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Home and Community Care (HACC) Planning Information 2006-2007

St George & Marrickville Canterbury Region July 2006

HACC Planning Information

The following Home and Community Care (HACC) Planning information has been compiled from the Planning meetings held by the following HACC Forums:

1. St George HACC Forum &
2. Marrickville / Canterbury HACC Forum.

HACC Forums comprise representatives from HACC and other community care services in the region that meet on a regular basis to discuss issues relating to quality services provision for the HACC target group of frail older people, people with disabilities and their carers.

HACC forum members also participate in annual HACC Planning meetings where discussion is held on service gaps and unmet needs. Acknowledgement and thanks goes to all the people who attended the planning meetings and contributed their ideas and information. Thanks also to the Department of Ageing, Disability & Home representatives for their support with these meetings.

Martha Arakas
HACC Development Officer
July 2007

**ST GEORGE 2006/07 HACC PLANNING FORUM
8 NOVEMBER 2005**

SERVICE TYPES: Social Support/Home Maintenance /Community Transport			
Issue/Service Group	Evidence	How Often	Barriers to Meeting the Need
<p>Social Support</p> <ul style="list-style-type: none"> • Dementia monitoring <ul style="list-style-type: none"> - This is inadequate - Cannot provide <u>daily</u> service, meals, medication - Increased Referrals for couples with dementia - Currently there is only a monthly service 	<ul style="list-style-type: none"> • 63% Clients receive one visit per week (pw) • 35% Clients receive two visits pw • 12 people on the waiting list • six couples on waiting list • Clients requesting fortnightly service 		
<p>* CALD Dementia Monitoring & Social Support</p> <ul style="list-style-type: none"> - Personal Shopping - Not taking referrals due to waiting list - Increased numbers of people from specific CALD groups. <ul style="list-style-type: none"> • Increased demand for social support group, outings from monthly to fortnightly 	<p>There are 10 people on the waiting list. Clients are receiving 1-2 hours per week. Six requests for personal shopping in one month.</p> <ul style="list-style-type: none"> • Client survey • 18 people on the waiting list 		
			<p>Provide resources to enable fortnightly outings to take place</p>

**ST GEORGE 2006/07 HACCC PLANNING FORUM
8 NOVEMBER 2005**

SERVICE TYPES: Social Support/Home Maintenance /Community Transport			
Issue/Service Group	Evidence	How Often	Barriers to Meeting the Need
			Strategies
<p>Transport</p> <ul style="list-style-type: none"> • Service finishes at 3pm, There is no weekend Service. • Issue of retaining volunteers who will work outside business hours • Access issues with Public Transport • Recruiting enough volunteers to provide service 	<ul style="list-style-type: none"> - Referrals are not being accepted 		<p>Funding is needed to provide a weekend service.</p>
<p>Maintenance</p> <p>Easy Care Gardening:</p> <ul style="list-style-type: none"> • there isn't anywhere else to refer people to • more frequent service is needed for gardens and lawns • issue of keeping volunteers <p>Lack of lawn mowing services</p> <p>Need a service to take out the garbage</p>	<p>There are 25 people on the waiting list. No more referrals are being accepted.</p> <p><i>Clients request 25%</i></p>		<ul style="list-style-type: none"> • Out of pocket expenses for volunteers • Lack of volunteers to carry out work load • Referring agency reports lack of resources across sector • Lack of financial resources • Large turnover of volunteers – work for dole • Volunteer burnout • Volunteers between jobs • Volunteers need constant training • Type of work volunteers want. • OH & S issues for volunteers. <p>Encourage people to convert lawns into low care gardens.</p> <p>Possibility of involving neighbours to take out garbage.</p>

**ST GEORGE 2006/07 HACCC PLANNING FORUM
8 NOVEMBER 2005**

SERVICE TYPE: Respite Care & Centre Based Day Care (CBDC) Issue/Service Group	Evidence	How Often	Barriers to Meeting the Need	Strategies
<p>Centre Based Day Care (CBDC) There is a lack of centre based day care for the following communities: Greek, Chinese, Arabic, Macedonian, Russian, Maltese, Italian and Spanish.</p> <p>Dementia Specific There is insufficient CBDC for people with dementia.</p> <p>People with early onset dementia attending CBDC require additional support eg more staff or an extra day.</p> <p>Insufficient trained bilingual staff to assist people with dementia.</p> <p>There is no CBDC for people who are newly diagnosed, the needs of these people are different to people with moderate to advanced dementia.</p>	<p>Waiting List Information Greek –28 people Chinese – 25 people</p>	<p>Two days per week</p> <p>Oatley Caring Centre provides CBDC for people with mild and advanced dementia.</p> <p>Greenwood Cottage has a mixed group.</p>	<p>Communication between agencies. Some people are accessing more than one service.</p> <p>There is a higher cost to providing this care, its not suitable to use volunteers.</p>	<p>Form a Centre Based Day Care Working Party to improve service efficiencies. HACC Forum to consider meeting bimonthly in service type groupings</p> <p>Need funding to replace staff when they attend training. Education – CALD specific. CRAGS provide regular information sessions –including the MRC AND Nurses on Wheels. Benevolent Society can provide training. Need to provide information sessions to the public.</p>

