite, personal care.
- Cost – most clients struggle to meet basic client contributions even under highly subsidised conditions. The current HM network includes the elements of monitoring and quality assurance of major/complex modifications within its processes to ensure rectification costs - based on either structural issues or OT prescription non-compliance - are risk-managed down to a benchmark acceptable to our Government funding bodies. Non-compliance with Occupational Therapist prescription/design can be one of the highest cost factors within unregulated home modifications.

1c) Do you think that HMMS should always be delivered by a dedicated provider and not by large organisations providing a range of additional community services?

Response

There currently exists and there is certainly room for further capacity building of HM service provision amongst a variety of auspices. It's not so much about size or mixture of services as it is about capacity to appropriately deliver a Quality Assured and OT prescription compliant service to a highly specialised client target group.

The network of 86 HACC Program funded services providers across the State has grown under a variety of auspices, some stand-alone, some local government or Local Health Districts and some under multi-service outlets. All are government or not-for-profit entities.

SUPPORT MECHANISMS WITHIN AN ESTABLISHED NETWORK

Each service has developed an individual capacity level of service provision over the past 27 years based on the specific issues faced by that local community. Some communities have a heavily dominant younger people with a disability target group – others have a similar focus with care for the frail aged. As each service, regardless of size, capacity or location is part of a network of 86 providers under a peak body, these local services can also tap into larger regional services within the network that provide major and more complex service provision when appropriate local contractors or OTs are not able to be sourced. This local/regionalised network support system has been trialled, developed and successfully implemented over the past 12 years and achieves significant levels of equity in both access to services and standard of service provision.

The current HM network locales evolved alongside other community Service Providers to create seamless community networking for clients based on appropriate local and regional, health and social welfare systems and this has informed the appropriateness and location of the HM auspice.

There isn't a one-size fits all for home modifications given that client homes and locations, even in social housing, are located and designed for optimum utilisation by a specific community and not geographically located on any uniform basis across the State. Location of Local Health Districts and even transport routes for storage and delivery of bulk materials used in home modifications have also played a part in the locale and auspice of home modification Service Providers, especially rural and remote.

2. The provision of consistent certification, monitoring and quality assurance processes to all community service providers who offer home modifications services appears to be an important aspect of ensuring that clients are provided with services of high quality.

- Are you able to provide further information about the Quality Assurance services that are currently provided by the NSW HMMS State Council?
- Would you advocate a larger role for NSW HMMS State Council in terms of supplying Quality Assurance services for all home modification services that occur under an increasingly outsourced system?

2a)Are you able to provide further information about the Quality Assurance Services that are currently provided by the NSW HMMS State Council?

Response

Prior to the establishment of the Quality Assurance Program by the NSW HMMS State Council in 2007, ADHC monitoring of HM services had never included quality monitoring or inspection of the actual building work that was carried out nor compliance with the referring Occupational Therapist's prescription for major/complex modifications. Auspicing bodies also made it clear through the sector and Peak Body networks that they wanted a way to ensure their employees or contractors were providing the highest quality building work in accordance with the OT's prescription and that the services they were providing were meeting the functional needs of the client/carer. This was by funding charter and also audit/review by the funding bodies.

By default (and through pro-active sector advocacy and program development) this role became the responsibility of State Council as ADHC did not have the experience or expertise to readily address this issue at that time.

SUMMARY OF THE BASIC ELEMENTS OF THE QA PROGRAM

- Scope of Works tool, standardised for equity in understanding so the client/carer, the OT and the HM service provider all know exactly what work is going to be provided and are in agreement as to how and when and to what standard it will be carried out.
- Progressive Sign Off by identified qualified supervisor on the job, at every critical stage during completion of the Scope of Works. Will provide photo/video and appropriate documentation i.e. certificates of compliance from the specialist trades e.g. asbestos removalists, plumber and electricians.
- OT signs off that the work has been done in accordance with the prescription and has met the client's functional needs. Any variations approved have been fully documented and clinically justified where appropriate.

- On completion of the job it is signed off by an independent Contracted Building Inspector (CBI) who checks the quality of the work and provides a written report on findings along with feedback from the client for monitoring of appropriate style of service provision

The Quality Assurance Program is much more than simply inspection of the works. The program takes a proactive approach to mitigate the risk of sub-standard work before it occurs and monitors works throughout construction. It also provides a robust contractor warning system where patterns of poor workmanship, inability to work with or to an Occupational Therapist prescription/design for clients and/or inappropriate style of service provision to the target client group, are clearly identified and 'mapped' for consideration of future service provision. This has been the way that funded Service Providers regulated the use of external builders and sub-trades as the network is made aware of sub-standard contractors.

An integral part of the Quality Assurance program is the correlating training modules developed and presented by the NSW HMMS State Council. Gaps in both technical skill-base and client service management as identified through the QA process, have informed and directed the implemented training programs for HMMS Builders, contracted commercial builders, contracted sub-trades and OT's. The QA program has also been instrumental in guiding the development of appropriate regulatory documentation and technical support resources for both builders and occupational therapists.

NSW HMMS STATE COUNCIL SEEKING 'SUBSCRIBERS' IN AN OPEN MARKET RATHER THAN 'MEMBERSHIP' BY FUNDED SERVICES

The vision of the NSW HMMS State Council is to support and enhance Home Modification services across NSW, however and by whomever, they are provided. It has created inclusive programs to provide support for ALL levels and auspice of Service Providers and Stakeholders interested in promoting long-term, cost efficient, best practice outcomes for clients. While it has been, to date, a unification of funded Service Providers as members, the Constitution is already being upgraded to convert membership to subscription which will be open to mainstream providers and other stakeholders, builders and occupational therapists, as well as funded Service Providers.

2b) Would you advocate a larger role for NSW HMMS State Council in terms of supplying Quality Assurance service for all home modification services that occur under an increasingly outsourced system?

Response

Yes – the NSW HMMS State Council could, based on its solid, tested QA platform, capacity build to provide QA services to all home modification services that occur under an increasingly outsourced system.

