REPORT OF PROCEEDINGS BEFORE

PUBLIC ACCOUNTS COMMITTEE

INQUIRY INTO HOME AND COMMUNITY CARE

At Sydney on Monday 25 September 2006

The Committee met at 9.30 a.m.

PRESENT

Ms N. Hay (Chair)
Mr S. J. R. Whan (Deputy-Chair)
Mr G. J. Aplin
Ms K. K. Keneally
Mr G. R. Torbay
Mr J. H. Turner

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CHRISTOPHER STEPHEN MANCHESTER, Deputy Mayor, Harden Shire Council, and Executive Member, Shires Association, of Merton, Harden and GPO Box 7003, Sydney, and

JULIE ANN HEGARTY, Councillor, Pittwater Council, and Executive, Local Government and Shires Association, GPO Box 7003, Sydney, sworn and examined, and

ESTHER-TINA McGRATH, Senior Policy Officer, Ageing and Disability, Local Government and Shires Association, 28 Margaret Street, Sydney, affirmed and examined:

CHAIR: The Committee is pleased to hear your evidence. I am advised that you have been issued with a copy of the Committee's terms of reference and also a copy of the Legislative Assembly Standing Orders 332, 333 and 334 that relate to the examination of witnesses. Is that correct?

Ms HEGARTY: Correct.

CHAIR: The Committee has received a submission from your organisation. Is it your desire that the submission form part of your formal evidence?

Ms McGRATH: Yes.

CHAIR: Would one or more of you like to make an opening statement?

Ms HEGARTY: I will make a brief opening statement. I guess where our organisation is coming from, obviously representing local government in New South Wales, we see some major issues that can be dealt with by yourselves on the Committee. The first one is the three-year planning of the funding. That would be of great assistance to us at local government level and also as HACC providers. Obviously it gives us an opportunity to be a lot more pro-active than reactive in the things that we deal with and the things that the HACC providers deal with. There is obviously not enough funding - there never is - so that is something that we would be continually pushing for, to raise the funding level for HACC provision. Local government is financially doing it tough. We have done a recent review of that and we are not able to absorb any more responsibilities as far as our finances go, and particularly in remote and rural situations people look to local government to try to provide things that are not provided by any other level of government.

Another major issue that we see is the timing of the allocation. The councils as well as HACC providers need to do a lot of planning and quite often the funding comes so late in the financial year that there is not the opportunity to expend it before the financial year ends, so I guess it is just the timing and the way that the State and Federal Governments allocate that and sign-off on that.

Tina is here to give us advice, she will not necessarily be answering questions, but if you have anything through us then we are really happy for her to give assistance.

CHAIR: Thank you. Are there any other opening statements at this stage?

Mr MANCHESTER: No, I think Councillor Hegarty has covered it all.

CHAIR: In your submission you suggest not only streamlining the process of the annual expenditure plan, but redesigning the process from top to bottom. While this may be an ideal, what do you consider would be key reforms necessary to allow the efficient and effective discharge of grants?

Ms HEGARTY: From my perspective, I think it is mainly the timing of the signing-off by the Ministers. I think that we are in a state now where something works, so

you just keep going with it. Unfortunately, the HACC process has started to fall apart, but we have not done anything to change it. You are obviously aware, from Friday and more so today, of the issues that are coming out to do with timing. In our submission you will see that we have made some suggestions. The three-year funding cycle, as I mentioned, really needs to be considered by yourselves as a way to plan forward. People do not suddenly get old and do not suddenly become disabled, it is something that quite often takes a process. The census can tell you when people are going to reach the age of requiring extra assistance. All the information is there. We feel that a three-year funding cycle will give a much better opportunity for people to plan and for the grants to get through and be spent in a positive way. Quite often the State Government will sign off on something and by the time it gets to the Federal Government it sits there for a while longer and then they finally sign off on it. It is just taking too long. I think getting a State plan together for allocation of funding, a little bit less specific as to where it is going but perhaps service provision, might be a better way to go.

CHAIR: The base is regularly funded, is it not?

Ms HEGARTY: Yes.

Mr APLIN: On page 5 of your submission you list a number of areas of unmet need. Do the associations have any data on these areas that is either quantitative or qualitative to indicate the extent of that unmet need and, if so, could that be made available to this inquiry?

Ms McGRATH: The associations in 2004 undertook planning for local government response to ageing in place and what that does is it actually tells you the areas that are going to affect local government. In terms of a register of unmet need for service provision, that is not data that the associations keep. We have recently done planning for population ageing seminars in Kempsey, Dubbo and Wagga Wagga, which actually identified that there were some levels of unmet need. It is purely anecdotal, but councils are being asked to provide for services where they are not there in the community, and rightly so, if the community feels that there are no services then they will come to council and say, "We need Health" or "We need more Meals on Wheels". The actual submission the associations made listed some of those levels of unmet need that were identified in the planning seminars and we have conference resolutions that are also part of the appendices, so where we have it, we have included it in the submission.

[Report tabled.]

Mr TORBAY: Further to that point, you drew a distinction between regional/rural remote areas in terms of accessing services. Does your anecdotal information suggest that it is far more difficult in those communities and do you have any specific data on that?

Mr MANCHESTER: Yes, certainly in regional and remote areas - and I can talk personally of that - it is a fall-back on to local government as every day goes by to provide more and more of these services, and they are unfunded. The local government looks after them because of the community need and, as I said, they are totally unfunded. We are the grassroots of the people, so they come to us first and obviously then we have to turn around and lobby the Federal and State Governments for extra funding needs.

In my case at Harden the service has got some 200 clients. They operate out of a budget of about $120,000, which is not a lot of money. That was an increase of about $60,000, but $60,000 of that was taken up with case management services. The respite, home care, Meals on Wheels and transport needs are met by another $60,000-odd and they operate with I think three part-time permanent staff and eight casuals. And most of those work in excess of the hours that they are paid for.

Ms HEGARTY: Could I add to that: Also I think a problem that faces regional

and rural Australia that is not quite so important an issue for metro councils and metro areas is that - I mean obviously the whole purpose of HACC is to try to provide for people as they age or with disabilities in their homes. If the funding is not available for that and they need to move to the next stage, being a nursing home or something, in metro Sydney they are everywhere, but in regional and rural areas they are not, so you are taking someone out of their area and possibly taking them to another town or two towns away, and then that becomes a really big problem for their own network of friends because there is not the public transport between regional and rural towns like there is in metro Sydney. So it is more than just not providing, it is actually a whole issue about their mental well-being, having their friends drop in and being able to support them even if they are in a nursing home, and their family of course, and that becomes a big problem in regional/rural, which we do not face necessarily so much in metro.

Ms KENEALLY: You also indicate in your submission on page 4 that there has been no public release of information from the Home Care Service regarding the Auditor-General's performance review. DADHC, however, claims that information about the performance of the Home Care Service is now provided in the annual report. Do you have a view about the quality of the information available in the annual report?

Ms HEGARTY: No, we have not seen it.

Ms KENEALLY: You have not seen the annual report?

Ms HEGARTY: I have not.

Ms KENEALLY: It is an annual report so--

Ms HEGARTY: So it comes out annually.

Ms KENEALLY: Let me put the question another way then. Is DADHC's annual report something that your association would regularly look at?

Ms HEGARTY: Yes. I have never seen one.

CHAIR: You have never seen an annual report?

Ms HEGARTY: Not from DADHC. I have seen one but not from there.

Ms McGRATH: I have seen it in my current position.

Ms KENEALLY: And how long have you been in your current position?

Ms McGRATH: Since May last year. So I am relatively new to this.

Ms KENEALLY: So you have not had the opportunity to see the annual report with the Home Care Service component or information provided in it?

Ms McGRATH: I have seen the report but I have not looked at it in any great detail in terms of the Home Care.

CHAIR: Perhaps all we can do is encourage you to obtain a copy of the DADHC report or encourage DADHC to forward you a copy.

Mr WHAN: Just following up on the previous questions on gaps and the capacity to fill them, we do note the points you have made on the lack of financial sustainability for many councils, and obviously that varies around the State, for particularly the smaller councils instead of the city councils. Do you have any information on to what extent

councils are actually filling the gaps that you perceive are there at the moment and how much that varies around the State and what type of services are being provided unfunded?

Mr MANCHESTER: Yes, it is hard to gauge that question because some councils do not do much at all and then other councils provide, say, 10 or 20 or 30 percent of the services, so it does vary from shire to shire and I would say from local government areas, even down to the city based, where probably the city regions probably have little or maybe no input, up into my area where we provide building and other services for the HACC to operate out of.

Mr WHAN: I think in H division there is actually some quite big divergence from the cities to the smaller shires, but do you have any idea of what type of services are being provided by those who are? Is it mainly accommodation and additional staffing or is it broader than that?

Mr MANCHESTER: As far as I know, it is probably mainly provision of the building for them to house the service out of.

CHAIR: Do you have any further information?

Ms HEGARTY: No, it is not something we get. Yes, I concur that it is very dependent from council to council area on how much that they are either financially able to or do provide, and I think a lot of it is probably through man hours, with advice or support and direction for people to try and access some of the services that are provided. I know that our council spends an enormous amount of time liaising with different organisations and providing forums, we have just had an Alzheimer's forum day, and things like that. We are not actually providing the service but we are providing the opportunity for people to link in. We say, "This is where you can find the information". I think that is probably one of the most difficult things to find out when you are first facing an issue.

Mr MANCHESTER: Could I just add to that? I should just mention that in our situation we have just had a request put to us by the HACC services to upgrade the building for the kitchen's needs for the Meals on Wheels. They used to provide them out of the hospital at $7.50 a meal. They can provide them themselves for about $5 a meal and they want to upgrade the kitchen so they can service those community needs. In our case that is about $20,000 or $30,000.