**ST GEORGE 2006/07 HACC PLANNING FORUM
8 NOVEMBER 2005**

SERVICE TYPE: Respite Care & Centre Based Day Care (CBDC)			
Respite Care			
<p>Younger People with Disabilities: Respite for carers of younger people with disabilities covers only the one child; carer doesn't get a break, as they need to care for other children.</p> <p>There is no vacation care for younger people with disabilities.</p> <p>Respite isn't flexible - needs to include taking children to the park, cinema, outings, There are budgetary issues.</p>			
<p>Lack of centre based respite for children 0-7 years.</p> <p>There is limited flexible respite for 0-5 year olds.</p>			
<p>Group activities for children with disabilities (5-7 yrs)</p> <p>Lack of appropriate residential respite, use of residential facilities</p> <ul style="list-style-type: none"> • Working carers of a child with a disability have no respite (unable to work). 			

**ST GEORGE 2006/07 HACCC PLANNING FORUM
8 NOVEMBER 2005**

SERVICE TYPE: Respite & Centre Based Day Care (CBDC)			
Issue/Service Group	Evidence	How Often	Barriers to Meeting the Need
Strategies			
<p>Lack of regular respite for carers caring for people with high dependency needs and children with high support needs.</p> <p>Older People Respite is being used to support carers prior to the commencement of a package eg with personal care & domestic assistance.</p> <p>The Commonwealth Carer Respite Centre provides emergency respite- sometimes this would include personal care and domestic assistance to give the carer the required break eg when a carer has been hospitalised as frequently happens with frail older people.</p>			

**ST GEORGE 2006/07 HACCC PLANNING FORUM
8 NOVEMBER 2005**

SERVICE TYPE: Nursing & Allied Health					
Issue/Service Group	Evidence	How Often	Barriers to Meeting the Need	Strategies	
<ul style="list-style-type: none"> • Podiatry <ul style="list-style-type: none"> - More domiciliary podiatry is needed in the St George area. - Service needs to be affordable. 	<p>Long waiting list at Kingsgrove Community Aid for home visits (20)</p>	4 – 6 wks	<ul style="list-style-type: none"> - Funding - Private v Community affects recruitment (sub contracting) - Isolated people can't get to centre based podiatry service 	Foot Care Program	
<ul style="list-style-type: none"> • Fingernail care 	<p>Requests for fingernail care come from existing clients who don't have a carer and are isolated.</p>	Monthly Service	No service, not HACCC eligible		
<ul style="list-style-type: none"> • Home Dental Care 	<p>This service is often requested</p>			Not a HACCC service	
<ul style="list-style-type: none"> • Occupational Therapy <ul style="list-style-type: none"> - Assessment for home modifications. - General Assessments for both the client and OH&S needs. 	<p>Long waiting list. 4 – 6 weeks (CRAGS)</p>	Weekly	<p>Not enough OT's which is restricting commencement of service.</p>	<ul style="list-style-type: none"> • More OT's • Availability of Registered Nurses to do simple assessments (showers mod, Vital Call, Training for Registered Nurses) • Joint DADHC & OT assessments? 	
<p>Long waiting list for CACCP assessment (Not a HACCC service) Appropriate referrals for CACCP</p>			<p>Inappropriate referrals to CRAGS. Not Enough assessors at CRAGS</p>	<p>ACAT nurse needs to assess, 6-12 month wait to receive services. Clarification of CACCP Eligibility / Guidelines.</p>	

**ST GEORGE 2006/07 HACCP PLANNING FORUM
8 NOVEMBER 2005**

SERVICE TYPE: Nursing & Allied Health				
Issue/Service Group	Evidence	How Often	Barriers to Meeting the Need	Strategies
<ul style="list-style-type: none"> Long waiting lists for in-home physiotherapy. 	Long waiting time to receive service.	4-6 weeks	Not enough community physios, limited carer support	Demarcation
In-home continence Assessments.	As above	4-6 weeks		
<ul style="list-style-type: none"> Lack of afternoon nursing services 	Requests 4 – 7pm. Need insulin, medication, medical stockings and dressings twice daily.	Daily 7 days	<ul style="list-style-type: none"> Cost of after- hours service Safety issues (OHS) after dark. Compression stockings – this is seen as a nursing responsibility, but the nurses are not resourced to provide this service. 	Employ Registered Nurses After Hours work needs to be considered in light of a risk assessment and balancing management of risk and duty of care.
<ul style="list-style-type: none"> Increasing need for high level nursing care 				