ADHC SUPPORT FOR THE DEVELOPMENT OF QA & HM SERVICE MONITORING

Ageing, Disability and Homecare (ADHC) has on many occasions acknowledged the positive outcomes achieved by the NSW HMMS State Council's proactive approach to both training and regulating the sector. They have acknowledged that they were remiss in not taking the lead to develop this training and regulation but also acknowledge the appropriateness of the research, development and implementation by a Peak Body that had acquired sector expertise and experience.

ADHC has also indicated their interest in 'transitioning' the current QA program to a more open market environment which will evolve through the individualised package care roll-out (and possibly a future NDIS).

However funded or auspiced, community services are about delivering essential, quality services to those that are most vulnerable in our community and who, by definition of their health or disability, are not fully capable of dealing with mainstream services.

The development of the NSW HMMS State Council Quality Assurance Program (QA) brought together the two integral service streams -

- i. Occupational Therapist client assessment and prescription/design of appropriate modifications; and
- ii. Quality assured construction/installation that meets the Occupational Therapist prescription and remains compliant to Building Codes Australia (BCA) legislation.

The QA program clearly identified that this unique teaming of Service Providers needed to be supported and regulated in order to appropriately address all essential home modification elements.

HOME MODIFICATION MIS-FIT INTO STANDARD COMMUNITY SERVICE MONITORING

The QA program was also developed and implemented as a response to the quality monitoring programs of the then current funding body, ADHC. While eminently suitable and detailed to review case management and personal care services, these monitoring tools were not able to assess the quality of either OT home modification prescription nor construction quality or compliance with OT specifications. A Specialist Technical Officer and Specialist OT were employed to up-skill and mentor the industry, develop resource manuals, standardise pro-formas, documentation and contracts and to provide training. Participation in the QA program is currently voluntary, where a service makes a decision to have their work signed off by an independent Contracted Building Inspector (CBI).

TRAINING & DOCUMENTATION

In addition to the QA program itself, extensive curricula for training both Occupational Therapists and Builders (and teams of these working together) has been developed and provided. Training has also always been made available to both providers within the network and other commercial or private concerns who wish to gain HM specific skills.

Monitoring and QA documentation that has been developed in response to skills/educational gaps identified by the QA program has already created the foundations for a regulated approach to sector QA and risk management.

WORK HEALTH AND SAFETY ISSUES FOR OTHER SERVICE PROVIDERS ADDRESSED THROUGH HOME MODIFICATION

It is worth noting that a growing number of home modifications are becoming essential for clients to retain staff from other community services (e.g. personal/attendant care) to remain living in their own home. As the client home also becomes the client care-base, home modifications (particularly bathroom and hygiene related modifications) are required to create a safe and suitable WHS environment for personal care providers (waged and volunteer). This will become an even more significant issue for outsourced community services and the workforce engaged in community service provision as client/target population numbers increase.

Generally, current Home Modification services as a whole take on the QA program with enthusiasm and look at it as being an industry specific training ground for continued professional development. It ensures that client outcomes are achieved the first time the work is completed with few rectifications and very happy clients/carers, referring OTs and other community Service Providers who provide service to the client.

3. The submission states that the NSW HMMS State Council has built a network and a database of providers to ensure service provision for all aspects of home modifications in remote, rural, regional and metropolitan areas (p4).

- **How did NSW HMMS State Council establish this network?**
- **How does NSW HMMS State Council manage the network to ensure that services are consistently available to people in diverse geographic locations?**

3a) How did NSW HMMS State Council establish this network?

Response

HMMS services were established in NSW as early as 1987 after the Commonwealth and State governments jointly signed the Home and Community Care Agreement in 1986. Funding was administered by the Department of Housing (DOH) in 2 tiers. The first were local services that we now call Level 1 and were community based and based on local government areas across the State. They provided modification and maintenance to clients living in the community in their own home. The second tier was a regional home modification scheme managed directly by the DOH, dealing with major modifications for clients living in their own homes. There was a scheme in 7 of the NSW DOH regions except the Hunter and no-one really knew why that was the case. After the establishment of a working party, an allocation was made to the Hunter region to fund higher modifications in May 1996 but, instead of funding being given to the DOH, it was to be held by Kurri Kurri Community Centre as a regional budget holder and the allocation of funds to clients would be decided by a panel made up of representatives of each of the level 1 services in the Hunter, OTs and community representatives.

In 1998 under the revised HACC Agreement, responsibility for the HMM program was transferred from the DOH to the NSW Ageing and Disability Department (ADD). In 1999 a review of home modification services by Economic and Planning Impact Consultants Pty Ltd examined the effectiveness of higher level modifications being carried out by the DOH in 7 of its regions (using contractors) and in the Hunter by Level 1 HMM services under the regulated panel system. The Hunter region produced more modification work with fewer dollars, much less rectification to both construction elements and compliance with Occupational Therapist prescriptions and ultimately, happier clients.

The review recommended this become the model for the rest of NSW and a selective tender was created. They also recommended that 70% of this funding for major/complex modifications go to NSW ADD regions and Regional Panels be established to administer what become known as Level 2 home modifications. The remaining 30% of funding was to be set aside as a Statewide fund for major modifications where the total job cost was >\$20,000. Kurri Kurri Community Centre becomes the budget holder of these funds having demonstrated the successful panel system in the Hunter for the previous 4 years. These high level modifications are currently known as Level 3 home modifications. A portion of the



Level 3 funding was also allocated to research and development to inform and create best practice outcomes for clients. This was successfully tendered by The Home Modification Information Clearinghouse Project established at Sydney University (now auspiced through the University of NSW) to conduct academic research and provide support to the network on evidence-based best practice in home modifications. The HM Information Clearinghouse Project and the NSW HMMS State Council still work closely today with a shared vision to create these best-practice outcomes for clients/carers and their families.

Today there are 86 Level 1 services in NSW that provide minor modifications across the State. There are 12 regionally based Level 2 services that also provide major/complex modifications and there is still one Level 3 statewide service that is a budget holder for those major/complex works where the total job cost exceeds \$20,000. Many Level 1 services (and all Level 2 regional services) are Contractors/Service Providers to the Level 3 budget holder when local service provision is required. Many HM services have their own OT attached to the service and part of every major modification is the requirement for the builder and the OT to work together (joint visits with the client as part of the planning stages of the modification).