Mr TURNER: In view of Councillor Hegarty's comments over the last few questions about local government providing the funds and I guess the Percy Allen report, do you see the description you have just given us on your case in Harden coming under cost shifting or do you see it as a different category?

Mr MANCHESTER: It is probably a combination of both. There certainly is a certain amount of cost shifting there, probably whether it be pushed on to us or we do it voluntarily, but we have got an ageing population, we feel it is a need of our citizens to look after them, so we actually go ahead and do it. Rather than the State Government saying we should do it or the Federal Government saying we should do it, we see it as a need for our communities without being funded for it, yes.

Ms HEGARTY: I think also it is a community expectation perhaps more than a cost shifting. They just want a service. They do not really care where it comes from or who provides it, but they recognise that they need Meals on Wheels or respite or community transport and usually their first port of call is the council. They ring and ask, "Where do I find some respite accommodation", or things like that. Local government is the grass roots and particularly in the rural areas. They are the people that everybody goes to to find out information from. Rather than being a cost shifting, it is more of a community expectation that they go to council.

It is a requirement for councils to provide a social plan and those social plans are usually quite extensive as to identified needs, and every council's social plan would be quite different, identifying the needs of their local government area, and you cannot just identify needs without providing solutions. As part of the social plan it comes up with solutions and quite often, if there is not a provider, people will say, "Well, it is in your social plan. We need a whatever".

CHAIR: Would councils then refer people to Home Care?

Ms HEGARTY: Yes. Usually when someone rings up for assistance in whatever capacity, they are usually referred to our social planners and they have got all the information and they will then refer people on to whatever service provider will provide that.

CHAIR: Does council keep lists of those kinds of inquiries?

Ms HEGARTY: I know our council does. It is probably quite different from council to council I would imagine.

Mr MANCHESTER: I cannot say categorically but I do not think our council does, because it would just automatically, as we do in other situations, refer the resident to a section or a department or whatever.

Mr TURNER: Does your council have a dedicated social planner?

Mr MANCHESTER: No. We have obviously done a social plan, but we do not have a designated - I suppose you would call the general manager the social planner, but, no, we have not.

Mr TURNER: So there is again a gulf between what is provided in the city and the country?

Mr MANCHESTER: Yes.

CHAIR: What is your concern about the roll-out of the integrated monitoring framework, as indicated on page 7, as it relates to the Home Care Service role within DADHC?

Ms HEGARTY: Ours is not numbered. Is there a number?

Mr TURNER: It is 2(d) I think.

CHAIR: Yes.

Mr MANCHESTER: Can you repeat the question again?

CHAIR: Let's just make sure you have got the right page. Above the number 3 is 2 (d), right?

Ms McGRATH: Yes.

CHAIR: The question then is: What is your concern about the roll-out of the integrated monitoring framework as it relates to the Home Care Service's role within DADHC? If you look at that, the first paragraph under (d), the last sentence, "As the Home Care Service is a business unit of DADHC, it is unclear how the framework will be applied".

Ms McGRATH: That is looking at Home and Community Care Services have the

national standards and they have accountability with requirements and what we are looking at is will Home Care be subject to the same requirements as Community Transport are required to have, and I guess it is about clarifying, because Home Care is a service unit of DADHC, do they still come under the same requirements as the Home and Community Care Services and how we then see that happening as well.

Mr APLIN: At the very end of item 2(b) in your submission you refer to the HACC service system being responsive and needs to move beyond crisis management. Why specifically do you suggest that the service is in "crisis" management?

Ms HEGARTY: I think that it is certainly identified that we are an ageing population. There have been thousands of reports to identify that. Pittwater Council where I am from was identified in the last census as the fastest ageing local government area in New South Wales. There are no surprises there, yet we have not identified it and we have not increased funding in line with that. It suddenly comes to 12 months time and we go, "Oh, my God, we've got all these extra older people without the services to provide for them". Even some of the State planning legislation, the SEPP 5 planning legislation, does not require a parking place for home delivery of Meals on Wheels or ambulances. To me that seems ludicrous.

We know the need; we all identify the need; there are lots of studies and plans to identify the need; but we do not seem to be taking that need and actually increasing services or changing the way we provide services and I think this gives us an opportunity to look at different ways to provide. At the moment we are suddenly going, "Oh, my gosh, we don't have enough ability to provide respite care. Quickly, we need to do something", whereas all our social plans, all our planning for ageing has identified that we are going to need additional respite places. We should be doing it now, we should be spending the money now, we should be building them now and investigating the opportunities, rather than waiting until the need is there and we have got another extra 50 people knocking on our door looking for respite and then suddenly saying now we need to go down the planning process, because it is a long process to plan a respite centre and build it or find accommodation to provide it. My understanding of what that is saying is that at the moment we are just going, "Oh, my God", rather than going, "Okay, we identify the need. Let's plan ahead and let's try and be a little more proactive about provision and investigation perhaps now for provision in the future".

Mr MANCHESTER: I will just add to that. Speaking to my co-ordinator at Harden, she suggested there should be something like an emergency fund where HACC services could actually call on this fund on a needs basis. They get handed their budget down and it is $2,000 to be spent in this box and $2,000 to be spent in that box and the boxes cannot come together. You cannot operate a system like that. It is on a needs basis. So if this box has got $2,000 and this one has got $2,000 in it but they are not using this box, why can't they combine it and use it over here in another service. The more needs in a community where they can mix those together, it would be a lot more effective and it would give the patients or the clients what they need most.

CHAIR: Some of the evidence that the Committee heard on Friday actually brought us to the question of the Commonwealth Government's new aged care packages and nursing homes and Home Care and whether or not there are gaps there that people could fall through in terms of the HACC program itself being designed to keep people for as long as possible out of institutions. There does appear to be a tendency to rely on Home Care to be the answer for all things. I am just making a comment based on the evidence we received the other day.

Do you have a view on the Commonwealth aged care packages, which I suppose are designed to provide the kinds of services you are referring to?

Mr MANCHESTER: Yes, certainly, I totally agree with your comment that there

is a gap there and there probably always will be some sort of gap, it does not matter what you put in place. The push to keep clients at home is something that I think is very important because that is where they - especially ageing people - appreciate the fact that they can live within their own community and their own house. When you start to push them outside their community, which is what is happening now, if the services cannot be provided locally they have to go 100, 200 or even 600 kilometres down the road, it puts a lot of pressure on the patient as well as the family, and I think the Federal and State Governments should look more and more at providing more funding for HACC services to keep these people within their own community and their own homes.

Mr TORBAY: Following on from the question about crisis management, you have highlighted communication issues in your submission, not only between DADHC itself and Home Care, but also the Commonwealth and State issues - we have heard about holding up funding processes - and there are so many people involved, including stakeholders.

Ms HEGARTY: Yes.

Mr TORBAY: I know you have commented on a three-year funding cycle as being a very important remedy. Are there other consultation recommendations you are making that we should undertake?

Ms HEGARTY: I think it is just general communication. I mean the people out there that actually work in the field - and I think this happens a lot with higher levels of government, which is why I think local government is always said to have its feet on the ground, closer to everyone. We forget. Sometimes we just forget what the people on the ground are really facing. I think you were saying, you know, are there gaps in the provision of service? Yes, there are, and it is because quite often people do not ask for help and I think that is when communication really can come into it. My dad has got Alzheimer's disease, my mum is right in the middle of all of this at the moment, so I know that unless she physically goes out and asks for a service to be provided no one is going to come knocking on the door, and I think that is where there is a gap. Not everyone will go and ask for help and that is where I think the communication really needs to come along. We need to talk to the people actually providing these services rather than the levels of government, the people who are there on the ground - I know you are speaking to a lot of those people today - the actual people who are providing it, saying, well, in reality, this is what we need more of, or this is the support we need, or this is the money we need and this is where it needs to come from, and then, once the services are there, to actually get out and tell people about them and where to find them and how to find them is really, really important.

Ms KENEALLY: In your submission you indicate your understanding regarding the waiting lists kept by Home Care Service are only for the high needs pool, and your understanding is that this relates to the resource-intensity of that task. You also seem to suggest that a key outcome of keeping comprehensive waiting lists would be that you would be able to measure the actual levels of need and satisfaction with services. Do you have any suggestions to offer as to how such a comprehensive waiting list could be made less resource-intensive?

Ms McGRATH: I have no suggestions as to how Home Care would implement that. Obviously it would be based on their service system and they would need to look at that and how that would be done, so I would not be able to make suggestions as to how that would be done.

CHAIR: We did receive evidence on Friday that there is to be the introduction of automatic referral of people. We discussed the question of particularly the Home Care Service, the resources that go into personal care, which eats up obviously an enormous amount of their finances, and the fact that there appeared to be not necessarily a first-class system of referring people on to other providers, and DADHC advised us on Friday that there is a system coming in to automatically refer people on and keep track, so hopefully that

will form a list to give a true indication.

Mr WHAN: Could you give us an idea of what the current role of local government is in planning for delivery of HACC services and how that could be improved? I note that several times in your submission you talk about needing a complete redesign or a top to bottom redesign. What do you actually see as coming out of that? Can you tell us what is happening now and where you think it should be?

Ms HEGARTY: Well, what we are doing now is what I said before, I guess, about our social plans. They are either done annually or at least revised annually by each council area and I guess that is where we identify the need. Some councils, as mentioned before, are actually providing some of those services and some I guess do in kind type of work, but as far as the top to toe--

Mr WHAN: How do you actually input from your social plan into the HACC planning for the State?