**ST GEORGE 2006/07 HACC PLANNING FORUM
8 NOVEMBER 2005**

SERVICE TYPE: Nursing & Allied Health	Evidence	How Often	Barriers to Meeting the Need	Strategies
<ul style="list-style-type: none"> • Increase personal care to three times per week or daily, not from Registered Nurses. There is no or limited carer support. • Continence aids for people with high support needs. 	<p>Requests for service. Assessment of support needs (that daily service may be all they need to stay at home)</p> <p>Skin breakdown. Urinary Tract Infections can lead to other complications.</p>	Daily	<ul style="list-style-type: none"> • Not enough service provision. • Cost of daily service to client. 	
<ul style="list-style-type: none"> • Provision of all home aids for foot care eg orthotics • There is a high cost to client which is not covered under HACC or PAPD (Physical Aids for the Disabled) 	<p>Assessment of existing clients</p> <p>12 month wait for PAPD</p>	Monthly	Cost and availability For hire or purchase	Discussion with Health re PAPD
<p>What happens to clients with high support needs receiving ongoing community care (this is where the client or their family want the person to stay at home)</p>	<p>Evidence of needs from families (People are assessed as being low level to be able to receive care)</p>	Weekly	Not enough funding for clients with high level needs.	More EACH Packages. Not a HACC service.

**ST GEORGE 2006/07 HACC PLANNING FORUM
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SERVICE TYPE: Personal Care, Domestic Assistance & Formal Linen Service				
Issue/Service Group	Evidence	How Often	Barriers to Meeting the Need	Strategies
<ul style="list-style-type: none"> • Inappropriate referrals for people with complex needs. • Fine line between care co-ordination & case management. 	Data on the referrals kept.	Frequently	Lack of case management options.	More funding for case management. Education around the differences between case management & care coordination.
<ul style="list-style-type: none"> • No "meal prep" specific service e.g for younger people with disabilities & CALD frail aged 				
<ul style="list-style-type: none"> • Attracting appropriate staff and retaining them – including bi-lingual care workers. 	Staff turnover rates. Ageing workforce.		Wages/Conditions	Ongoing information days.

**ST GEORGE 2006/07 HACCC PLANNING FORUM
8 NOVEMBER 2005**

SERVICE TYPE: CASE MANAGEMENT AND BROKERAGE			
Issue/Service Group	Evidence	How Often	Barriers to Meeting the Need
<p>Insufficient Case Management (CM) for clients and carers from CALD communities.</p>	<ul style="list-style-type: none"> • Migrant Resource Centre - Carer Support Service is over stretched. • Services performing CM when they are not funded to do so. • Clients refusing services (not sure what they are being offered). 	<p>Ongoing</p>	<ul style="list-style-type: none"> • Need for staff with relevant language skills. • Services need to be funded for CM (in recognition of what is being done).
<p>Huge unmet need for Case Management</p>	<ul style="list-style-type: none"> • Benevolent Society waiting list constantly around 30 people • Waiting time is one week to one year for services • People requiring CM in the early stages need miss out, because they are regarded as a lower priority. 	<p>Ongoing</p>	<ul style="list-style-type: none"> • Assessments are geared to existing service that are available, as opposed to services the client needs.
			<p style="text-align: center;">Strategies</p> <ul style="list-style-type: none"> • More capacity • More funding allocations • Direct allocation for MRC • Staff training in using interpreters & cultural awareness training
			<ul style="list-style-type: none"> • More CM • Disability specific CM (including Mental Health) • Dementia – specific model • CM for low needs clients • Specialised staff for specific needs groups eg Specialised CM • Low needs clients.

**ST GEORGE 2006/07 HACC PLANNING FORUM
8 NOVEMBER 2005**

SERVICE TYPE: CASE MANAGEMENT AND BROKERAGE				
Issue/Service Group	Evidence	How Often	Barriers to Meeting the Need	Strategies
Need for CM for people with complex needs.	<ul style="list-style-type: none"> COPS program picks up some people however needs for many people are already more than what the service can provide. 	Ongoing	<ul style="list-style-type: none"> Brokerage money can compromise CM. 	
Unmet need in other services, e.g. Disability Services Program can have a flow on effect to HACC Services, especially emergency services.	<ul style="list-style-type: none"> Money spent on respite, weekend and out of hours personal care – blow out. 	Ongoing	<ul style="list-style-type: none"> Who is making the referral, neighbour, friend and to whom? 	<ul style="list-style-type: none"> Staff training
CM for clients and carers with a mental illness.	<ul style="list-style-type: none"> Requests for service received by the Migrant Resource Centre and the Dementia Advisor 	Ongoing	<ul style="list-style-type: none"> Staff not skilled Are people residing in group homes eligible to receive HACC services? 	<ul style="list-style-type: none"> Service type for people with a mental illness

