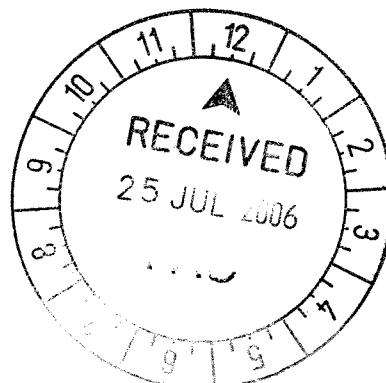


Ethnic Child Care, Family and Community Services Co-operative Limited

21st July, 2006.
The Committee Manager
Public Accounts Committee
Parliament House
Macquarie Street
SYDNEY NSW 2000.



HOME AND COMMUNITY CARE PROGRAM SUBMISSION

General Comments.

The Home and Community Care Program is a valuable and worthwhile program which assists people with disabilities and those who are frail aged to remain in their homes and the community as long as possible to avoid hospitalisation and entry into nursing and aged homes. By delaying entry into these institutions which are already overburdened, there are huge savings to the government and the community and people remain in the familiar surroundings of their home, family, social and community environments and are not alienated from the community. The different services provided by the HACC funding are outreaching and benefiting thousands of people, however, the demand far exceeds the supply as there is inadequate funding provided and services have waiting lists and people are not obtaining services when they need them.

Further, there are sections of the population (those on pensions and other social security payments) who live under the poverty line and cannot afford to pay for the services or if they pay then they will face hardships in obtaining basic needs such as food, shelter, health and social, therefore, consideration needs to be given to the "user pay principle" which often is a barrier and excludes people who have most need of services gaining equitable access to them. The Committee needs to review the "user pay" as there are many people out in the community who have a desperate need for services but are not accessing them.

Also as there is cultural, linguistic, religious, socio-economic diversity in our population as we live in a multicultural society, there needs to be consideration of diverse models of service delivery which is appropriate to the needs of each individual. Some groups in our community, such as CALD, ATSI, those who are socially and economically disadvantaged have special needs and these need to be considered by services providers and their services need to include these in their service delivery as well as the regional and national planning and adequate resources need to be allocated to ensure that these groups have equal access to services and resources to meet their needs.

The Ethnic Child Care, Family & Community Services comments are informed through the management of four programs funded by the Department of Ageing Disability & Home Care:

- Eastern Sydney Multicultural Access Program for enhancing access for culturally and linguistically diverse (CALD) communities to HACC services in Eastern Sydney.
- Inner West Multicultural Access Program for improving access to HACC services for CALD community in the Inner West Local Government Areas of Sydney.

- Ethnic People with Disability Program on providing advocacy and information for people with disabilities from CALD communities.
- Multicultural Respite Services providing recreational and vocational care for CALD children and young people with disabilities and their families/carers in Marrickville and Canterbury.

Comments on the HACC program with reference to:

1. The efficiency and effectiveness of the joint arrangements by the Commonwealth and NSW State Government for approval of the annual expenditure for the HACC Program, with a focus on the timeliness of agreement of the plan and discharging of grants:
 - Approval by Commonwealth Government of funding proposals by NSW Government is slow and time consuming. This has an adverse affect for services for recruitment and retention of staff particularly for small organisations.
 - Consideration does not seem to be given to waiting lists, people with high support needs, assessment of ABS data on CALD communities, consultation reports with people from CALD communities on access to services and reviews of programs.
2. Strategies for addressing unmet needs in the context of growing demand for services from eligible parties.
 - (a)
 - Analysis of ABS data on number of CALD background people aged 70 years plus.
 - Comparison to MDS data for CALD background people aged 70 years plus.
 - Services to be targeted towards people with high support needs in CALD communities to be based on ACAT assessments which have the assistance of an accredited health interpreter to conduct such assessments.
 - Annual review of services for identifying transition to other programs (eg. CACP, EACH or Centre-based Respite) with consideration being given to the program's exit policies.
 - Recruitment of bilingual workers for providing services (eg personal services) to people with high support needs for CALD communities.
 - Training on cultural competency for management and staff and volunteers in Home and Community Care Programs and NSW Home Care.
 - State-wide translations of Home and Community Care Services and NSW Home Care for the CALD communities.
 - Implementation of a State Health and Community Care telephone interpreter service to improve access for CALD communities and provide information on services.
 - (b) The effectiveness of Home Care Services processes for managing access to services, across service types.
 - The implementation of a referral services (similar to the TAB2 (Take a break) Respite services which makes referrals for those on waiting lists to a provider with a vacancy.
 - The development of exit strategies.
 - © The extent of consumer input to Home Care Service design, management or delivery of programs and other mechanisms for assessing service quality.
 - Regular consultations with CALD communities on their needs and suggestions for improvement.
 - Development of consumer support groups to advise funded services on initiatives.
 - Appointment of CALD consumer to management committees.

- Cultural competence of staff, volunteers and bilingual workers to facilitate engagement of CALD people input.
- (d) The implementation by DADHC and Home Care Service of systems and processes to plan, monitor, report on and improve accountability of the service;
- Better management systems for example The Care Management Program which provides individual cost of the services to clients as well as MDS data, consumer and carer information.
 - Feedback on reports provided by service providers.
 - Continuous monitoring by DADHC and their assessment open to the public.
 - Involvement of DADHC CALD unit in processes of accountability.
 - Involvement of multicultural ethnic organisations and service providers who work at the “grass roots” level with CALD people.



Vivi Germanos-Koutsounadis
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24 July 2007