Ms HEGARTY: I do not know how we do it. Our social plans are actually done by speaking to user groups, so I guess part of that is speaking to the disability user groups within our community, with the aged user groups, in order to identify holes within the system and where we should be going. We take data from the census and that is also put into, as we see it, the number of people getting older and the likelihood of requiring assistance.

Mr WHAN: Do those social plans actually get provided to DADHC for their planning for HACC or do DADHC come out and say to you: What are the issues and gaps that you have identified in the community?

Ms HEGARTY: No.

Mr MANCHESTER: I might be able to answer that: I know our HACC services did a survey recently of their 200 clients; they got 100 percent response and DADHC did not and do not require these surveys to go back to them. They required the service to do the survey, but they did not require the response, which to me--

Mr WHAN: Before you go on, DADHC was talking to us about having planning regions. Do the local governments participate in those or are you represented in the planning regions that DADHC has at all?

Mr MANCHESTER: I do not believe so. The HACC services have input into our social plan, but I do not think DADHC has even looked at our social plan or had any response to it.

Ms McGRATH: Can I also add to that: It really depends on the particular council, and we are talking about 152 councils throughout New South Wales. Some councils do do direct service provision, so some councils actually do provide community transport and respite care, so obviously in that particular local government area they are not only involved in the planning process but they liaise with DADHC on a regular basis and therefore it is fed back through, but again that is not reflective of all councils in New South Wales.

In addition to filtering into the planning process, the social plan has mandatory target groups, so older people and people with a disability are part of that mandatory target group. The council has a responsibility to consult with those target groups. That information is then compiled into the social plan. If that council has staff such as an ageing and disability officer or an ageing and disability worker - again the names change throughout the council areas - they would then attend the HACC forums and may be part of the HACC planning process, say around 16 or 17, it really depends on the council resources as to whether it is filtered back into the DADHC planning process and whether those social plans

are then given to DADHC as well, because if there is a worker there then obviously it will be filtered back through that system, but if there is not then it is not done.

Ms HEGARTY: I was just about to say exactly the same thing. In our council we have one officer whose primary role is for aged, disabilities and young people, and that is a massive call on one officer, but I know that it really does depend on the type of consultation that they have with the HACC providers and I know that our officer has a very good relationship with them and they talk very regularly. I do not know that there is a very formal planning process, but they certainly talk to each other a lot and I would be very surprised if they personally did not have our social plan, but I do not think that happens in every council area, it is very individual, based on the resource available.

Ms McGRATH: Can I also add that DADHC does fund ageing and disability workers or officers in some councils as well. The positions are not 100 percent funded, so it really depends on the level of funding provided and the relationship and the planning area, so it is really difficult for the associations to give you an exact answer because it varies significantly in each local government area.

Mr TURNER: As far as the HACC services that are provided through councils, is there an administrative overburden in complying with requirements of reporting and the like?

Ms HEGARTY: I think that administration is certainly an issue for any organisation and that quite often when there is grant money to deal with there is an overburden of administrative processes. I think that in a larger organisation, if council is going to be a provider of that service, there is administrative assistance that councils can provide that individual organisation, but for a lot of the individual providers of the service sometimes the administrative processes can be overwhelming.

Mr TURNER: Do you think that there is room for that to be streamlined, and how would you contemplate that?

Ms HEGARTY: Yes, there is room, absolutely, and I think part of it goes back to what we were talking about before with our three-year funding arrangements. That is going to stop the requirement every year to go down the whole grant application process, you need to provide realisation of why you need this, and that takes a lot of resources, whereas those resources may well be better spent actually being out in the field providing the services to the people who really require them rather than sitting in an office filling out grant application after grant application and providing an explanation of how it is being spent, why it is being spent and where it is being spent. If that was done every three years, that is certainly going to streamline the process.

Mr TURNER: What about the HACC forums that operate at the lower levels? Do you have any input into those? What is your view on the HACC forum system?

Mr MANCHESTER: We do not directly - I am talking personally on this in our local government area - we personally do not have any input at all, but I would assume that the more involved the councils are the more input they would have, virtually from nothing to probably total input. It would hinge on the amount of their involvement in the HACC services and, like I said, in our situation we provide a building to house the HACC services where in other situations they actually provide some of the services themselves.

Ms McGRATH: In some council areas where there is a funded position for ageing and disability, whether it is funded through DADHC partly or whether it is fully funded by a council, the staff member will actually resource the home and community care forums, so that will mean sending out the agendas, taking the minutes, organising speakers, and so in some areas there are examples where councils are very pro-active in that area and will resource that forum once a month, or if they meet bi-monthly, it depends on the local

government area, so again it is really difficult to give an exact answer because it does vary so much in each local government area as to the level of involvement in HACC forums as well.

CHAIR: Would you have any percentages in terms of how many councils do that?

Ms McGRATH: No, we do not keep that.

CHAIR: Some do and some do not.

Ms McGRATH: Some councils do not have a community services team; other councils do. As Councillor Manchester was referring to, in some instances the general manager could be the community services team. It really depends on the council.

Mr TORBAY: You will find those issues more in the rural and remote areas.

Mr MANCHESTER: Yes.

Ms HEGARTY: They just do not have the funds.

(The witnesses withdrew)

MELINDA JANE PATERSON, HACC Development Officer, Sutherland Shire Community Care Network Inc., 3a Stapleton Avenue, Sutherland, affirmed and examined, and

HELEN ELIZABETH IVORY, Co-ordinator, Cronulla Neighbour Aid, NSW Neighbour Aid Association, 15 Cronulla Street, Cronulla, sworn and examined:

CHAIR: I am advised that you have been issued with a copy of the Committee's terms of reference and also a copy of the Legislative Assembly Standing Orders 332, 333 and 334 that relate to the examination of witnesses. Is that correct?

Ms PATERSON: Yes.

Mrs IVORY: Yes.

CHAIR: The Committee has received a submission from your organisation. Is it your desire that that submission form part of your formal evidence?

Ms PATERSON: Yes, please.

CHAIR: Would you like to make an opening statement?

Ms PATERSON: With your permission, we each would like to make an opening statement. I will be focussing on the issues regarding planning and funding allocation and Helen will be speaking about the Home Care Service.

To begin with, thank you very much for giving us the opportunity to speak with you today. We are particularly excited because, noting the other speakers over the two days, we are one of only two local groups that is addressing you, and hearing the evidence from the previous speakers, we think we can give some useful information that maybe you have not got so far.

As you know from the written submission, we are representing Sutherland Shire. The submission was compiled by members of Sutherland Community Care Forum, which is made up of the Home and Community Care Services and also other aged and disabled service providers in the Shire. My role as HACC Development Officer is to support the HACC funded services, and by extension those other services as well, to ensure that quality services are delivered to the HACC target group. So if it is okay, can I pass around my brochure just for your reading pleasure later?

CHAIR: Yes.

[Brochure tabled.]

Ms PATERSON: The HACC services together with those others meet monthly and that is the Community Care Forum. My role as a community care development officer for the HACC program involves planning as a key activity. I am actually responsible for HACC planning in Sutherland Shire in conjunction with the regional office of the Department of Ageing, Disability and Home Care. As a community development worker, I think it is one of the strengths of the HACC program that we do quite detailed annual planning at a local level.

I think it is a credit to DADHC as the administrators of the HACC program in New South Wales that that happens and I am particularly pleased to tell you that in our region, which is Metro South, the DADHC regional office exhibits an ongoing commitment to consulting with the community. There are quarterly meetings with the HACC planning team at DADHC and they have HACC Development Officers in our region, and you will be

meeting Chris Bath later today. She is from Eastern Sydney. Planning is about identifying the gaps and any unmet needs in the region.

I think, and I speak for the forum, we think, that what lets us down is actually when the information leaves the region. We work in a very detailed manner to document what the needs are and to come up with ideas for meeting those needs, but the funding allocation system has problems and that is what was detailed in our submission. They include things like conflicts between the State and the Commonwealth that create delays and skew timelines. We get mismatches between needs identification and what is funded and the result of that is overall community frustration and lack of faith in the system. We get funding allocations that are hurried and often lack transparency and may not produce the best outcomes for service users, and we see documentation errors in the State Plan that go unchecked, and at the end of the process inappropriate public announcements of funding that cause further confusion and sometimes even conflict.

In our submission we suggested some solutions and no doubt you will be asking questions about those. Our suggestions include: increased delegation to DADHC from the Commonwealth to reduce delays in the processing of the State Plan and the roll-out of funds; reduced politicising of funding decisions and announcements and refocus on locally identified priorities; and development of processes that really involve the community as partners and to work together to meet unmet needs.

Mrs IVORY: I would also like to thank you for the opportunity of addressing the Committee today. I am the co-ordinator of Cronulla Neighbour Aid, which is a HACC funded social support service, providing services such as assisted shopping, reading mail, social activities, that sort of thing, for people who are living at home. Neighbour Aid provides social support services right across the State. I am also a member of the executive committee for the Neighbour Aid and Social Support Association, which is the peak body.

I am here today to highlight the concerns that have been raised in our submission about Home Care and speak on behalf of my service, our peak body and the network of service providers in the Sutherland Shire. I have worked with Cronulla Neighbour Aid for ten years and have firsthand experience of the Home Care Service as it operated before and after the Referral and Assessment Centre was established.

As you may know, the HACC program is developed around a local network of service providers working co-operatively together to provide the best services for clients who are living at home. The Home Care Service is a key provider in the HACC area and the concerns raised in our submission are not about the standard of care provided by Home Care. The concerns that we have centre strongly around the introduction of the Referral and Assessment Centre, which we call the RAC, and the impact that that has had on our clients.