**ST GEORGE 2006/07 HACCC PLANNING FORUM
8 NOVEMBER 2005**

SERVICE TYPE: FOOD SERVICES				
Issue/Service Group	Evidence	How Often	Barriers to Meeting the Need	Strategies
<ul style="list-style-type: none"> Linkage to services Gap between capacity, resources and need for feedback to services to promote responsive service. 	<ul style="list-style-type: none"> Decrease in Food Service users Increase in ageing population. Increase in concerns about nutrition of elderly CALD service users Issues are across the 3 LGA'S. 	Ongoing	<ul style="list-style-type: none"> Referrals decreasing from HACCC services Links to non traditional referrals High turnover of referral staff 	<ul style="list-style-type: none"> "Liaison Officer" or linkage to promote and provide feedback to CALD communities, referral agencies, CALD services, and other HACCC services or other organisations where clients are HACCC clients. Across 3 LGA's
Nutritional needs of people who are ageing	<ul style="list-style-type: none"> 80% of hospital admissions are elderly people who are malnourished. In 2005 CRAGS identified that 27% of people are malnourished and 61% are at risk of malnutrition 	Every client	<ul style="list-style-type: none"> Untrained volunteers Lack of HACCC nutrition staff 	<ul style="list-style-type: none"> Employ HACCC dietician Use of nutritional screening tool to be completed by HACCC services (include component of CIARR).
Dementia Food Support – needing assistance to eat. Younger people with a disability also require this support. Meal preparation service For YPWD & CALD Frail aged	<ul style="list-style-type: none"> Malnutrition figures (as above) Signs of dementia – loss of eating skills 	Daily	<ul style="list-style-type: none"> Food safety guidelines – tight timeframes Untrained volunteers (social support). Availability of volunteers Volunteers all needed around same time e.g. 12.00 – 1.30pm 	<ul style="list-style-type: none"> Linking to dementia monitoring Provide training for volunteers Volunteers to share meals with clients & assist with food preparation Flexibility of meal times
Fruit & Vegetable Service	<ul style="list-style-type: none"> Nutritional needs of elderly people and younger people with disabilities 		<ul style="list-style-type: none"> Evaluation of South East Sydney model, cost of fruit and veg, recruitment of volunteers 	<ul style="list-style-type: none"> Note for future HACCC growth funds based on outcomes of South East Sydney model.

**ST GEORGE 2006/07 HACCP PLANNING FORUM
8 NOVEMBER 2005**

SERVICE TYPE: FOOD SERVICES				
Issue/Service Group	Evidence	How Often	Barriers to Meeting the Need	Strategies
Increase in the cost of food.	<ul style="list-style-type: none"> Survey by St. George Community Services, approx 20% of people would be interested purchasing fruit & vegetables in the future. Increased fuel cost. 			<p>All food services to be purchased through Southern Sydney Regional Organisation of Councils as bulk purchasing (this only relates to Meals on Wheels services).</p> <p>Discuss Food Services Forum</p>

**ST GEORGE 2006/07 HACC PLANNING FORUM
8 NOVEMBER 2005**

SERVICE TYPE: COUNSELLING, SUPPORT, INFORMATION AND ADVOCACY			
Issue/Service Group	Evidence	How Often	Barriers to Meeting the Need
			Strategies
No advocacy service in the area	No advocacy service in the area St George Disability Research report	At least five requests per month, per organisation for Individual & Systemic Advocacy	<ul style="list-style-type: none"> • Training/resources
<ul style="list-style-type: none"> • Lack of counselling • Need CALD specific counselling 	<ul style="list-style-type: none"> • Ageing population 	Three per month per organisation	<ul style="list-style-type: none"> • Specific services to address advocacy needs. • Up skilling bilingual workers and increasing their hours • Fund orgs eg Volunteer Link to provide more frequent training. • Mandatory training for all organisations for accidental counselling.
<ul style="list-style-type: none"> • "Accidental" counsellor 	<ul style="list-style-type: none"> • Intake staff/reception across all organisations. 	Daily occurrence in all orgs.	<ul style="list-style-type: none"> • Lack of training and skills to address counselling needs
<ul style="list-style-type: none"> • Transitional support for carers of people with dementia who are going into residential care. 	<ul style="list-style-type: none"> • No transition program in the region to coordinate between community organisations and nursing homes. 		<ul style="list-style-type: none"> • No link between organisations and nursing homes – carer and family are left isolated. • Limited resources for carer counselling
Support Services for CALD and mainstream	<ul style="list-style-type: none"> • Staff doing Case Management when not funded or trained to do so. • Length of time client has been on the books eg number of years. 	Daily occurrence for all organisations	<ul style="list-style-type: none"> • Lack of resources • Lack of time and services to refer, when referral is made people are placed on a waiting list – if there is one.
			<ul style="list-style-type: none"> • Increase funding for CALD and mainstream services. • Major issue across the board.