The NSW HMMS State Council was established in 1992 after the first HMMS State Conference was held in Byron Bay. Level 1 Services became members of the State Council and each ADD region selected one representative to sit as a State Council member and be a conduit to the rest of the State network. From the time ADD took over funding responsibility for HMM services they made it clear they were a funder and not a provider and they advised that they did not have the technical expertise to support HMM services. ADD funded the NSW HMMS State Council to set up the Technical Advice Scheme (TAS) where more experienced HMM builders would mentor and assist new builders in the industry. They also funded a “Contingency Fund” to fund unforeseen emergencies that arose as part of a modification.

Some of these funded programs were the initial attempts at regulation of the sector and became forerunners to the Quality Assurance (QA) and training modules that we have in place today.

NSW HMMS STATE COUNCIL INTEGRATION INTO THE COMMUNITY CARE

The Community Care Consortium is a coalition of NSW HACC Service Provider Peak Organisations made up of:

- The NSW Home Modification and Maintenance Services State Council Inc.
- The NSW Meals on Wheels Association Inc.
- The NSW Community Transport Organisation Inc.
- The NSW Neighbour Aid and Social Support Association
- NSW Community Options Projects Incorporated



The coalition of NSW HACC Service Provider Peak Organisations, The Community Care Consortium (CCC), was formed in July 2010. The catalyst for its formation was the COAG Reforms and the re-alignment of Commonwealth and State responsibilities for the HACC target group, with the Commonwealth Government scheduled to take over full funding and policy responsibility for HACC Program for eligible clients over 65 and aboriginal clients over 50 from 1st July 2011.

The CCC provides an opportunity for these Peak Organisations to develop a common understanding of issues arising from the COAG Reform process and an ability to jointly develop policy responses and positions to those issues and to “speak with one voice” to government and funding authorities.

In commencing this dialogue, it had become clear that there were many areas in which these Peaks could work more closely together and provide considerable lobbying and information to their 600 members.

In 2011, the CCC released a series of Information Sheets and Talking Points to their members to assist Service Providers to open dialogue within their local communities with a consistent message to Parliament regarding the COAG reforms to the HACC Program. To view the Information Sheets and Talking Points, please go to the following link: <http://www.nswhmms.org.au/node/3035>

3b) How does NSW HMMS State Council manage the network to ensure that services are consistently available to people in diverse geographic locations?

Response

HMM services cover every local government area in NSW. Essentially, we are reporting on a network that supports the idea of local service by a well-established local or regional organisation under the quality control and support of a strong, central body.

NETWORK SUPPORT MECHANISMS

Some smaller, local services do not have the capacity to carry out major modifications and are funded relevant to the general minor modification needs of their local community. In these situations and attributable to the networking mechanisms developed through the NSW HMMS State Council, neighbouring HMM services with capacity or the regional Level 2 provider will either undertake the work themselves or project manage and subcontract a private builder to carry out the work. The work is always clinically recommended by an OT, supervised by a qualified HMM supervisor and, when signed off under the QA program by an independent CBI, ensures equity of access to high quality standards across the State.

In 2003-2004, the NSW HMMS State Council also advocated for ADHC to recognise the inherent issues for home modification services in rural and remote regions. To that end the NSW HMMS State Council has created a series of mechanisms to respond in a timely manner to rural and remote issues by implementing the following:

- Rural and Remote Reference group which feeds into quarterly State Council meetings
 - Lobbying for the availability of specific Non-Recurrent Funds to assist with timely service provision e.g. the Rural and Remote Fund to assist with funding shortages and the Occupational Therapy Brokerage Fund assisting with timely OT assessments of clients.
 - Providing the availability of face-to-face training in rural and remote areas which is often non-existent or spasmodic in nature.
4. **According to the submission, the NSW HMMS State Council provides training and resource development to HMMS providers, as well as acting as an independent regulator of the HMMS industry with regards to major and complex modifications (p4).**
- **Is there a conflict between the roles of representing HMMS providers as the peak organisation in NSW and also acting as an independent regulator of modification quality?**
 - **Various other organisations that have made submissions to this inquiry, including the Attendant Care Industry Association (Submission 31, p8), have indicated that they are of the view that an Independent regulator/complaints handling body should accompany outsourcing. What is your view about the creation of such a body to regulate and handle complaints regarding the provision of services such as HMMS?**

4a) Is there a conflict between the roles of representing HMMS providers as the peak organisation in NSW and also acting as an independent regulator of modification quality?

Response

The system operates, in many ways, on a similar basis to WorkCover NSW (see para 5 below in this response to question 4a). It is easy to see why this question would be raised but the Committee should understand that under current protocols, home modification providers participate in the QA program on a voluntary basis. It would be the preference of the majority of the sector that this becomes a mandatory or legislated requirement as the expansion of market share to commercial interests continues to grow.

Additionally, the QA Program plays a very specific role in identifying what training needs to be implemented in the sector as a result of the issues identified via the quality assurance mechanisms in place.

STRUCTURE OF THE NSW HMMS STATE COUNCIL TO SUPPORT OPEN MARKET SUBSCRIBERS

It should also be noted that the structure of the NSW HMMS State Council is currently being addressed through the review/reform of the HM Program in NSW and Council's internal processes of converting their 'membership' base to a 'subscription' base in order to be more inclusive to mainstream builders, occupational therapists, architects and other stakeholders.

A new structure is proposed where Council's representatives more readily reflect other NSW major stakeholders in home modification services and client outcomes rather than just service provider representatives. The NSW HMMS State Council, with the support of ADHC, is also working to create a national home modification entity and recently organised and hosted (with both ADHC and DoHA support) the 2012 Inaugural National Home Modification Conference. In NSW, local/regional representation and sector issues will devolve down to a sub-committee structure so they are not lost but continue to inform local issues to a broader Council structure that serves to drive and direct the sector even further along best-practice client outcomes. The sub-committees will be more client-focused rather than service provider focused.

It should also be noted that capacity building in recent years has included both in-house staff and contracted commercial builders and Occupational Therapists and was a significant factor in the sector self-imposing quality standards and benchmarked outcomes for clients.

