



SUTHERLAND SHIRE

COMMUNITY CARE NETWORK

Stapleton Ave Community Centre
3a Stapleton Ave
SUTHERLAND NSW 2232

Tel: 9545 6599
Fax: 9542 6291
Email: ssccn@ssccn.org.au
Website: www.ssccn.org.au

Auspice for: Sutherland Shire HACC Development Project Tel: 9542 6244 melinda@ssccn.org.au

28th July 2006

Noreen Hay MP, Chair
The Committee Manager
Public Accounts Committee
Parliament House
Macquarie Street
Sydney NSW 2000

LEGISLATIVE ASSEMBLY PUBLIC ACCOUNTS COMMITTEE INQUIRY INTO THE HOME AND COMMUNITY CARE (HACC) PROGRAM

Dear Ms Hay

Thank you for the opportunity to provide input to the above Inquiry. The issues on which the Committee is seeking feedback have been of great concern in the community care sector for a significant part of the eight years I have been the HACC Development Officer in Sutherland Shire. It is therefore with great pleasure that I provide the following response from Sutherland Shire Community Care Forum, which is a monthly meeting of providers and supporters of community care services to frail older people, people with disabilities and carers, including those funded through the HACC Program, Community Aged Care Packages (CACPs) and Extended Aged Care in the Home (EACH), National Respite for Carers (NRCP) and Disability Services Program (DSP).

Forum members met on 26th July and discussed each of the Inquiry's Terms of Reference and offered the following feedback:

(1) The efficiency and effectiveness of the joint arrangements by the Commonwealth and NSW State Government for approval of the annual expenditure plan for the HACC program, with a focus on the timeliness of agreement of the plan and discharging of grants.

What happens now:

Service providers and service users who participate in annual regional* planning processes to identify unmet needs and gaps (time-consuming and often emotional processes) are continually frustrated by delays in sign-off of the HACC State Plan apparently caused by disagreement between the two levels of government and the fact that documents produced by the funding bodies during this process are so secret; the State Plan is not made public until it is signed off and the allocation of funds is not announced until the Minister's office and local MPs first issue press releases. There are a range of problems associated with this:

- the planning processes that started last month (June-November 2006) in Sutherland are likely to result in actual funding in 2009, at the earliest;
- the State Plan could contain errors through lack of regional/local knowledge by the authors in central Department of Ageing, Disability and Home Care (DADHC), which could easily be corrected by local 'proofreaders', such as HACC Development Officers eg. an allocation was recently made in St George area for social support in Rockdale, apparently to fill a 'gap', but actually two existing providers had been allocated funds previously for this purpose;
- local stakeholders find themselves in the next planning cycle, consultations etc without an inkling of the outcomes from the previous one and could either wrongly assume a significant issue has been addressed and not prioritise it in the current cycle or waste time discussing something the funding body has addressed in the previous State Plan;
- DADHC sometimes allocates funds based on a State Plan containing 'old' information about needs that no longer exist eg. one service reported recently receiving a one-off allocation for an issue they spoke of three years ago and have addressed in the interim;
- from one year to the next, it is difficult to sustain the interest and involvement of stakeholders in regional* planning processes when they do not know if their input produced results last year; this is particularly true for service users and families who are often left feeling like they 'got nothing for their troubles';
- service users and their families continue to feel frustrated, and may suffer breakdown, when help in the form of new or increased funding is just around the corner; likewise, service providers cannot plan ahead;
- often the press releases issued by local MPs lack detail or are incorrect due to their misinterpretation of information from either the State or Commonwealth, resulting in confusion amongst stakeholders and, at worst, false expectations by service users and a barrage of speculative, premature and sometimes hostile phone calls between local providers and from would-be service users.

*Sutherland Shire is one of six sub-regions in Met South DADHC region; each has a planning process

Shortened timelines for allocation of funds by the State often result in hurried direct allocations from DADHC that lack transparency and may not result in the best outcomes for clients; they can also have negative impacts on local network relationships and future willingness to be involved in regional HACC planning processes, for instance:

- direct allocations into Home Care (part of DADHC) are often questionable eg. the sector has questioned the 2005 allocation of \$10.5million to Home Care, supposedly to deliver a 10.5% increase in hours of service, which didn't result in increases in service (the 2006 State Budget papers showed Home Care only spent \$5.5m!);
- 'mysterious funding' appears in select providers' bank accounts without negotiation, leaving those who input to planning processes frustrated by the lack of funding for identified client needs while seeing uninvited money allocated to groups/providers who may not need it as much and sometimes don't have the skills, experience or supports in place to use it optimally and for its intended purpose eg. in the past few years, HACC case management and brokerage funds have been allocated to agencies in Sutherland Shire with no expertise in providing this specialist service type;
- across-the-board 'money dropping from the sky' deposited in all providers' accounts, again without warning, for apparently unidentified needs when identified resource gaps continue without address eg. a recent 1.2% one-off payment to all HACC providers to 'assist in reducing unit costs' and additional one-offs for volunteer expenses for food, social support, day care and transport services are, of course, helpful but services continue to struggle with growing recurrent costs associated with administrative and legal accountabilities (Minimum Data Set, OH&S, DADHC Monitoring etc).