**ST GEORGE 2006/07 HACC PLANNING FORUM
8 NOVEMBER 2005**

SERVICE TYPE: COUNSELLING, SUPPORT, INFORMATION AND ADVOCACY				
Issue/Service Group	Evidence	How Often	Barriers to Meeting the Need	Strategies
Financially disadvantaged clients.	<ul style="list-style-type: none"> HACC services refusing to waive fee for service. 	Average three per month, per organisation	<ul style="list-style-type: none"> Lack of simple process for accessing funding to cover costs for clients experiencing financial hardship. 	<ul style="list-style-type: none"> HACC services reporting back to DADHC on a number of cases of money hardships. Allocation of funding for clients facing money hardships. This allocation should be per organisation.
Funding to reprint the HACC Client Information Handbook.	Multiple requests for copies received by the HACC Development Officer.			Funding is required for the reprinting costs.

**ST GEORGE 2006/07 HACCC PLANNING FORUM
8 NOVEMBER 2005**

SYNOPSIS OF ISSUES FOR SPECIAL NEEDS GROUPS.

PEOPLE WITH MENTAL HEALTH ISSUES

- Need mental health training for workers and volunteers.
- Referral and service agreement process to be developed and risk assessment and protocols.
- Intake is the centralised point of information.
- Need education about St George and CRAGS referral processes.
- Use of CIARR – faxing is an issue.
- Ethno specific mental health support – may need an extra support person in groups.

Arna Rathgen is the St George Community Development worker for the St George Mental Health team. Phone 9570 0500.

DEMENTIA ISSUES

- Need more social support / monitoring.
- CBDC for people in early stages.
- Case management – dementia liaison service.
- Support and development for moderate stage.
- Support and development – CALD specific information packages for early stages.
- Education packages.

CALD CARERS

- Increased referrals since promotion of service
- Referrals from Spanish, Russian, Maltese, German - minority groups
- Increase in the numbers of people from Malta who are ageing

CARERS

- Requests for weekend and emergency respite (emergency respite is provided by the Commonwealth Carer Respite Centre - not a HACCC service)

HACC Consultation Template for the Inner West and South West Sydney Local Planning Areas

FORUM / SERVICE PROVIDER / NAME MARRICKVILLE / CANTERBURY HACC FORUM

24 NOVEMBER 2005

DATE BEING COMPLETED

Issue, Problem or Gap	Service Type	<ul style="list-style-type: none"> • Target Group • Geographic Area • Special Needs Group (HACC) 	Evidence to support need (e.g. waiting lists, needs analysis or external pressures)	Possible response (What strategies would address this issue)	Priority (High, Medium or Low)
<p>COUNSELLING, SUPPORT, INFORMATION AND ADVOCACY</p> <p>1. Lack of Equity with Similar Services in Metropolitan Area (e.g. Volunteer Network receives \$100,000 in HACC funding, STARS \$85,000, Volunteer Link \$145,000, VAST \$130,000)</p> <p>STARS covers a large geographic area which has high needs e.g. high number of people from CALD Communities.</p>	<p>Volunteer Resource Service</p>	<ul style="list-style-type: none"> □ Marrickville, Canterbury and Leichhardt LGA's □ Increasing CALD population □ Potential volunteers □ Increasing volunteers with special needs 	<p>ABS 2000 Statistics</p> <p>Comparison with populations covered by other Volunteer Resource Centres</p> <p>STARS is in deficit for 2004-2005 (may need to reduce service hours)</p>	<p>Recurrent funding to bring STARS in line with other Volunteer Resource Centres and to enable appropriate support to be provided in this high needs area.</p>	<p>High</p> <p>5 votes</p>
<p>2. Inadequately Funded STARS Training Officer hours to meet the increasing demand for volunteer and staff training.</p> <p>The Training Officer is funded only 16 hours per week to cover 3 LGA's. There is a need for onsite training.</p> <p>STARS covers a large geographic area that necessitates providing training at a variety of venues to make training accessible.</p>	<p>Training</p>	<ul style="list-style-type: none"> □ HACC services that use volunteers □ Volunteers □ Staff □ CALD groups 	<p>Results of the 2006 Training Needs Survey, found that eleven out of eleven services that responded requested on-site training for 2006.</p> <p>The eleven services identified training needs for 386 volunteers.</p> <p>There is a documented increase in demand for on-site training during 2005.</p>	<p>Increase in the training officer hours</p>	<p>High</p> <p>3 votes</p>

Issue, Problem or Gap	Service Type	<ul style="list-style-type: none"> • Target Group • Geographic Area • Special Needs Group (HACC) 	Evidence to support need (e.g. waiting lists, needs analysis or external pressures)	Possible response (What strategies would address this issue)	Priority (High, Medium or Low)
<p>3. Inadequate funding for STARS Recruitment Officer (21 hours per week to cover 3 LGA's) (DADHC funds seven hours and Council funds the remainder). Worker hours may need to be reduced in 2006. A large and diverse area needs to be covered.</p> <p>Different recruitment strategies are needed to attract volunteers (promotion, outreach, interviews, liaison with services, Information sessions).</p> <p>CENTRE BASED DAY CARE AND RESPITE SERVICES</p> <p>1. CALD – Centre Based Day Care. There is a high demand especially for Chinese and Mandarin Day Care.</p>	Recruitment matching and referral service	<p>Potential volunteers across 3 LGA's</p> <p>Increasing number of volunteers with special needs e.g. volunteers with disabilities, volunteers from CALD backgrounds.</p>	<p>Increase in the number of referrals of volunteers with special needs.</p> <p>The services is operating at capacity, needs to expand hours to provide effective and equitable services across the LGA's.</p>	Increase the Recruitment Officer's hours.	High
	Day Care		Waiting List	Expansion	High 9 votes for CBDC CALD & DEMENTIA