WORKCOVER MODEL ANALOGY

With regard to our opening comment on WorkCover NSW - WorkCover NSW has the dual responsibility for educating and resourcing employers to help them provide a safe working environment for their employees, yet it also acts as a regulator and monitoring auditor by inspecting, investigating incidents and even prosecuting any breaches of work health and safety if they occur.

ADJUNCT/PARTNER SERVICES TO OFFICE OF FAIR TRADING AND OCCUPATIONAL THERAPY BOARD OF AUSTRALIA

While our current QA system does not have the capacity to enforce the latter of these functions, it could easily be partnered or contracted to the Office of Fair Trading and the Occupational Therapy Board of Australia to create a full suite of Home Modification QA protocols and outcomes. This regulatory function could either sit alongside our training and education modules and support services to 'subscribers' as a unified system or alternatively, could sit in a separately registered entity to maintain transparency.

When the NSW HMMS State Council took on the development and implementation of this QA and training function, they did so in a holistic manner:

- Resource development – give HMM providers the resources to do the job properly
- Train them to do the job – technical skills, both builders and OTs and skills in working together as a unique team
- Provide them with the means of checking their own work – an understanding of benchmarks and progressive sign off on scope of works
- Sign off by an OT and an independent Contracted Building Inspector

4b) Various other organisations that have made submissions to this Inquiry, including the Attendant Care Industry Association (Submission 31,p8) have indicated that they are of the view that an independent regulator/complaints handling body should accompany outsourcing. What is your view about the creation of such a body to regulate and handle complaints regarding the provision of services such as HMMS?

Response

The NSW HMMS State Council is, in principle, highly supportive of the establishment of an independent regulator/complaints handling ‘mechanism’ that would accompany outsourcing and protect clients. Our pro-active activities in attempting to regulate our own sector back up our resolve on these matters. However, while the idea of a separate agency to ensure quality in community services would seem fairly compelling, we do not believe that one regulatory system would fit all community service types. This is particularly so for home modifications as the industry overlaps both construction and community care sectors.

HISTORICAL ISSUES OF REGULATING/MONITORING HOME MODIFICATION SERVICES

We feel the same issues that have arisen throughout the course of reviewing/auditing/monitoring of HMM services under the HACC program for the past 27 years would also arise for a single body that attempted to regulate ALL types of community service provision. One size does not fit all and certainly HM service provision has always been a ‘square peg in a round hole’ when it came to review/audit/monitoring of community service provision. The recent Common Care Standards review is a perfect example of a review that captures client documentation but was in no way equipped to judge the quality or appropriateness of a home modification service, particularly where service is usually of a one-off nature.

Home modification is a unique program combining Allied Health and construction. Until the development of the NSW HMMS State Council QA program, all levels of government within NSW have struggled to identify a way to monitor and review the program to an adequate level. Many case management or personal care programs would sit comfortably together under a combined regulator but home modification certainly does not fit the same template.

TO NOTE

- media coverage on 'scams' and poor quality workmanship, more often than not relate to construction-based services, especially for our target group and others that are vulnerable within the community.
- training and resource modules developed through State Council could also segue easily into an 'ACCREDITATION' system that informed and defined a regulatory process.
- over the past 5 years, the NSW HMMS State Council has already researched, developed and created a sector direct-service monitoring program with the only missing links being legislated accreditation/regulatory elements. To create another process would be, we believe, a case of reinventing the wheel.
- the system that is in place could capacity build and be policy-driven through a regulator while still being direct-service provision monitored and project managed on the ground via the NSW HMMS State Council or a duly registered separate entity that worked with the current sector training, resourcing and supporting mechanisms of Council
- a regulatory entity working in conjunction with a direct-service monitor, could also act as a conduit for more formal, timely intervention on the part of the Office of Fair Trading (OFT) where clinically justified home modification construction issues are determined to be of such a nature that the OFT needs to be involved as a final resolution process regarding a contractor's licence or an Occupational Therapist's certified registration. The vision of the 'regulator' in conjunction with the direct-service provision monitor would be the mitigation of OFT or OT Board of Australia intervention.
- A regulator/direct-service monitor could also appropriately inform community service complaints handling in a more professional manner that is equitable to both service provider and client.
- The direct-service provision monitor would enable a rapid response specialist system to address complaints in a timely manner and with the correct level of expertise to inform complaints resolution if required.
- This system would retain the already significant investment in expertise and experience and capitalise on the inroads to equity of access in services that have already been offered to the target community.

Social housing, group homes and disability accommodation services

As a note and with reference to disability clients in social housing, group homes or disability accommodation services - home modification services to these clients are both provided by and quality reviewed by the offices/departments/organisations currently providing the accommodation service. In an outsourced system, home modifications will be provided by any number of for-profit and not-for-profit entities and a legislated regulator working in conjunction with a direct-service monitor could have a profound effect on quality client outcomes rather than asset management based decision making processes. This system would also work in a complimentary if not corresponding manner to home modification services provided under a National Disability Insurance Scheme, should the scheme come to fruition.

National Disability Services NSW

Questions following the public hearing on Monday 17 September

To: The Inquiry Manager Bjarne Nordin
Email: communityservices@parliament.nsw.gov.au
Due: 8 October 2012

Question One: Individuals with complex care requirements often need a number of services to be provided in concert. The submission claims that few service providers can provide all the needs of any one person and very often the needs of individuals are met by multiple entities (p13). In its submission to the Inquiry, Centacare NENW has argued that 'consortiums of service providers' should be developed to ensure that efficient, seamless and holistic service delivery is encouraged (Submission 82, p1).

Does NDS currently encourage or assist the creation of local networks of service providers, where providers can refer clients to allied providers if they are in need of different specialised services?

NDS is supportive of a collaborative approach to service delivery across the NGO sector. NDS has recently worked with ADHC and a consultant to produce a resource to support service providers to form strategic partnerships across full range of possibilities – from joint projects through to full mergers.

Central to successful collaboration is the alignment of the values and mission of the organisations involved. NDS provides opportunities for its member organisations to network through its regular regional meetings, subcommittee meetings and through annual state and national conferences. NDS has also conducted multiple training projects that bring together the senior leadership of organisations in a collegiate environment.

NDS members have been strongly critical of the effect of competitive tendering processes on the development of alliances and collaborative relationships between providers. This is particularly the case in regional areas where resources and staff are limited and competitive practice results in non-productive poaching and rivalry.