One of the reasons for the establishment of the RAC was to provide equity across the State for people accessing Home Care, but in reality the RAC has made access to Home Care so difficult that there have been significant drops in referrals to Home Care branches. The problems are many and we have mentioned them in our submission. I would just like to highlight a couple, but bear in mind that the people who are expected to contact the RAC are people in the HACC target group. They are older people, people with disabilities and carers. They do not understand the system of how community services work, they do not understand terms such as "resources", "level of care" and "capacity", and they are asking for help, which is a very personal thing to do. So the person on the other end of that phone has to be sensitive to the client's needs.

This is my experience with the RAC: Nine times out of ten the call is answered by an answering machine. When clients do get to speak to the RAC staff they are screened and ranked, then told whether or not they are eligible - and there are numerous ways of telling them whether they are eligible or not. If clients are not eligible, they are told to try again in a month or so and perhaps given a phone number to an information service. They are not

referred to another service provider and they are not put on a waiting list. The object of the screening tool is to rank the caller and it does not focus on the human aspect of what the caller's needs are. If the clients do get past the intake stage then they are assessed and many times this is by phone. Phone assessments are a totally inadequate way of assessing a client's needs. Assessors do not have local knowledge or experience with service providers and I have been told by the RAC staff that they get their information from the database only.

There are many examples of how wrong this system can go in all the stages of that process. I have been writing to the RAC since 2001 with my concerns and I am really disappointed that the problems raised have not been acknowledged or addressed. There is no consultation or feedback sought from service providers or clients about the RAC and there appears to be a total lack of transparency about the RAC to Home Care branches and to other service providers. Home Care does survey their existing service users, but they are the only surveys that they do. The RAC contravenes the standards with which all other HACC services must comply, most notably in the area of maintaining waiting lists, client access, staff networking with each other and consultation with clients and service providers. The importance of the RAC cannot be overstated. Home Care is a major service provider in the HACC sector and the RAC is the front line or entry point for home care. The RAC makes decisions on who gets the home care services. There is a real sense of disillusionment among clients and service providers about the RAC, emphasised by the knowledge that the system worked so well when the referral and assessment process was undertaken by Home Care branches.

CHAIR: In your submission you detail how information is currently provided to inform the HACC State Plan and the frustrations experienced by extended delays and secrecy concerning funding announcements. Among the suggestions you make to improve accuracy and timeliness is a proposal to local proofreaders of the State plan. Could this give rise to potential conflicts of interest? How could confidentiality be preserved if the suggestion was to be taken up by Government?

Ms PATERSON: Reinforcing that there are HACC Development Officers funded in most regions, most DADHC regions, I would see that as a role for the HACC development officer to be a proof-reader. If we have good relationships with our DADHC regional office, which the HACC Development Officers in Metro South do, we are already having conversations with DADHC that contain information that we would not discuss with the larger service network and we would seem to be the most appropriate people to be able to check the information because we have a good working knowledge of who is funded on the ground. To be honest with you, over the past couple of years, there has been a lot of change in the personnel in DADHC. Part of that has been because of the restructure of DADHC, so the creation of regional offices has actually meant some people have moved between the regions and central and HACC Development Officers have effectively become the memory of the HACC program.

If I could add: I heard the Local Government and Shires Association speakers commenting about HACC Forums. In my experience, the HACC Forums, or in our case the Community Care Forum, is generally resourced by the HACC development officer where that role exists. Depending on the size of the region, there may be smaller sub-forums which may be organised by council workers and there are currently two regions or two sub-regions of DADHC that do not have HACC Development Officers, so the Council workers do more in those areas.

Mr APLIN: Given the number of planning processes you describe for HACC in your submission, primarily on page 2, is it your view that HACC is over-planned? How could the planning processes be streamlined within regions but still incorporate the views of service users and families in a meaningful way?

Ms PATERSON: I am pleased to report that only last week I had a meeting with the DADHC regional office in Metro South and they are returning to a three-year planning

framework and they are still rolling out the actual framework, but it will tighten up some of those issues, so my understanding is that we will be developing a plan over a three-year period, but we will be reviewing and making changes each year because obviously circumstances change within the regions and to plan and sign-up for the whole three years is probably a little dangerous. Noting that also HACC services work in the context of many other community care programs, most of which are Australian Government funded, their planning processes are not transparent or consultative, so often funding allocations in those programs have a flow-on effect for the HACC Program. Similarly, disability services are funded by DADHC in New South Wales and changes in DSP often impact on HACC as well. For instance, some changes have been made to day programs in disability and the flow-on in HACC has been in probably the last two years in particular we have allocated a lot more funding in the HACC program to respite and social support services to make up for what families have lost in DSP.

Mr TORBAY: Could you expand on the example of direct allocation for case management and brokerage and how this has resulted in outcomes that might not be the best for clients?

Ms PATERSON: I am going to be careful in how I answer this question because part of my role is actually having confidentiality arrangements with individual services, so I will not be telling you who the service is. The concern I had with this particular allocation was that case management is a very specialist service type and funding was allocated to an organisation based on their experience with a particular cultural group rather than their experience with case management. The consequence of that, and there are other examples I can give you in other service types that have produced similar impacts, is that it takes longer to roll-out the service, so therefore families are waiting longer to get a service that was identified some time ago. Sometimes we see false starts. This particular service has not actually started yet, so we will wait and see what happens with that, but sometimes we get a worker who starts delivering service and there may be a realisation that that worker is not qualified to be doing it and we have a change of personnel and once again more delays. The other impact is on the service network itself in that other providers who may have tendered for that service who were actually more qualified to provide that service type end up helping the organisation that was actually funded. At the end of the day, most HACC services will do that because they are committed to their target group, but there are obviously resources issues for organisations and in many cases we are talking about small NGOs for whom viability is a really key issue and not being successful in a tender and then having to spend time helping the person who was successful can have detrimental effects on that provider.

Ms KENEALLY: You have just spoken about the issue of viability and I imagine for a lot of small NGOs or even larger ones it is an ongoing concern. You also identified in your submission a need with growing recurrent costs for these organisations, such as minimum data sets, OH&S requirements, DADHC monitoring. What is the current impact of addressing these requirements and does it result in reduction of service and do you think that these requirements could be streamlined?

Ms PATERSON: With your permission, I would like to make a general comment about this and then hand over to Helen because she is running a service and so she can tell you exactly how it works. My experience as HACC Development Officer supporting the HACC funded services is very definitely reductions in service provision. The other key area that suffers is service development or organisational development. There is less time to actually look to the future, to be dynamic, to come up with new ideas to meet client needs because co-ordinators and management committees are spending more and more time on accountability. At the end of the day I do not think any of them would deny that they need to be accountable, but there are always ways of streamlining and particularly with Minimum Data Set. In the past services have really wondered what the point was of doing Minimum Data Set. I should say to you there is a new version of Minimum Data Set for the HACC Program coming in next year and the expectation is that will be an easier process and the data will be used in a more productive manner than it has been in the past and we will get

reports back from the Department that we can in turn use in local planning.

Ms IVORY: Regarding the increased accountabilities, I cannot add much more than what Melinda has said, but it is uniform across services that the problem that we face is that when we have the added accountabilities the time that you have for direct service provision must go down and that is the biggest problem for service providers. I mean, yes, everybody has increased accountabilities these days - you talk to DADHC staff and they say the same thing - but the problem is that at our end it results in less time for clients and now we are in a fairly unique position in Cronulla Neighbour Aid that we are a full-time service. Many, many services, especially neighbour aid, are part-time services. Some are funded ridiculously for eight hours a week. How on earth they manage to meet all their accountabilities and provide a service to clients I have no idea, but they do. So yes, the increase in accountabilities for direct service providers is a problem and it does encroach enormously on the time that you can give for direct service provision.

Ms PATERSON: Can I also add to that: You may be aware that the Australian Government has been reviewing community care programs and they have a framework called *The Way Forward*. Accountabilities and streamlining is part of that framework but we have concerns in the HACC Program that that framework has been developed largely without the involvement of HACC services. Minister Santoro announced, I think the week before last, that he is doing an additional review but we would like to see the New South Wales Government ensure that the HACC Program is really and truly involved in that review, that they speak to actual HACC service providers before making any decisions.

Mr WHAN: I wanted to ask you about your comments about the Referral and Assessment Centre, the fact that it does not make referrals to alternative providers and you made a comment that it worked well when it was undertaken by HCS. Is it appropriate for HCS, which is one of the providers, to actually be handling all the referrals or should there be a separate entity which is resourced to have a waiting list and those sort of things?

Mrs IVORY: That was one of the suggestions initially when the RAC was first set up and there were problems right from the word go with their not referring people on and their lack of resources, so to speak, about not keeping waiting lists. As a HACC provider, if we cannot provide a service, it is part of our protocol to refer on to an appropriate service. You do not just leave a client hanging if they need a service. The RAC do not do that. It was suggested way back that if they cannot manage a waiting list system, then they could get the information, send it to the branches and the branches could manage a waiting list, but nothing ever came of that.

Mr WHAN: What branches do you mean?

Mrs IVORY: The Home Care branches. I am sure that there are ways that would meet that basic requirement of managing a waiting list, but even the referral to another service provider does not happen by the RAC to my understanding. It is a number given of an information service. That is as far as they will go.

Mr WHAN: Is there a conflict of interest in the Home Care Service actually providing a referral service to other agencies? Because they are a service provider themselves, is there not a potential for a conflict of interest there in not having a separate agency to do it?

Mrs IVORY: In my experience there would not be, because it used to be in the old system. That is how it used to work.

Ms PATERSON: It is a foundation element of the HACC program that individual organisations work together as part of a network and that was how the HACC Program was formed in 1985. It was about bringing together some individual programs and reducing fragmentation. All the other HACC services make referrals when they get a call from

someone they cannot deal with.