Issue, Problem or Gap	Service Type	Target Group • Geographic Area • Special Needs Group (HACC)	Evidence to support need (e.g. waiting lists, needs analysis or external pressures)	Possible response (what strategies would address this issue)	Priority (High, Medium or Low)
2. CALD Centre Based Day Care for people with Dementia especially Italian, Vietnamese, Arabic, Chinese and the former Yugoslav Communities.	Day Care	CALD groups in the Local Planning Area	There is no existing service - referrals are being received	Establish new services	High
Inequity in funding for mainstream HACC groups. No transport project costs.	Day Care	Canterbury and Marrickville	Historically under funded	Transport and Project Costs	High 2 votes
Unfunded CALD Seniors groups – Greek and Italian people are leaving the groups because they can't get transport and meals	Day Care	Canterbury and Marrickville	Co-as-it & Greek Welfare Centre (around 300 clients affected)	Funding	High 4 votes
Respite – Home Visiting Services. There is not enough respite	Respite	Canterbury	CMADSS waiting list	Expansion	High 2 votes
Food Safety Regulations – Increased costs in implementation, ongoing costs and training	Day Care	Canterbury, Marrickville	Legislation	Funding	Very high 2 votes
Lack of options for carers' esp. young carers. Flexibility versus number of hours	Respite	Whole of Local Planning Area	Waiting lists – Take a Break 2 (TAB) Research materials and reports	Funding Better coordination & Networking	High 1 vote

Issue, Problem or Gap	Service Type	<ul style="list-style-type: none"> Target Group Geographic Area Special Needs Group (HACC) 	Evidence to support need (e.g. waiting lists, needs analysis or external pressures)	Possible response (what strategies would address this issue)	Priority (High, Medium or Low)
CALD <ul style="list-style-type: none"> Respite Services Carers Support (information, emotional support) 	Respite Carers	Whole of Local Planning Area	Evidence from Focus groups, consultation and working parties (Inner West Commonwealth Carelink) Feedback from assessments	As above	High 5 votes
Support Services for younger people with dementia <ul style="list-style-type: none"> People with very early symptoms People with dementia (very high need) 	Social Support Respite-Centre or in home	Dementia whole of Local Planning Area	There are no services for younger People Long waiting list at existing facilities	Funding In home- need training for volunteers and staff	High High 2 votes
Day Care Increased Frailty, wheelchair use	Day Care	Whole of Local Planning Area	All services identify need	Special needs workers Money for wheelchair transport More staff ,lower ratio of staff to clients	High 7 votes
Lack of out of hours day care (some miss out if they do not have a carer)	Day Care	Whole of Local Planning Area	The only service is St. Basils for the Greek Community for which there is a high demand	Expansion, workers need a higher level of training	High

Issue, Problem or Gap	Service Type	Target Group • Geographic Area • Special Needs Group (HACC)	Evidence to support need (e.g. waiting lists, needs analysis or external pressures)	Possible response (what strategies would address this issue)	Priority (High, Medium or Low)
Continuation of Centre Based Care and outings program for residents of Licensed Residential Centres	CBDC/ Social Support	Adults with disabilities including mental health issues living in licensed residential centres in Dulwich Hill and Campsie	Program at risk of closing. Client group identified as a high priority in reports by Council and the Boarding House Team.	Funding to continue this program beyond July 2006.	
PERSONAL CARE, DOMESTIC ASSISTANCE FORMAL LINEN SERVICE Lack of Linen Service for HACC Clients	Formal Linen Service	<ul style="list-style-type: none"> □ Frail Aged □ PWP □ Special Needs Groups □ Inner West/Canterbury 	<ul style="list-style-type: none"> - Feedback from Home Care Workers - Incontinence issues 	<ul style="list-style-type: none"> - Use existing services - Contract to a formal linen service 	Medium to High
Increase in demand for personal care to meet more complex needs	Personal Care	HACC target group Marrickville / Canterbury	<ul style="list-style-type: none"> - Waiting lists - ACAT - Referrals 	Expanding existing services	High 5 votes
Domestic Assistance People on long waiting lists are missing out	Domestic Assistance	Canterbury			
Heavy Duty / Squalor cleaning There is no funded service.	Domestic Assistance Heavy Duty – Squalor	Frail Aged & People With disabilities in Canterbury & Marrickville	Referrals from Neighbour Aids, Council and Dept of Housing to Canterbury Community Options (COPS) because of OH&S issues for services.	COPS can be funded to broker this service, then clients can be safely referred to other services.	