In practice, multiple services working in partnership will better meet holistic client needs. In current practice, the limitations of the system mean that individuals receiving services funded by ADHC are restricted by the programmatic nature of services and the allocation methods for current funding. Where possible, service providers make accommodations (either in consultation with or independently of ADHC) to program guidelines at the local level on a case by case basis, however the ad hoc nature of this practice can mean that many people and families miss out on opportunities which they might access in a less programmatic environment. NDS

supports the current policy shift away from program delineation and towards flexible service delivery driven by consumer choice.

Are you of the view that the development of 'consortiums of service providers' should be supported by Government in order to ensure that seamless service delivery is encouraged and that clients have easy access to a network of services?

Consortia of service providers are one model of collaborative relationship that can support effective service delivery; however they are best developed locally or through processes that ensure an alignment between the strategic goals and mission of the organisations involved.

There are alternate business models to consortia which range from informal networks, Memoranda of Understanding and joint projects to more formal business arrangements such as partnerships and mergers. There have also been examples of large, centrally based organisations forming working relationships with smaller regional organisations.

Consortia should be supported where they are able to increase the efficiency, effectiveness or reach of service provision by taking advantage of the synergies and economies provided by the consortium members.

Question Two: The submission indicates that the non-Government sector has undertaken a number of strategies to build its capacity to absorb the increased numbers of service users that will be reliant on them through outsourcing Government services (p4).

Could you provide some further information in relation to the previously mentioned strategies that have been implemented by the non-Government sector to build service capacity and respond to the increased demand for services?

In 2009, ADHC established an Industry Development Fund (IDF) to be jointly managed by NDS and ADHC. The IDF provides sector development activities to support the reform directions outlined in the 2010 Report on NSW Disability Services Sector – Directions for Industry Development. Since this time, NDS has established a number of programs targeting:

- a. Development of the governance capacity of boards of management;
- b. recruitment and retention of an effective workforce;
- c. development of quality services.

The key projects to date are summarised below:

- **Good Governance program:** building on the work done by ADHC to develop a governance resource (*It's Your Business*) and support the rollout of this resource across the sector with training programs and other supports. The Good Governance program has been expanded to provide access to expert consultants to support boards in strategic planning and governance and to

provide a leadership program for senior executives and emerging leaders in the sector.

- **Workforce development program:** supporting the development of workers in the sector and the consolidation of workers' conditions and awards.
- **Strategic change management:** working in direct consultation with the boards of management and senior managers in organisations to support the development of strategic planning and to implement change management strategies to respond to the new policy environment
- **carecareers:** an online career search tool and associated media advertising to raise the awareness of the disability sector as a career option and to promote the disability sector as a career choice for professionals working in other areas. 27,000 applications have been received from 19,000 candidates since its foundation in January 2010.
- **Worksafe:** work health and safety resources and consultancy services to support the implementation of the new work health and safety guidelines, to maximise worker safety and a safe environment in disability services.
- **Quality Program:** delivery of quality resources and supports to assist service providers to better meet their quality requirements and to ensure that services they provide meet the expectations of their clients and the NSW Disability Services Standards.

Would you anticipate that new non-Government organisations would enter the market, should the large scale outsourcing of community services occur?

If there were free access to the market and sufficient notice and planning for it to occur, NDS has no doubt that for-profit organisations would seek to access the life-long funding streams and other funding models that currently support many individuals with disability. NDS would advocate strongly for appropriate quality and compliance requirements to be imposed upon for-profit entrants to the sector to ensure the maintenance of a 'level playing field' for not for profit providers.

Is there a risk that with a substantial amount of new entrants, some organisations will have insufficiently trained staff and be unaware of relevant regulations and policies?

New entrants should be expected to demonstrate their capacity to deliver services to the same standards as existing specialist providers. The application of the NSW Disability Services Standards across all specialist services would be one assurance mechanism. If service outsourcing is well planned and phased over an appropriate time frame both current providers and new entrants will be able to build staff capacity and ensure effective governance and policies are in place.

Should the government or non-government sector bear the burden of risk for ensuring quality service delivery?

The burden of ensuring quality service delivery is currently shared across government and the non-government sector. Boards of management currently have

a duty of care for the clients in their services and have the responsibility of ensuring that service quality and their other fiduciary responsibilities of governance are met. NDS has supported work with boards of management to highlight and reinforce these responsibilities.

Government as the funder of services must be vigilant in ensuring that funding achieves the agreed outcomes for clients. Government should be ensuring that funding is allocated to services that are well governed and have effective boards of management. The current risk sharing relationship would be appropriate to continue into the future.

Question Three: The NDS submission states that organisations in the non-Government sector are well placed to increase the quality and quantity of service provision through their close community linkages and their ability to tap into additional resources such as volunteers, donations, philanthropy and community good will (p5).

Drawing on your experience with non-Government organisations operating in the community service sector, what are the most effective strategies that have been implemented in order to tap into local resources such as volunteers and localised donations?

The majority of disability service providers currently operating in NSW have grown from small family and carer networks that have come together to better meet the needs of their child, family member or friend. These grass-roots community linkages and the ownership and identity embodied in these organisations are powerful motivators and provide a call to action for volunteers and fund raisers.

This community foundation is one of the essential elements that can be tapped to mobilise local resources. Locality is particularly important for engaging volunteers; being seen to be active in the local community, not having to travel and seeing the benefits of their actions.

Small businesses and local community organisations are more likely to donate time and resources to organisations that have a local identity and positive community image and who have clients that are actively involved and visible in the community.

The costs and risks for local fundraising is that the pool of potential volunteers and donors can be small and become weary of repeated requests. Effectively supporting volunteers is a priority project currently being developed by NDS

Larger organisations are able to dedicate resources for fundraising and volunteer engagement but this may cost as much as one dollar for every two dollars raised.

Additional Information as requested in hearing:

CHAIR: "Would you provide this committee with how that one-stop shop on the North Coast was set up? Why it was set up and the same in relation to the Wagga Wagga to provide feedback?"

Please find attached the following documents that address the questions raised by the committee.