I think part of the problem with the Home Care Service, with due respect to that organisation, is that often decisions are made centrally and the reality is they have regional branches. The very nature of community care being a human service is that it needs to look a bit different in local areas and deal with local needs. It is a contradiction to have a central referral mechanism, and, as Helen mentioned, the previous system seemed to work.

I know the RAC came out of the Home Care review, which identified that possibly there were some conflicts between being involved in referral and assessment and service delivery. Some clients felt that decisions were being made about what service they received based on Home Care's capacity. The reality is it has actually got worse with the RAC.

Mr TURNER: Following up on that, I think you hit it on the head. In regional areas it is completely different from a centralised system. To quote a very local example, the Home Care Service office is straight across the hallway from my office and they refer people straight through my door, which is a very sensible way of doing it.

Ms PATERSON: What region are you in?

Mr TURNER: Foster.

Ms PATERSON: Yes, you are right.

Mr TURNER: I might have just put the local bloke in trouble for doing it, but it certainly helps the client.

Ms PATERSON: Yes, definitely, and we should note that the RAC only works in certain central regions.

Mr TURNER: The other matter I wanted you to expand on is accountability, and that is starting in 1985. I certainly get complaints about the level of accountability, although it has backed off a little bit. The ladies from Meals on Wheel are no longer having to get legal advice on how to fill the form in. Do you think it actually does provide meaningful information? Is it being looking at promptly by the centralised system that demands it or is it being put in a pigeon hole somewhere and it has just spawned a whole lot of bureaucracy?

Ms PATERSON: It depends which elements of accountability you are looking at. As I mentioned, the Minimum Data Set needed some improvement and it looks like it may get some. In terms of monitoring, which is the Department checking up on services to make sure that they meet the standards, as a local development worker I see that process has positive outcomes. Helen will tell you that when you are preparing for a monitoring visit it is very stressful and time consuming for the organisation. Management committees may feel frustrated that they are being asked so many questions, but they are reminded what they are being funded for. At the end of the day, it is taxpayers' money, and monitoring by the local region or office of DADHC allows the identification of problems within organisations and we work on fixing them.

CHAIR: Obviously as part of the Auditor-General's report the issues of non-referral to other organisations and the lack of waiting lists were raised and of course the response to that report from DADHC was that they would improve the system and what you are referring to as "RAC" into this automated referral system, but that also they were looking at ways of now referring on to other agencies and developing a list by way of those budgets as you indicated earlier. Do you have some confidence in that?

Mrs IVORY: You are probably asking the wrong person, but I really do not, unless they do what other providers do to gain their knowledge of other services, and you do not just go by your data base. You do not know services just from a book or a data base.

You have to go to local networks, and this is what they were supposed to do. The assessors and the RAC staff who were manning the phone were supposed to join local networks, like our community care network, and to really know what services were available so that they could pass this information on to clients. If that does not happen, I do not have confidence that it is going to be an effective referral system.

Mr APLIN: You provide an example on page 6, the last page of your submission, where the same type of service is provided by volunteers for one service provider but by employees for another provider. How can the roles of paid and unpaid staff be reconciled?

Mrs IVORY: That is a real biggie. There is a role for volunteers still in the HACC services area. We work with volunteers. Neighbour Aid is a volunteer based service, as is Meals on Wheels, and there are a few others, mainly social support, and there is a role still, even though it is becoming more and more difficult to attract and maintain volunteers, because there again you have extra accountabilities and responsibilities for volunteers that were just not there even ten years ago. It has increased.

We have a line of demarcation for volunteers and paid workers. The social support services can be provided by volunteers, but that is it. Anything that is domestic assistance, housework cleaning, all has to be done by a paid worker. We have, and DADHC has too, separated the roles that way.

Ms PATERSON: But perhaps it is not documented as well as it could be. It is really about establishing those benchmarks and putting them in black and white and having it clearly understood that a volunteer will not be asked to do a certain thing and making funding allocations accordingly and perhaps also looking at who is already funded who may have historically been funded with the assumption that they were using volunteers to do something. That was historically acceptable but it is no longer acceptable in the new benchmark system. That is a huge problem we have in the HACC Program, that funding is allocated each year based on a whole lot of different parameters, including political ones, and we do not look back at what has already happened. We keep moving forward. So the services which were funded in previous rounds are left in situations where, for instance, they were not funded with the expectation that their workers had to have mobile phones, they were not funded for internet access, rents have significantly increased since some services were funded and viability is a very difficult thing to get funded for through DADHC.

Mrs IVORY: Just on that volunteer role too, what is also taken into consideration is who the client is, and that is usually done by the service provider. We do not get clear guidelines from DADHC around that. For example, if the client has a mental health issue or they have high needs, physical or emotional needs or whatever, then that is seen by most services as not appropriate for a volunteer. So you are really looking at the type of service and then who the client is when you are looking at a role, and that is mostly determined by an individual service.

CHAIR: Might the demarcation line be that which is covered by Awards? In other words, there are roles and skills that people are required to have that are covered by an Award and they are paid for doing those services. Might that be where the demarcation line lies?

Mrs IVORY: I do not know.

Ms PATERSON: I am actually really excited that you have brought up that issue because it touches something I was going to mention. I think the advent of Awards has very definitely had an impact on quality of standards in community care. It allows us to set, as you say, benchmarks, expectations of what certain workers can be asked to do. The concerns I have are, first of all, when tenders are called for for HACC services, it does not actually state in the tender what level a worker should be to provide that service. It goes back to individual organisations making decisions and then the selection panel at DADHC

deciding if that is a reasonable expectation. Costing is not supposed to be a primary element of tender processes in the HACC program, but the reality is cost is always going to be a consideration in deciding between one tenderer or another. So if one organisation looks like they can produce a quality service by paying their staff less, they have a good chance of being successful in the tender.

My concern is that with Work Choices the future is pretty scary for community care services when we lose our Awards and the implications for people that use our services. The fact is that we are 60 percent funded by the Australian Government, the very people who will now be setting standards for any minimum pay levels. Also in the HACC program most workers, as I mentioned, are paid through the SACS Award. We have a commitment in the SACS Award of a pay increase of 3.3 percent annually over the next three years and we are trying to get a commitment from the HACC program to cover that indexation for the next three years.

CHAIR: Can I ask on that then: Are the service delivery staff covered by the SACS Award or are they covered by another Award?

Ms PATERSON: It actually depends on what organisation people are employed in, so people that are employed by Local Government, say, as the previous speakers mentioned, some Meals on Wheels services run out of Councils, their workers may be paid under the Local Government Award which pays at a higher rate than the SACS Award and some of the large charities may use nursing Awards and things like that, so we actually have the situation in HACC that you may have two workers that do virtually the same thing, but one is employed under a Health auspice, another under an NGO and the Health auspiced person is paid at a higher rate.

CHAIR: And the Home Care workers are probably under the Home and Community Care Award?

Ms PATERSON: No, there is a Home Care Award.

CHAIR: Yes, that is what I am referring to, but the one thing that each of those would have in common is that there would be a skill requirement, a minimum skill level requirement, in terms of high-needs personal care, whether it be domestic or nursing--

Ms PATERSON: Yes, but don't forget we are talking about State Awards that in theory no longer exist.

CHAIR: The Home Care Award is not a Federal Award?

Ms PATERSON: No, I think it is a State Award because the Home Care Service is only in New South Wales.

Could I just give you a figure about Home Care referrals that may clarify some of our points about the referral centre: To the Cronulla-Sutherland branch, prior to the advent of RAC, they used to on average get about 65 referrals per month. They currently get about 11.

Ms KENEALLY: From the RAC to services in that area?

Mrs IVORY: To our local Home Care branch.

Ms PATERSON: Yes, so that is only 11 new people per month who are getting a home care service from Cronulla-Sutherland branch.

Ms KENEALLY: Of the Home Care Service?

Ms PATERSON: Yes, compared to previously 65. Obviously the whole 65 may not have been getting service, but at least they were getting to the branch.

CHAIR: Do you think that has to do with the lack of an exit strategy for clients as indicated in the Auditor General's review, that Home Care does not seem to have an exit strategy for clients? In other words, if they put 60 on this month and 60 on next month they carry them all?

Ms PATERSON: The point I just made is absolutely about access to the service. The referral centre is acting as a gatekeeper and, with figures like that, they are doing a really good job stopping people getting in. The concern we have is that - and again the previous speakers were talking about communication and people knowing where services are - people will tend to go to the Home Care Service first because it is something that they have heard of and if they have a bad experience in that call that stops them from accessing services, and that was also the point that we made in the submission, that maybe there is a confusion happening between access to Home Care and access to the whole HACC Program. Sometimes people are screened and they are found to be inappropriate for Home Care or Home Care does not have the capacity that week, but the way it is explained to the caller leaves them with the impression that they are not eligible for a HACC service, which is incorrect.

Ms KENEALLY: That statistic you just provided, the 65 referrals versus 11 now, is quite startling. What would be interesting to know is the percentage of those 65 a month that did end up receiving a Home Care service because I think the issue is if the RAC is acting as a gatekeeper are the numbers of people getting services actually changing?

Ms PATERSON: I can find that out for you.

Ms KENEALLY: That would be the relevant comparison I think with those statistics.

Ms PATERSON: Yes. I think the point Helen made about satisfaction surveys, in our region they have a 94 percent satisfaction with Home Care, but they are only current clients. What about all those people who were turned away? No one talked to them.