Issue, Problem or Gap	Service Type	Target Group • Geographic Area • Special Needs • Group (HACC)	Evidence to support need (e.g. waiting lists, needs analysis or external pressures)	Possible response (what strategies would address this issue)	Priority (High, Medium or Low)
NURSING AND ALLIED HEALTH Need to increase dietetic service	Dietetics	Frail Aged SSWAHS-EZ Canterbury and Marrickville	<ul style="list-style-type: none"> - Approx. 2 weeks waiting with current resources 	Increase the funding. 0.6 FTE (Canterbury and Marrickville)	High 1 vote
Increased demands for nursing care	Nursing	<ul style="list-style-type: none"> - Canterbury - Lewisham for Marrickville 	Canterbury Lewisham has a waiting list of 1-2 weeks. Complaints about the long waiting list	RIV models of care. Increase RN/EN mix to 80/20 Employ 5 EN's for Canterbury and Lewisham	High 5 votes
Need additional nursing care services to support younger people with disabilities. Support is only available on a short term or ad hoc basis.	Nursing	YPWD and carers			
No domiciliary speech therapy available for Canterbury and Marrickville	Speech Therapy	Frail Aged	No service available for home visits in the area	0.4 Position for Marrickville 0.3 Position for Canterbury	High 4 votes
Long waiting list to access occupational therapy, including domiciliary service	Occupational Therapy	Frail Aged	<ul style="list-style-type: none"> - Long waiting lists: 3-5 months - Increased Dept. of Housing needs on OT in Marrickville in comparison to other areas 	Increasing funding 1 Full time equivalent (FTE) for Marrickville and Canterbury	High 1 vote

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Limited Physiotherapy resources	Physiotherapy.	Frail Aged	<ul style="list-style-type: none"> - Long waiting lists: 6-8 weeks 	Increase in physio funding	Moderate
COMMUNITY TRANSPORT, SOCIAL SUPPORT, HOME MAINTENANCE AND HOME MODIFICATION Transport assistance and drivers for all situations: Individual, groups, shopping, medical, out of hours, one-off, social, Aboriginal, CALD, Boarding House, Dementia, YPW, People living with HIV/AIDS.	Community Transport	HACC, people with dementia, CALD, YPWD, ATSI	<ul style="list-style-type: none"> - Some groups are leaving the service - Unmet need for individual transport - Needs of Aboriginal Clients - People are unable to access current programs 	Funding to employ staff	13 votes
Vehicle Garaging	Community Transport	All areas Canterbury/Marrickville	Currently have space for two vehicles. Garaging is required for another six vehicles.	Money for rent. Capital funding. Co-location with another service such as the Garden Care Service	
Out of Area Transport especially for specialist services	Community Transport	Inner West	People are unable to get to their specialists appointments		

Issue, Problem or Gap	Service Type	<ul style="list-style-type: none"> Target Group Geographic Area Special Needs Group (HACC) 	Evidence to support need (e.g. waiting lists, needs analysis or external pressures)	Possible response (what strategies would address this issue)	Priority (High, Medium or Low)
Driver – Individual transport	Community Transport	Leichhardt and Marrickville	Two CALD services unable to fund a driver		
Health related transport		Area Health Service	Community Transport is unable to address the increasing health transport needs. Concord Hospital is not being serviced at all		5 votes
Lack of transport for younger people with disabilities and frail aged	Transport	Frail aged and younger people with disabilities Inner West Area		Greater clarity of the roles of Health, DADHC and HACC in transport Mandatory centralised referral intake and allocation	High 1 vote
Release of funding that was allocated for social transport for younger people with disabilities - \$30,000					
Level 2 Modifications	Home Maintenance and Home Modification	HACC target group Inner West Area	Five months waiting list at present	Funding	High 1 vote

Issue, Problem or Gap	Service Type	<ul style="list-style-type: none"> Target Group Geographic Area Special Needs Group (HACC) 	Evidence to support need (e.g. waiting lists, needs analysis or external pressures)	Possible response (what strategies would address this issue)	Priority (High, Medium or Low)
<p>Increase funding for lawn moving for the three lga's to provide a direct service</p> <p>Lack of capital funding for garage and equipment</p>	Lawn moving service / garden care	HACC target group Marrickville, Canterbury and Leichhardt	<p>Waiting list</p> <p>Unable to operate under preferred service provision model (service is currently Sub-contracted out)</p>	<p>Funding</p> <p>Capital Funding</p>	2 votes
Lack of social support for older men, including CALD communities – Men's Shed		Older men at risk e.g. of suicide Canterbury and Riverwood	<p>Increased rates of suicide in older men.</p> <p>High demand for men's group at Riverwood Community Centre.</p> <p>Canterbury City Comm. Centre has 20 people on their waiting list.</p>	<p>Recurrent funding required and a space for the men's shed</p>	2 votes
Continuation of the Marrickville Men's Shed	Social support	Residents of Licensed Residential Centres i.e men with a mental illness and disability living in Marrickville lga.	<p>Dept. of Veteran's Affairs funding runs out in July '06.</p> <p>There are twenty men on the waiting list.</p> <p>Target group identified in council plan.</p>	Funding to support the continuation of the program e.g. staff, equipment/materials	