Attachment 1 – Aboriginal programs – building capacity in remote areas -

Providing examples of locally developed approaches to address local barriers to service access and participation of Aboriginal people with a disability can be seen below

Attachment 2 – Aboriginal Jobs Together case studies

Attachment 3 – Local News story highlighting the North coast Aboriginal –one-stop shop

Please feel free to contact me if you require further information or clarification of any of the above information

Scott Holz

NSW Manager

National Disability Services



NDS Aboriginal Programs – building capacity in rural and remote areas

The Regional Coordinator model of NDS Aboriginal Programs is jointly funded through the Aboriginal Jobs Together program (Aboriginal Affairs, ADHC and DEEWR), and the Aboriginal Resources and Pathways program (Industry Development Fund - NDS AND ADHC). The broad purpose of each of these programs is to improve outcomes for Aboriginal people.

Aboriginal Resources & Pathways: Engaging Aboriginal communities, disability organisations and other stakeholders to develop local solutions that address the barriers to Aboriginal people accessing support. . At present we have 15 active and current networks in operation in Regional NSW.

Aboriginal Jobs Together: Supporting the employment of 110 Aboriginal trainees and cadets in non-government organisations across NSW. We currently have 32 participant organisations with 32 Aboriginal traineeship and cadetship placements in Regional NSW.

Through both programs, the key to successfully identifying local needs and developing local solutions is the development of relationships of recognition, respect and collaboration between local Aboriginal and non-Aboriginal stakeholders, including; disability service providers, local councils, Aboriginal Medical Services, Allied Health Professionals, Aboriginal Lands Councils, Aboriginal Elders Groups, Educational providers, Aboriginal organisations and organisations representing other sectors.

Examples of locally developed approaches to address local barriers to service access and participation of Aboriginal people with a disability can be seen below;

- **Kempsey Community Service Information Hub.** This initiative involves local disability, community services and community stakeholders renting a shop front to provide information, referral and guidance for local Aboriginal people regarding the scope of services that are available to them within their local area. NDS and each participating organisation pooled resources to secure and furnish premises within the township of Kempsey located in an area of town convenient to the Aboriginal community. This community hub has seen a large number of Aboriginal community members' access information and referrals to local disability and community service providers.
- **Port Macquarie Service Cultural Recognition Scheme.** This scheme involves disability service providers and local stakeholders working with local Aboriginal Elders to codify the key elements of culturally appropriate service delivery at a local level so that local organisations that address these key elements will have the opportunity to display a logo that indicates to the local Aboriginal people that their organisation is a culturally appropriate and safe place to access services. This scheme allows local non-government stakeholders to understand local cultural imperatives and build capacity in areas previously unidentified.
- **Community awareness raising and trust building.** Throughout project areas networks have held a range of awareness raising events for the Aboriginal community. These events have been held in Wagga Wagga, Moree, Tingha, Barraba, Griffith and Deniliquin and saw between 80 - 170 members of the Aboriginal community participating and attending each event. Each event saw a number of referrals and the development of a collaborative partnership-based approach to service promotion and delivery by each organisation represented.
- **Mobile Information Hubs.** In the Coffs Harbour, Nambucca and Bellingen areas the network has undertaken a series of travelling information expos to raise awareness of the local services available for Aboriginal people with a disability in their local communities. These expos are held at local Aboriginal Medical Services in each area and involve the provision of information, guidance and referral services for Aboriginal families and communities. Local service stakeholders involved in the local network work collaboratively to ensure that these expos are promoted within local Aboriginal communities and Aboriginal Elders are

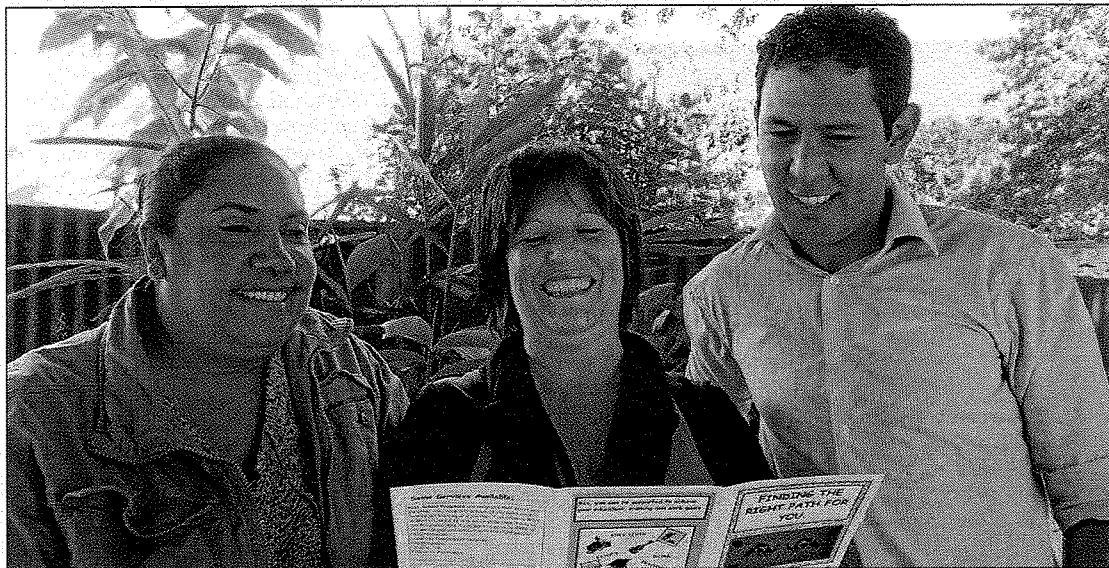
facilitated in participating in the event. The community feedback and consultation conducted at these expos then forms the basis of collaborative planning sessions between network participants regarding effective delivery of services for Aboriginal people and communities.

Employment of Aboriginal Staff

- The employment of Aboriginal Regional Coordinators at NDS has ensured that regional areas of NSW have dedicated resources that understand regional needs and gaps in service provision.
- Aboriginal staff employed through the AJT program from a Wagga based service recently presented at an NDS Regional Meeting with the Manager of the service, reporting that since employment, they have received up to 15 enquiries from Aboriginal people who have not engaged with disability services before.
- In Deniliquin, 5 Aboriginal trainees are employed through the AJT program across a number of disability services. These staff will showcase services available for Aboriginal people with a disability, their families and carers at a Yarn Up aimed at further strengthening Aboriginal employment in the sector and access to services for Aboriginal people.