[Document tabled]

(The witnesses withdrew)

(Short adjournment)

SIONE WOLFGRAMM, Co-ordinator, Ethnic People with Disability, Ethnic Child Care, Family and Community Services Co-operative Limited, 3/142 Addison Road, Marrickville,

VIVI GERMANOS-KOUTSOUNADIS, Executive Director, Ethnic Child Care, Family and Community Services Co-operative Limited, 3/142 Addison Road, Marrickville, and

DEIRDRE MAE FREYBERG, Project Manager, Ethnic People with Disability, Ethnic Child Care, Family and Community Services Co-operative Limited 3/142 Addison Road, Marrickville, sworn and examined:

CHAIR: The Committee is pleased to hear your evidence. I am advised that you have been issued with a copy of the Committee's terms of reference and also a copy of the Legislative Assembly Standing Orders 332, 333 and 334 that relate to the examination of witnesses. Is that correct?

Ms GERMANOS-KOUTSOUNADIS: Yes.

CHAIR: The Committee has received a submission from your organisation. Is it your desire that the submission form part of your formal evidence?

Ms GERMANOS-KOUTSOUNADIS: Yes.

CHAIR: Would one or more of you like to make an opening statement?

Ms GERMANOS-KOUTSOUNADIS: Yes. Thank you very much for giving us the opportunity to appear before you. The first thing I would like to say, and we have stated it in our submission, is that the Home and Community Care program is a valuable and worthwhile one because it provides assistance to people with disabilities, frail, aged to remain at home, so that they will not be hospitalised and place a further burden on our overburdened hospital resources. I have been working in the field for 35 years, I started in the 1970s, and there was nothing like the Home and Community Care program then, so it is really great that we have a program that helps people who want to stay at home.

Another observation that we would like to make is that the HACC program seems to be leaning more towards aged people rather than younger people with disabilities and some of the programs are really specific for younger people with disabilities because there is a disparity between the two, so maybe this could be taken into account.

We have quite a lot of people who live on pensions and benefits and quite often they cannot afford even that minimal amount that you need to pay for the HACC services, so therefore they are not accessing the services, and I think it is important that this is looked at in light of poverty, because a lot of these people are really under the poverty line, and also in relation to the Commonwealth user-pay principle, which imposes all these fees, so some sort of mechanism needs to be designed for people who do not have the money to pay.

Because we are the Ethnic Child Care, Family and Community Services Co-operative and we are assisting people from different language and cultural backgrounds, we feel that there should be an acknowledgement of the multi-cultural, linguistic and religious diversity that we have in our community and that the service delivery should be diverse in order to reflect these and the morals to be able to assist people from CALD backgrounds. I think the other area is Aboriginal people.

We think also that in the future we will need more HACC services for CALD groups because there will be a great need. With the big wave of migration in the 1950s and 1960s, some of these people, like my parents who came at that time, are really ageing and in the next 20 to 25 years we are going to have an explosion of aged people, especially a lot of them migrant people, so therefore it would be better for us to start planning now so that

when that happens we will be able to respond.

Another difficulty we find is that because of the State-Commonwealth arrangements there are quite often delays in signing-off of the HACC program and this places us in a difficult position because if there is no security quite often we lose the very experienced staff that we have, because we have to go from one year to the next year for the funding to come. The second aspect is also that you really cannot plan for the long-term, so the programs have to be aligned to that, and the difficulty sometimes is that we might have a little bit of surplus in one of the programs and we have to wait for two or three years to get approval whether we use that for the program or whether the Government takes it back.

A program that is working very well we find is the Multicultural Access Project, which has been successful in creating an awareness in the ethnic communities and the different cultural groups about HACC services and at the same time has been assisting the HACC services to become more responsive culturally, linguistically and otherwise. My organisation has two of those projects, the inner west where Sione is working, and another one is ESMAP, which is Eastern Sydney. I am sure Ms Keneally could comment on that because her office is next door to our office. This program was reviewed last year and we are still waiting for the outcome of the review. Again, this delay places us in a difficult situation in, firstly, maintaining staff and, secondly, planning what programs we are going to do next, but we hope that we will get something on that.

The other issue that we have noticed over the years is cultural competency. What do I mean by cultural competency? It is important for a person from a different cultural background than Anglo-Australian to have some understanding of the different needs of the different client groups that we represent because I believe that, in the years that I have been working, the service should change to accommodate the needs of the client and we do not expect the client to change to accommodate the service, because the public money that goes into the services is for the clients' use and we, the employees, have to make that happen, but ultimately the client is the person that we are all working for. So that is another aspect that we see.

Also the services I believe need to include everybody's needs. Quite often we hear some examples of people saying, oh no, they have to change to be like us. Well, I am sorry, I do not think people need to change, especially if you have a need for a service. I think it is the responsibility of the service to accommodate that person and, if they do not have the means and resources, they can consult an agency like us or they can employ bilingual staff so that they can meet those needs, therefore cultural competency training is very vital from the highest, the decision-makers, to the service people, to the volunteers who are dealing with the different groups, and this is I think really important.

I do not want to make any more comments, but another one is, coming back to the multicultural access project, some of the projects, for example in the west, are for two days a week. Now, two days a week you really cannot do very much, and also because of the little money we get for this program there is no co-ordination, and it is really important to have a co-ordinator if you are going to have a proper bi-lingual effort to do that. I do the co-ordination for the inner west, but we are lucky the Eastern Sydney one has a co-ordinator. So in order to make the services much more effective, we really need to have the people there and the number of hours. Some of the other MAP projects only have one and a half days per week. You really cannot deliver very much in one and a half days per week. So I think there needs to be some consistency and understanding of how we work around that at ground level.

Mr WOLFGRAMM: I have been conducting focus groups for discussion and consultation within CALD communities, Pacific Islanders, Arabic, Greek, Vietnamese, Korean, Polish, Italian, Portuguese, Indonesians and so forth. I have been conducting these consultations to try to raise the level of awareness and understanding about HACC services and so forth. From the reviews of these consultations, most of the representatives or the

participants in these consultations seem to have very little knowledge about how to access HACC services and so forth.

The other thing I want to raise here, because I have been attending HACC forum meetings and I have been raising these issues about long waiting lists, when we have these forum meetings, most of the service providers say, "We have a long waiting list", "We have a long waiting list", "We have a long waiting list", but there is not actually something proactive that we have done about these long waiting lists. We have to report what are the detailed profiles of the clients on the waiting list, what are their ethnicities, what are the waiting times and what are the clearance times and what are the main periods, and also at the end of the day how would you compare the waiting list this month with the previous month, is there any improvement or not, because when we are trying to make referrals we only receive an answering machine saying, "I am sorry, we have a long waiting list of about 12 months or so", finish. They are all hidden underneath and who is responsible - yes, DADHC.

What I am trying to say here is the clearance of the waiting list is a measure or an indicator to show the efficiency or the productive function of the system. I think this is an important area that we ought to report, so that we know that there are so many people out there who do not receive the services. For equitable distribution of resources, we ought to really know about the size of the waiting list and how fast do they remove them or how long do they sit there and wait. This is one of the areas that I would like to add on.

Ms FREYBERG: I do not really have anything to add but I am interested in the cultural competency that Vivi was talking about. We have done quite a lot of cultural competency training and we do it for a lot of the staff and talk about ways to get to the different communities. The planning area needs to be addressed. It is important to address cultural competency training at the planning stage, where the managers are actually planning for the services and going right through all the staff. So we do need to continue with cultural competency training. I think that is really important.

Also, with Home Care we need to have more funding for younger people with disabilities, as Vivi mentioned, because it seems to be that most of the ACATs do the assessments for the plus 65s. Home Care do assessments for young people with disabilities but quite a lot of those services do not seem to have enough services for the young people with disabilities. They need to have more services there. It is probably because the department has a disability area which does accommodation and respite, and then they have the home and community care services for the young people with disabilities and the case management is there. I think that might be a need.

CHAIR: The Committee has been trying to ascertain the issue of waiting lists, to no great avail at this stage, other than there needs to be an introduction of waiting lists and information collated. Within the HACC area do you have some examples of which kind of service providers have these long waiting lists?

Mr WOLFGRAMM: Most of the normal ones, home care, personal care, people who are needing home modification and maintenance, things like that, and transport.

Ms GERMANOS-KOUTSOUNADIS: These are the vital issues, transport and home help or home care.

Ms FREYBERG: I think Home Care is one of the vital ones because they do all the case management and because the funding for Home Care was just kept at the same level for some years. They were not taking waiting lists. So waiting lists were not kept across the board within Home Care as such and that is vital I think because it is one of the main providers.

Ms KENEALLY: To follow on from that, Mr Wolfgramm, you listed a number of

issues and that one might gather data out of those waiting lists. Would it be fair to say another thing you might gather out of that data is the number of people who are doubled up on a number of different waiting lists? Perhaps one client might have contacted and be sitting on four or five waiting lists. Is that likely?

Mr WOLFGRAMM: Yes, it is a likely thing, because when we do referrals and services are not available because they have a long waiting list, then we have to try another area.

Ms KENEALLY: On that issue, would you consider having a central waiting list say in a region or in a local area?

Mr WOLFGRAMM: Yes.

Ms KENEALLY: And who do you think would be best placed to manage that?

Ms GERMANOS-KOUTSOUNADIS: There is a system with respite care, because we have a respite care program, and there was a centralised point where all the people who needed respite would go and then they will refer them back to us, but in relation to doubling up, I think there needs to be some sort of data base in order to be able to gauge whether a person has rung ten services or just one or none. I do not think up to the moment we have such a system. There needs to be a system because, as you say, it is a waste of time in helping people to ring up the different services, and also you have to tell the clients five times, "No, you are on the waiting list", and that creates a lot of bad feeling and wrong concepts about the HACC program. But it is a Government thing. A non-Government organisation cannot do that.

Ms KENEALLY: You would see it as the responsibility of say DADHC or, for example, the Home Care Service if it was for home care needs?