What should happen:

- all funding allocations should be made to reflect regional planning and consultation with stakeholders regarding unmet needs and gaps in current service delivery and projections

- based on emerging issues and trends; if DADHC internally identify what they consider a need, they should verify and validate it through open discussion with stakeholders;
- if the Australian Government has agreed on a release of specific funds and a set of parameters for allocation, the NSW Government should be empowered to implement and report using that criteria;
 - funds should be allocated based on a three year planning/funding cycle, so that issues not addressed in one State Plan are automatically checked and, if still appropriate, carried over to the next;
 - the State Plan should be made public (at least to key stakeholders) in draft form to check for errors and to provide opportunities for improvement before sign off;
 - preliminary decisions for the previous round should be made available to assist planning in the current one;
 - announcements regarding funding allocations should be released to the sector before being made public.

(2) A follow-up inquiry of the Auditor-General's review of the NSW Home Care Service in terms of:

(a) Strategies for addressing unmet need in the context of growing demand for services from eligible parties.

What happens now:

The Home Care Service of NSW has a centralised intake (the Referral and Assessment Centre) that apparently ignores the regional referral protocols between other HACC services; the RAC is inconsistent in not providing feedback to referring agencies and does not make referrals to alternate providers when they can't service a client themselves:

- complaints by the Sutherland Shire services have not resulted in changes at RAC; instead, we have developed a local strategy in which the Cronulla-Sutherland Branch Manager has undertaken to follow up on referrals to the RAC, which we copy to her;
- RAC collects each would-be client's details during the initial assessment, which should be then used (with client permission) to make a formal referral (on ClaRR, which is mandatory for HACC providers), but anecdotal evidence suggests that would-be clients are not even given an informal referral in the form of a list of other HACC providers; at most, they are given the Commonwealth Carelink phone number.

The RAC ignores HACC funding mandates and Service Standards in not maintaining a waiting list and using this list to fill 'spare' capacity when it becomes available; referring agencies and/or would-be clients are apparently expected to ring over and over again until their request for service coincides with 'spare' capacity:

- communication and language difficulties make this impossible for some self-referrers, including those with dementia or even pensioners on fixed incomes who are trying to minimise their phone usage;
- one 'knock-back' may be enough for callers who lack confidence or do not understand the services they are eligible for eg. Sutherland Council staff recently spoke with a frail man aged in his 80s, living alone, who had plucked up the courage to ring the RAC and ask for help with housework, but he was refused and he says he won't ask again.

The RAC staff do not network (once again a requirement of HACC funding) and anecdotal evidence suggests that they lack knowledge and understanding of other HACC providers in the Shire, which clearly contributes to their poor referral practices [above]:

- a few months ago, Neighbour Aids in Sutherland reported receiving a calls for domestic assistance from people who had apparently been told by a RAC assessor that they do housekeeping too; they don't, but there are two other domestic assistance providers in the area who didn't get the calls;

- the Sutherland Shire HACC Development Officer has offered several times to visit the RAC and address a staff meeting with local information, but this offer has not been accepted by the RAC Manager.

The criteria used by the RAC staff in determining a client's entry to the Home Care Service is still unclear and it appears that the reasons for denial of service are not properly communicated,

- the onus seems to be on referrers to 'work the system' and articulate a client's needs in a way that reflects current (ie changing) RAC priorities eg. when high needs clients were the preferred group, one caller in Sutherland reported to the HACC DO that RAC staff told her she would only be eligible for Home Care if her needs included personal care, but only domestic assistance hours were available at the time she called;
- Home Care's practice, at other times, of announcing to referrers at HACC Forums that they are 'only taking referrals for medium to low needs' is a blatant breach of HACC funding guidelines, which require prioritisation of those with the greatest relative need;
- the nuances of questions which are derived from a screening tool can be missed by some callers, especially those with language barriers or cognitive difficulties and, even when 'coached' by other HACC providers, cultural barriers prevent many people from asserting their needs eg. carers will tend to underplay their need,
- often would-be clients are told they are 'ineligible' when in fact it's a case of their needs not matching the RAC-determined capacity on that particular day; this leaves some with the incorrect impression that they are not eligible for HACC at all.

RAC was supposedly devised in response to issues highlighted in the Home Care Review and to make decision-making fairer by separating assessment processes from Branches' consideration of their limited resources, but the opposite has occurred:

- the RAC play a gatekeeping role so separate from local Branch resource considerations that the Met South Branches have approached the past two end-of-financial years with significant surpluses, which they attempted to allocate to last-minute, one-off spring cleans, respite hours and the like, to existing clients so as to avoid recurrent implications. In 2005, they even had a special respite co ordinator for this purpose!