Empowering meeting

Bonsai workshop Botanic Gardens



☐ **IDEAS COME TO LIFE:** Manager from MiiMi Marcia Hillery, Manager Aboriginal Drop-In Support Service's Cindy Lesley, and Joe Archibald from National Disability Services at the meeting at Bowraville.

EMPOWERING Indigenous Australians with information and choice, the ACT NOW conference held in Coffs Harbour in September 2011 is still bringing positive effects to the Coffs Coast community.

As a result of the conference, a number of local action groups were established, including an action group to bring together people from the Nambucca, Bellingen and Coffs Harbour areas, to work on specific strategies and projects to achieve the main goal – better services for Aboriginal people and better connections across all members of the community.

Joseph Archibald, Aboriginal Jobs Together regional co-ordinator for National Disability Services, Cindy Lesley, Aboriginal Drop In support service officer, together with MiiMi Mothers then pulled together a second meeting to grow on the efforts from September.

MiiMi Mothers Corporation in Bowraville was the venue for the Nambucca, Bellingen and Coffs Harbour action group who met on Tuesday, April 10. The meeting room was full of excitement and creativity with the group combining their resources and ideas.

Overall they decided the action group needed to establish a one-

stop-shop for information and resources for Aboriginal people living with a disability including the aged community. The finer details are now being developed and it is hoped a travelling mini service expo will start in the next few months.

Cindy Lesley from Aboriginal Drop In Support Service/Access and Assessment, also used the meeting to release the 'Access and Assessment' pamphlet, aimed to help the community with contact details for one-on-one support services and information for Aboriginal people living with a disability along the coast.

THE Tokonoma Bonsai Society is celebrating its 30th anniversary at Coffs Harbour Botanic Gardens 5 and 6.

On Saturday, May 5 there will be a demonstration by Clinton Neill from Sydney, creating exciting bonsai trees in hours of wiring.

The demonstration is free for children and \$5 for adults.

Sunday, May 6 from 10am to 4pm the Botanic Gardens will be hosting the Nambucca Regional Bonsai Exhibition.

With 48 trees to admire, the exhibition will be held in the Garden's new entrance room on Japanese Child Street – so there'll be plenty to see for the whole family.

Entry is free, but you may be asked to leave a donation to the Coffs Harbour Botanic Gardens.

Rustic

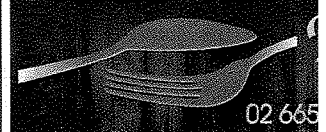
If you haven't been to Woolgoolah, the newest cafe/restaurant, the menu which changes with the seasons.

Joe Fallon the head chef and his team use fresh local produce to complement the menu from Dorrigos booma box Mediterranean.

The rustic table will have a special menu be cooking up some of his.

If you haven't tried it keep it, or pop in for a book.

BOOK



02 665

Coffs rally 'to keep it real'

A LOCAL rally will be held on Monday (April 30) to show support for the National Disability Insurance Scheme (NDIS), which will make it easier for people to access essential care, support, therapy, equipment, early intervention and training.

"The Leader of the Opposition's commitment to take a bipartisan approach to building the NDIS while in Opposition and if ever in Government, is due recognition of the NDIS as a critical social reform desperately needed by people with a disability, their families and carers," 'Every Australian Counts' campaign

director, John Della Bosca, said.

"If you are not directly involved with, living, or caring for a person with a disability it's hard to truly appreciate the desperate need to fix the disability system.

"Once you get a true understanding of the crisis you know that it is your job as a Member of Parliament to work every day to fix it."

Mr Della Bosca paid tribute to the army of disability campaigners around the nation who have had their voices heard.

"During the past 18 months through the Every Australian Counts cam-

paign, the disability community has let MPs into their lives. They have told their stories and I believe they have won over a generation of politicians to be their champions," he said.

"I have no doubt that the Prime Minister and Mr Abbott deeply understands the needs for an NDIS and that we can count on them to work to make the scheme a reality."

However, despite the fine sentiment, Mr Della Bosca warned that the time for action has come.

"Australians want actions over words and I believe that both the Government and Opposition need to demonstrate their commitment to the NDIS

before I will pop any champagne corks," Mr Della Bosca said.

"We will be turning out in our thousands on Monday, April 30 at rallies around the nation to send a clear message to our politicians and the broader community that the time for the NDIS has come."

The National Disability Insurance Scheme rally in Coffs Harbour will be held at midday on Monday, April 30, at the Brelsford Park carpark.

For more information visit the website: www.everyaustraliancounts.com.au/rally

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4th of October 2012

Mr Bjarne Nordin
Inquiry Manager
Legislative Assembly Committee on Community Services
Parliament of NSW
Macquarie St
Sydney NSW 2000

Dear Mr Nordin,

Outsourcing Community Service Delivery

Thank you for your letter providing the proof transcripts of the oral evidence given on behalf of The Salvation Army Aged Care Plus (TSAACP) at the recent Committee Hearing. I write in response to the request for further information from The Salvation Army Aged Care Plus regarding the outsourcing of community service delivery in NSW.

Answers to the questions following the public hearing on 17th of September 2012 are given below.

1. *The submission also mentions that the provision of housing and home care services in these rural and regional areas 'can only be achieved through integration and co-location where possible and appropriate'. (p5)*
 - (a) *Can you explain in more detail exactly what you mean by integration and co-location?*
 - (b) *Are you referring to partnerships with Government service providers or integration with other non-Government service providers?*
 - (a) Integration and co-location of community services offers opportunity for closer working relationships to be forged between providers. TSAACP believe a hub model of service such as the multi-purpose services operated in rural areas would allow for continuity of care and better outcomes for clients.
 - (b) TSAACP believe that there are opportunities for partnerships and integration with both Government and non-Government service providers.
2. *An issue raised by several private individuals who made submissions to this Inquiry is their concern that non-Government service providers, whether they are for profit or not for profit, may not be prepared to provide services for people in rural/regional areas, and for people with high dependency needs.*
 - (a) *What criteria do you apply when assessing whether or not you can provide services in rural and regional areas?*
 - (a) TSAACP apply the same criteria as if the service were to operate in a regional or metropolitan area. These include criteria such as –
 - a. Do we have a presence in the area? Can we have a presence in the area?
 - b. Is the service type within our levels of expertise and ability?
 - c. What is the level of need in the area?
 - d. Can we provide services for the level of funding available? As TSAACP is a not for profit provider, there is no need to provide a return to shareholders, however there is a need to cover costs.