Ms GERMANOS-KOUTSOUNADIS: I think it is better if it is DADHC, because we have been saying this for many years, that we need some data base. For example, also with the CALD area there does not seem to be a consistent way of measuring what are the needs of the linguistically and culturally diverse, because a lot of times too, because of the language barriers, they do not go into the system. So I think it is important, the data base is very important, yes.

Ms FREYBERG: Could I just say there might be a problem because a lot of the referrals come through health, the hospital system and the division of general practices. So maybe there needs to be some interaction between the Department of Health and the Department of Ageing Disability and Home Care, because a lot of the referrals do come through from GPs, as you know, and the health system. The ACAT teams are in the health system after all, so I think maybe more co-ordination is needed between the departments.

Mr APLIN: During your opening remarks you did comment on service delivery, but I would like you to describe for the Committee please some examples of how the models of service delivery appropriate to the needs of culturally and linguistically diverse people operate in practice, for example the language skills that you identified in your submission.

Ms GERMANOS-KOUTSOUNADIS: The department were aware - whenever there was a review of HACC, always the CALD and Aboriginal people make up a proportion of the people who are out in the community utilising the service. So the department did take steps. Five of my programs are programs, not direct service delivery, but facilitating access, and I have a very good program called the Bi-lingual Cultural Pool whereby we recruit people from different cultural linguistic backgrounds and then we provide them to the services. In the child care area, for example, the Federal Government pays funding for the salaries and we have them on an on-call casual basis. So when a service says, "I have got an abandoned child and we need to integrate the child into the service", then I look at my

records, I get the worker to go to the centre. It costs nothing to the centre. There is a ten week period, four hours per week for that particular worker and they work with the director and the staff in order to facilitate the program for that child, but at the same time include all the other children, because that person does cultural programming and so forth.

Similarly, it is happening to a certain extent in the HACC area, especially where there are ethnic specific services, like Greek and Italian, whatever. They have bi-lingual people and they assist. That is fine. The other one I mentioned is the Multicultural Access Project. That is a very valuable project. We are just waiting for the review at this stage, but that project is really interesting because we recruit workers. When we do a profile in the area, for example in eastern Sydney we find a high proportion of Greek, Italian and Russian, so therefore we recruit those language groups and they work, one with the Russian community to see where they are, the average, but quite a lot of them live in the Housing Commission blocks, and we try to get them together and then we gradually put them on to the HACC services. For example, no-one used the transport, so our worker worked with the community transport and now they have outings all the time.

The other area is that a HACC service which is in a high migrant area is not being accessed by that particular group. So we say there must be something wrong. We find that a service has not done any research to see what language group is there. So our workers will go and work in that service and say, "Okay, what are the issues? Why don't the Russian speaking people come to you?" We work with the service so that they can facilitate that access and at the same time we educate the ethnic communities about what HACC services are and how beneficial they are to them. That is another program.

The ethnic people with disabilities where my two workers are working is one where we try to assist, again, parents of younger people with disabilities, because this one is geared towards younger people, to try to, one, come together so they can meet with other parents and get support, secondly, provide them with information or what is available in relation to Government assistance as well as other assistance, and we also then work with the disability services so they know what the needs of those communities are so that they can accommodate them. We have been quite successful over the years. The changes have come, but of course it is a big system. The models are really important and we have given them to the department to use in other places. So it is all positive. We are trying to do the positive thing.

Mr TORBAY: You commented, both in your introduction and in your submission, on the need for a review of the user pays principle. How do you consider this matter would be resolved? What is your advice?

Ms GERMANOS-KOUTSOUNADIS: That is a really difficult one. We are not prepared, but personally I think that it is means tested now, so I think the people who are entirely dependent on the pension really do not have very much money to pay, because to live on a pension, honestly, you could not live on a pension. I am sorry, it is better than nothing, but, however, $250 and then you pay rent.

Mr TORBAY: Very difficult.

Ms GERMANOS-KOUTSOUNADIS: It is impossible. So, therefore, I think there needs to be some sort of subsidy. I know the service is subsidised at the moment and it is lower, but specific consideration needs to be given to these people who really cannot afford even $10 or $5 for that service.

I know both the governments and other people outside say they are getting everything for nothing. However, it is really heartbreaking to see some of the pensioners who have spent all their lives working for us in the community and then at the end of their lives they do not even have the necessities and other things to have a comfortable life to live before they die. So I think the only way is to make some sort of a special thing about people

who really cannot pay, who really are - well, I call them destitute.

CHAIR: So you would see a special classification for those who simply cannot contribute?

Ms GERMANOS-KOUTSOUNADIS: Yes.

Mr WHAN: I was actually trying to get a better understanding of what your service does, and I think I got a bit of that through the answer to the previous question, that you do quite a bit of work facilitating access to services that are already there - correct me if I am wrong - but do you have any experience of the differences for ethnic people in accessing services in the city, where you are operating, and in the regional/rural areas?

Ms GERMANOS KOUTSOUNADIS: Yes, that is another area. We have a program called SNESBAS, which is a State-wide Non-English Speaking Background Advisory Service, and that program concentrated on rural areas. We have a great problem in relation to CALD people because they are very isolated, there are only a few numbers in each little pocket, all isolated people geographically. Most often they did not access any services at all and it fell upon the carer to look after the person with disability. Then the problem that that person had a disability or needed care did not surface until that person either went to hospital or died. We have found this not just in rural areas but also in the city, that is when it surfaces, because the person has no one to look after them, so we did that bilingual support, we called it multicultural outreach project, where we based a worker of a particular language group that was in that area with a group of HACC services like transport or other services and that person was acting to sort of assist the service to find where the clients were, to publicise the service and also to get the clients to come out by having open days or other meetings so that they could come in and have a look at the services that were there, and also liaising with other services. Deirdre was one of the workers, so she may have something more to add.

Ms FREYBERG: It was really good in the regional areas, particularly say in Griffith where there is a large Italian population, and dementia is coming into that area, so it was really good working down there with the Home Care and dementia services in that area. In that area too there are a lot of Indian ones coming in, certainly the Sikh population, and we have worked with the Sikh population also in the northern rivers, northern New South Wales as well, so to get to those services was really good. That was necessary for Meals on Wheels too, for some of those services, because they like a different sort of service, not necessarily just the ordinary Meals on Wheels services, so they had special meal services. It was a really excellent program and it improved the services in quite a lot of areas out west, yes.

Ms GERMANOS-KOUTSOUNADIS: Also we began with children's services in 1975 because the large migrant population who were young and had children was quite an issue, so we began with children's services and some of the models that we developed with the children's services can be translated into the disability area and the aged care area. At the moment we have nine programs. We have one funded by the Commonwealth, which is the cultural support pool, and we have 250 mainly women who speak 69 languages in the rural and metropolitan area, and we give them out. We have the DADHC funds, the ethnic people with disability program, and also for the last four years we have interpreter funding because interpreting is one of the main areas, interpreting and translating, so the Department of Ageing, Disability and Home Care did a pilot and they allocated some funds and we were sort of brokeraging, so if the HACC service wanted an interpreter they would get the interpreter, whether it was from community relations or something, and then we would get the bill and we would pay them, and that seemed to work quite well. The other one is respite care services for children and young adults. That is specifically for CALD families because they seem to be missing out. That is funded by the Federal Department of Health and Ageing and DADHC from here in New South Wales and that is a very good program because we also have funding for carers, so we try to assist the carers, the parents or

whoever is caring for them, because quite often they have a very difficult time, so it is really important. If they break down then no one is to look after their child. So yes, from time to time over the years we have different funding and you always depend on the funding because you cannot raise large amounts of money. I know there is fundraising, but it really requires a lot of resources to do it, and I think the Government has the responsibility of looking after the most vulnerable people in our community.

CHAIR: Could I ask you to clarify which model do you say is currently under review?

Ms GERMANOS-KOUTSOUNADIS: That is the Multicultural Access Project and that is State-wide. There are 13 programs State-wide and because it has been in existence for a few years it was important to have a review and evaluation and that happened last year, but we are still waiting for the report to be released and also the Government wanted to see how it could streamline or how you could make it much more effective.

CHAIR: And who is that funded by?

Ms GERMANOS-KOUTSOUNADIS: The Department of Ageing, Disability and Home Care.

Mr APLIN: You indicated on page 2 of your submission that information such as waiting lists, people with high support needs, assessment of Bureau of Statistics data on CALD communities and consultation reports are not taken into account in the approval of funding proposals. How is the information currently being brought before Government for consideration and how could the process be improved so that these sets of information get closer attention?

Ms GERMANOS-KOUTSOUNADIS: Well, it is true that quite often we make a lot of reports and they are not considered because of funding restraints, however, part of our role is to advocate for CALD people, so since the regionalisation of the Department of Ageing Disability and Home Care the regions now have more responsibility to liaise with the non-government organisations in the area because they fund them, so this has been happening. It has taken some time for that structure. We attend, as Sione said, Home and Community Care regional meetings, but at the same time we were involved and we were asked by the department to sit on the planning committee, so we now make input straight to the department and also the department now has a system whereby they ask the various non-government organisations, they provide us with a template and they say, okay, for your area, what do you think are the main issues and what do you think are the strategies for that to happen? Sione is involved in that.

Mr WOLFGRAMM: Yes, I am a member of the working group within the Department of Ageing Disability and Home Care, I am a member of the working committee, and one of the things that we have been trying to report is a review of what we have been doing within the community, trying to identify needs and so forth. We have already submitted findings from our consultation with all the CALD communities that I have identified. We have identified all of the issues and the unmet needs and the sources of information and the suggested response required. This has been submitted. Also before this working group we had consultation with Pacific Islanders and other CALD communities. We also worked on the template and submitted it again to the department, and myself and Vivi were a working party on the development of the CALD Strategy 2005-2008. We raised all those issues and so forth, even waiting list issues, in the development of the CALD Strategy for 2005-2008.