Issue, Problem or Gap	Service Type	<ul style="list-style-type: none"> Target Group Geographic Area Special Needs Group (HACC) 	Evidence to support need (e.g. waiting lists, needs analysis or external pressures)	Possible response (what strategies would address this issue)	Priority (High, Medium or Low)
Neighbour Aid Funding Social support viability issue	Coordination of social support	Canterbury LGA	Increased referrals. Volunteers available, however, need sufficient staff hours to adequately monitor such a service due to OH & S legislation.	Funding for a Coordinator	1 vote
CASE MANAGEMENT & BROKERAGE Inequitable service provision across region Young people with intellectual disability (up to 65 years)	Case Management and Brokerage	Canterbury Marrickville/Leichhardt	25% of people on the waiting list are younger people with intellectual disabilities. Funding for people with an intellectual disability is 3% No waiting lists are kept, there is no evidence of unmet need or monitoring Elderly carers are passing away.	Collaborative problem solving with DADHC is needed. Need to develop formal protocols for service provision: - Develop preventative plan - Better education of GP's - Promotion of Carelink	High 9 votes
DADHC has altered their guidelines to provide only six months of case management Younger people with chronic illness		People with disabilities and children	There are increased referrals to case management services when respite care is not available		

Issue, Problem or Gap	Service Type	Target Group • Geographic Area • Special Needs Group (HACC)	Evidence to support need (e.g. waiting lists, needs analysis or external pressures)	Possible response (what strategies would address this issue)	Priority (High, Medium or Low)
There are many people with disabilities missing out on ongoing case management services.		YPWD and carers	COPS receives requests from a range of services because of the shortage of alternate accommodation. Supplementary help has to be provided to support clients and carers. CRC can only provide short term help.	More funding to services already providing case management & brokerage.	
Insufficient practical assistance for people with Mental Illness (MI)	Case Management	People with a Mental Illness all areas	<ul style="list-style-type: none"> □ There is no funding provision □ Increase number of referrals of people in crisis □ There is a shortage of appropriate services for people □ People come to the attention of services when in crisis eg. upon discharge from hospitals 	<ul style="list-style-type: none"> □ Co-case Management with Mental Health Services or Community Health □ Early intervention □ Additional funding for case management brokerage 	Medium 3 votes
People with a mental illness have never been identified as special needs group .					
People with a M.I. present to services when in crisis					

Issue, Problem or Gap	Service Type	Target Group • Geographic Area • Special Needs Group (HACC)	Evidence to support need (e.g. waiting lists, needs analysis or external pressures)	Possible response (what strategies would address this issue)	Priority (High, Medium or Low)
Increased case management for Community Options			External pressures from all services. Community Feedback		Medium
Support for people with Acquired Brain Injury (ABI) Clients are referred to COPS, support can be short term, long term or episodic.					
MEALS AND OTHER FOOD SERVICES Individual Assistance for the shopping service using a car. Food preparation CALD specific. Supervising clients with dementia to eat their meals. Centre Based Meals restaurant.	Food services	Marrickville Marrickville/Canterbury - people with dementia Canterbury	Service is provided one day per week. Over 30 people on the waiting list No service available for people with low level care needs. Build into MOW services. There is need for this and there are external pressures. RCC has an unfunded centre based service on Mondays	Need to fund a position Fund a position Centre Based Meals	9 votes in total High High High

Issue, Problem or Gap	Service Type	<ul style="list-style-type: none"> • Target Group • Geographic Area • Special Needs Group (HACC) 	Evidence to support need (e.g. waiting lists, needs analysis or external pressures)	Possible response (what strategies would address this issue)	Priority (High, Medium or Low)
Food Distribution Network	Food Service	Marrickville/Canterbury	Model that can meet the needs of clients and support people on the shopping service waiting list.		High
Bus shopping services		Marrickville/Canterbury	There are waiting lists for both services - 50 people for Canterbury.		High
Cost of Food Safety Plans and HACCP.	Food Service	Marrickville/Canterbury	Legislative requirements		
Increasing numbers of clients who are financially disadvantaged and vulnerable.	Food and shopping	Marrickville/Canterbury	This issue leads to service viability in Canterbury LGA, 30.3% of people earn less than \$25,000 p.a.	Food Development work.	
Increased networking and promotion of resources	Food and shopping	Marrickville/Canterbury	Tom Foster Community Centre – 12% of clients cannot afford to pay.	Increased networking between services	
INFORMATION Funding to reprint the HACC Client Information Booklet		Inner West Area	Multiple requests received by the HACC Development Officer		