3. Several submissions, including those from Sunshine(sub 26, p5) and Anglicare Sydney (sub 32, p5), argue that the current competitive tendering process is not transparent and does not foster a collegiate or collaborative approach among service providers. They argue that a new funding model be developed that promotes collaboration between providers to provide a more client-focussed and integrated service.

(a) Is this the sort of change to the current funding model that you would welcome?

(b) Do you currently collaborate with other non-Government service providers in the provision of an integrated service?

(a) There is no doubt that competitive tendering has impacted the community service sector, with agencies competing against 10 – 15 other providers for the funding dollar. As such TSAACP would welcome a funding model which encourages the sharing of ideas and promoted collaboration between providers. The model would need to –

- be outcomes, not outputs focussed;
- have an assessment framework which was transparent and public;
- be cost effective – last year, TSAACP outsourced the writing of submissions, at a total cost of \$85 000 – money which could be used for care, rather than service growth.

(b) TSAACP community care services collaborate with other service providers such as home nursing, meals on wheels, mental health and day centre services in the provision of care to clients. Recently in Queensland, TSAACP have commenced working with a local hospital discharge planners, social workers and transition to home service to identify and support carers living in regional areas. This is proving quite successful.

4. A concern was also raised by the smaller non-Government organisations is their limited ability to participate and influence policy development and funding discussions when dealing with State and peak representative organisations, as they lack the resources to compete with large non-Government organisations. The size and bureaucracy of larger non-Government organisations was also raised in several submissions, with concerns that due to their size and structure these larger organisations were not as responsive and flexible as smaller service providers.

(a) Is this perceived dominance of larger service providers an issue that could hinder the provision of integrated services and limit the choice and availability of services for clients?

(a) The move toward Consumer Directed Care in the aged and disability services sector will ensure that clients will have greater choice in the services which support them, whether these are provided by large or smaller providers. In the oral evidence provided to the Committee, it was noted that there needs to be a mix of providers in the sector, and smaller organisations are often able to be more responsive to local need.

5. (a) How much of your resources, such as time and staffing, is involved in the demands of meeting your regulatory, compliance and policy requirements for both NSW and Commonwealth Government agencies?

(b) In what practical ways do you believe this process could be streamlined and made more efficient?

(a) It is impossible to quantify how much time and resources is spent in meeting regulatory, compliance and policy requirements as this work is completed by staff across a number of work areas, including finance, clinical care, care services, risk and operations. Needless to say, the time spent is significant.

(b) The introduction of the Community Care Common Standards was an example regulatory, compliance and policy requirements of the process being streamlined and increased provider efficiencies, as was the pre-approval process for tendering. TSAACP would welcome additional strategies such as these, but understand the complexity of the sector will make this very difficult.

6. *In relation to local provider capacity building, the submission provides a note of 'caution that questions such as what capacities should be built, for whom and to what end, must be considered' p5.*

(a) *What are the concerns of TSAACP regarding this issue?*

(b) *Are non-Government organisations better places to increase capacity and provide better service delivery for minority groups, such as Aboriginal and Torres Strait Islander communities and recently arrived refugees, who may be distrustful of Government due to their personal experiences of persecution in their home country?*

(a) TSAACP support capacity building in the sector, seeing capacity building as a way of empowering services. Over the last 10 – 15 years, capacity building is at the core of public policy and programs particularly where it relates to the elimination of disadvantage. TSAACP believe that capacity building must be aimed at enhancing the ability of all community groups to self-govern. Should a decision be made that community care services are outsourced to the non-Government sector, TSAACP are concerned that the support provided by Government departments toward building capacity would be lost.

(b) With the example given, TSAACP believe the answer is yes

7. *The submission notes a number of incentives such as flexible work arrangements and training and development opportunities that have been put in place to recruit and retain older workers.*

(a) *How successful have these incentives been in the recruitment and retention of older workers?*

(b) *Have you seen an increase in the recruitment and retention of older workers?*

(c) *Have these initiatives also helped attract younger workers to consider a career in the community services sector, given the need to lower the age of staff in the sector?*

(d) *What are the issues that discourage people from working in the sector?*

(a) These strategies have been very successful, with TSAACP staff turnover at 18% per annum, compared to the industry average of 25% per annum.

(b) TSAACP have seen an increase in the recruitment and retention of older workers, with the average age of staff at 45.

(c) These strategies have been targeted at the older worker. However, younger workers are also attracted by flexibility (if they are studying), career development opportunities and salary benefits (such as salary packaging).

(d) Issues discouraging people from working in the sector have been well documented and include low rates of pay, hard work and high responsibility for the pay rate.

8. *The submission states that organisations like TSAACP 'require further assistance or tax incentives in order to expand on the range of initiatives already available to existing staff, particularly those who fall within the older demographic'. (p6)*

(a) Can you provide more information regarding the type of financial assistance and tax incentives you believe are necessary?

(a) TSAACP have had a focus on attracting and retaining older staff, and the staff turnover is well below industry average. In order to encourage older Australians to remain in the workforce for an extended period of time, TSAACP has implemented flexible work arrangements such as part time work, flexible start and finish times, phased in retirement plans or working from home. Older Australians who are nearing retirement may be enticed to continue working longer through the provision of additional annual leave or job sharing options which would allow them to have a balance between work and family life and would also assist in them in gradually moving towards retirement. Incentives such as salary sacrifice or packaging are available through large organisations like TSAACP, but not perhaps, smaller community care agencies. TSAACP would welcome any incentive that can provide relief to both older workers and agencies.

Please find enclosed a copy of the oral transcript with some changes made where verbal inaccuracies existed.

Yours sincerely,

Sharon Callister
Chief Executive Officer