What should happen:

The Home Care Service should take on board consistent and over\whelming feedback from the sector regarding the RAC and either:

- Make changes and develop systems within the existing structure to ensure RAC staff have appropriate local knowledge and links with the Branches; or
- Restructure the RAC to reflect DADHC regions; this may be simply a staffing restructure to direct referrals and enquiries to specific staff; or
- Abolish RAC and return to the previous structure which involved assessment and resource allocation within the Branch; those who become clients would again benefit from the Co-ordinators' skills in 'matching' them with field workers, would-be clients would benefit from local knowledge in referrals to other services and the Co-ordinators themselves would again enjoy the challenges and rewards of a varied workload; and
- Allow self-referrers to use the access point most appropriate and comfortable for them eg. indigenous people to call the Aboriginal Home Care Branch rather than RAC.

RAC staff should be providing clear responses to would-be clients' requests for services; all callers' needs should be validated and appropriate referrals given if Home Care can't help, with particular emphasis on their eligibility for other HACC services.

Home Care should develop new community care assessment processes and co-ordinate with other assessment and referral processes at local levels.

Home Care should be maintaining and prioritising unmet need using a waiting list, with particular emphasis on level of needs related to disability.

(2) A follow-up inquiry of the Auditor-General's review of the NSW Home Care Service in terms of:

(b) The effectiveness of Home Care Service processes for managing access to services, across service types.

What happens now:

- Targets for personal care, domestic assistance and respite are set at a State level (and presumably used by RAC when 'assessing' would-be clients); this does not allow for regional differences in demographics and the other HACC services available, which determine need.

What should happen:

- Home Care should operate in a local context, as all HACC services are supposed to.

(2) A follow-up inquiry of the Auditor-General's review of the NSW Home Care Service in terms of:

(c) The extent of consumer input to Home Care Service design, management or delivery of programs and other mechanisms for assessing service quality;

(d) The implementation by DADHC and Home Care Service of systems and processes to plan, monitor, report on and improve accountability of the service.

What happens now:

The involvement of consumers in the development of the Home Care Service is not clear to local stakeholders:

- Procedural changes in Home Care seem to occur without consumer or sector consultation; this is a particular problem because, as the largest provider of HACC in NSW, everything they do has a flow-on effect.
- Cronulla-Sutherland Branch has an advisory committee that includes consumers (current clients) and other sector workers (including Health, Access and community development staff), but they do not seem to be recognised in the Home Care hierarchy and communicate with Branch staff only;
- The Branch has clearly articulated systems for responding to complaints, an effective OH&S Officer etc, but it is not made clear how these things are regarded beyond the Branch.

What should happen:

- Branch advisory committees should be linked to Home Care Service Board, as satellites, and be empowered to participate in future decisions, not just receive reports;
- Active local level consultation with consumers should coincide with the release of Home Care strategies for public comment, eg. fees policy, new targeting policy.

(3) Any other relevant matters.

In closing, Sutherland Shire Community Care Forum members have asked me to emphasise the following:

- There is considerable and growing unmet need for HACC services in the community, including basic living supports such as personal care, social support to prevent isolation and

transport as an enabling service. If HACC were truly a program to support people with disabilities in the community appropriately and safely it would be an entitlement program; instead, we cannot even meet a client's most basic needs for hygiene and dignity within current resources, for instance, by providing assistance with daily showering (a HACC client is lucky to get assisted showering three times a week!);

- There is a need to determine benchmarks for service provision and allocate funds accordingly, including the role of paid and unpaid staff in HACC services; volunteers are increasingly asked to complete tasks where we believe a paid worker should be employed but some providers have not been funded; for instance, there is apparent inequity when Neighbour Aids are funded under social support to co-ordinate volunteers to provide shopping services (with or without the client accompanying) but providers funded through the domestic assistance service type can provide shopping (without the client) using a paid worker;
- HACC-funded services are required to meet various deadlines set by DADHC whilst suffering the impacts of delays in DADHC systems; for instance, DADHC's failure to recoup surpluses from the previous financial year until the next often creates complicated situations for providers to try to explain to accountants and auditors, such as reductions to funding grants and acquittals that carry over into the next (or even third) financial year;
- More work is needed to maintain waiting lists and use these with other information to develop unmet need measures and results; the HACC Minimum Data Set could be developed for this purpose; and
- HACC funding accountabilities and the costs of administration and service delivery continue to increase, but this is not reflected in indexation increases to recurrent funding; this is particularly difficult for 'old' service providers that did not have allocations for current technology and wage rates in their original budgets.

Please do not hesitate to contact me for clarification of any of these issues. We look forward to receiving the report from the Inquiry and recommendations that will result in improvements for HACC-funded service providers and the people we support in Sutherland Shire.

Yours Truly

Melinda Paterson
SUTHERLAND SHIRE HACC DEVELOPMENT OFFICER