Ms GERMANOS-KOUTSOUNADIS: There is also the CALD unit within the Department of Disability and Aged Care, we have very close liaison with them and, as Sione said, there is the CALD reference group on which we have been sitting for many years, so we are trying to provide that input. I think there is more improvement now and there is more

information coming from the grassroots up to the top because quite often information does not filter from the top to the bottom and the bottom to the top, you need some mechanisms in between to make that happen, and that has been a major role of our organisation. We are quite pleased with that.

Mr WOLFGRAMM: In addition, I think one of the needs that we have identified in all of these consultations is the need for the services to be culturally appropriate and acceptable within the CALD communities and this needs the development of planning to have a wider participation from various CALD communities. For them to identify their needs, what are the gaps that they are encountering and so forth, and then we can take it on board in the development of a plan to ensure that it is culturally appropriate to the community.

Ms GERMANOS-KOUTSOUNADIS: I think one of the issues was how the recipients of the service could be involved and, with your guidelines, we tried to make that happen, but I think, as we said before, because of the uncertainty of the funding, because of the short-term period, it is a bit difficult. Also you cannot promise too much because you cannot deliver the goods, so this is bad for us, our image, the organisation, as well as the Government. But hopefully everybody is looking after the money, but I think you really need to have more data and to prioritise the areas that we have to go into, but if we are all working together - the community and the Government - we can achieve this.

CHAIR: Part of your evidence also is that you believe that there should be more culturally diverse representation at all the different levels throughout the HACC. Is that right?

Ms GERMANOS-KOUTSOUNADIS: Yes, that is very important, and especially at a high level because sometimes they say, oh well, we look after the needs of the CALD and the Aboriginal community - I am talking about the Aboriginal people because in my working life of 35 years I have been on a lot of committees with practically no Aboriginal representation and I insisted that there be Aboriginal representation. It is better now because the Aboriginal community infrastructures have been set up - it took a while - but it is really vital for people from the different groups to have representation to be able to speak because I cannot speak on behalf of the Aboriginal people because they know their community and I know my CALD community. It is very important for that representation and, unfortunately, it is not happening to the extent that it should be happening, so this is a very strong point we would like to highlight.

Mr TORBAY: You say more can be done with more information, but we have heard from the previous witnesses as well that there has actually been quite a lot of information collected and forwarded. My question is: Is it more information or is it a better use of existing information at higher levels that we are talking about?

Mr WOLFGRAMM: Yes.

Ms GERMANOS-KOUTSOUNADIS: Yes, it is important for quality, not for quantity. We have a lot of quantity and I think quite often too a lot of money is being wasted in translating some pamphlets, which really do not get anywhere, whereas you could hire a person. We find the most effective way to get the message across is face-to-face, radio, ethnic radio - that is excellent, everybody listens to the ethnic radio, especially the groups like older people - and some organisations, you know, ethnic organisations. Ethnic organisations are doing a lot of work and quite often they do not get any money for it. Why waste all this money and produce these glossy things? We need to find mechanisms to disseminate information much more broadly and effectively.

(The witnesses withdrew)

ADA CHENG, Director of Planning and Service Development, Australian Nursing Home Foundation, 58 Weldon Street, Burwood, sworn and examined, and

CHRIS BATH, Home and Community Care Development Officer for Eastern Sydney, Inner Sydney Regional Council for Social Development Incorporated, 770 Elizabeth Street, Waterloo,

BARBARA KELLY, Co-ordinator, The Junction Neighbourhood Centre, 1/669-673 Anzac Parade, Maroubra,

SHARON BLUNT, Randwick/Waverley Community Transport, PO Box 788 Bondi Junction, and

JACKIE CAMPISI, Community Worker, Older People and Access, Waverley Council, Level 1, 31-33 Spring Street, Bondi Junction, affirmed and examined:

CHAIR: I am advised that you have been issued with a copy of the Committee's terms of reference and also a copy of the Legislative Assembly's Standing Orders 332, 333 and 334 that relate to the examination of witnesses. Is that correct?

Ms CHENG: Yes.

Ms BATH: Yes.

Ms KELLY: Yes.

Mrs BLUNT: Yes.

Ms CAMPISI: Yes.

CHAIR: Would you care to make an opening statement?

Ms BATH: Yes, we would, thank you. The Eastern Sydney Home and Community Care Forum welcomes the opportunity to make a submission to the Public Accounts Committee in relation to the Home and Community Care Program requirements. The Eastern Sydney Home and Community Care Forum is made up of over 80 services and provides a diverse range of community support services within the City of Sydney, Woollahra, Waverley, Randwick and Botany local government areas to enable frail older people, people with disabilities and their carers to continue living in their homes and community.

Many HACCs services in the region are at full capacity and cannot meet the demand for their services, meaning that needy people are missing out on essential care. The demand for services is growing all the time due to an increasing ageing population and more old people living alone and without traditional forms of family support and care.

The number of clients with complex care needs is also steadily increasing. Every day services are faced with pressure to provide more services, as shown in the statistics they collect, increasing waiting lists, increasing referrals and difficulty of transitioning clients to more appropriate services as their needs increase. It is likely that pressure on more costly health services, such as hospitals and residential care facilities are increasing because people are finding it difficult to get basic support and preventative levels of care in a timely manner. At the same time, HACC services are waiting two years or more to find out if they have received growth funding through the annual regional planning process.

CHAIR: In your submission you suggest a memorandum of understanding to assist communication processes and the timeliness of allocations on page 2. How do you envisage

this working in practice?

Ms KELLY: I guess I am probably qualified to speak to particularly the issue around the timeliness of funding needs in the HACC program, if the Committee is happy for me to do that. I have actually prepared a specific document. I will not read it all out but I will summarise it.

CHAIR: Are you presenting that document today?

Ms KELLY: Yes. Over the past few years, as Chris mentioned, the features of the HACC client group have changed and more and more service providers are providing services to people who are high needs clients or clients with complex care needs. There are lots of reasons for that. People are living longer, they are living longer at home, obviously with better health care provision and with more early discharge policies. Those things have had a profound impact on the program and one of the services that it is particularly noticeable in is one of the HACC services called Neighbour Aid, or now renamed social support.

In the service that I work for people with high level, multiple or complex care needs are people who are very frail and very aged. They are often people with a chronic illness and often a mental health condition. They may be a younger person with a mental health condition with associated alcohol and drug abuse, a person who may be uncooperative, display uninhibited behaviour, aggression or other difficult behaviours.

As early as 1999 it became clear that social support services were finding it very difficult to provide services to people with complex care needs and they identified that as a need in the HACC planning days in 1999. What we found was we could no longer send volunteers in to provide a service like that. It needed to be a paid worker. So in 1999 it was identified as priority eight out of eight priorities in the area. It was still unfunded two years later when it was identified as priority two in the area. At that point, the four Neighbour Aid projects in the area got together and put together a paper for DADHC, trying to explain in more detail and provide more evidence around the impact and the need for people on the local services.

In November 2003 we all received an small amount of funding, in our case $17,000 to employ a part-time social support worker. It became very clear that that money was totally inadequate because demand had exploded in the intervening years since 1999, and it was immediately raised in the planning days of that same year, 2003, as a priority, again in 2004 and again in 2005. At this point that need still has not been funded. So in other words from 1999 to 2006 about 14 hours of direct service provision has been funded in the five LGAs across this area, and I speak definitely for the Randwick local government area, despite having raised the need at every planning day and having provided DADHC with evidence of those needs.

There is quite a sophisticated process between collecting information on the ground from service providers to where it actually ends up in the department. So to come back to the issue, I do not think it is an issue of us not being able to provide all the right evidence of need. There is a problem within the department about timeliness of funding that need. As of today, we are no closer to getting additional monies. The service that I work for has 36 people on a waiting list for a shopping service at this point. That can only be provided by a paid worker.

[Document tabled.]

Mr WHAN: Can I follow-up on that? Is it the timeliness of funding or is it lack of funding?

Ms KELLY: Both. I think the HACC program is acutely under-resourced. For the

first ten years of its life it managed to keep in touch with the demand in some way, but over the last ten years, I think if you ask any service providers on the ground, we are so far behind being able to meet any reasonable definition of demand. So that is an issue, but the other issue most certainly is the allocation and the timeliness of the disbursement of funding to meet need.

Ms BATH: Just to go back to the memorandum of understanding, I am certainly not an expert in drawing up that kind of document and how that would actually work, but one would imagine that it would simply be something that was agreed between the Department of Ageing, Disability and Home Care and the Department of Health and Ageing and that they could indeed look at how basically they will work together to communicate and spell that out and include things in there like, for example, how the regional planning will inform the State plan, what actually happens around those various documents and the timeliness of it and making sure that responsibilities are allocated, that kind of thing, what they do with money that is unspent and how that will be allocated and looked after and that type of thing.

Mr TURNER: You mentioned the complicated system of gathering information at a local level, of getting it through the system and you referred to DADHC. Do you have any views on whether you could streamline this process and thus save your people's time to devote more to on the ground services?

Ms KELLY: My personal belief is that there is a lack of value placed on the information that DADHC collects on the ground, that they do not place the same value on the need that services identify collectively at our planning day, as they do on the value of other demographic data that may or may not highlight what the actual need is on the ground.

There are various reasons for making that assumption. I have been in a meeting where it has been called a "wish list". It is not a "wish list". It is a genuine identification of need on the ground, so that DADHC is fully informed in its planning process, that it has got the demographic data, it has got the ABS data and it has got all the data it needs, including the data from service providers on the ground.

Ms CAMPISI: I would like to add to that as well, and I am speaking as a person who has been working in the HACC program in various capacities for 17 years, but still through the Eastern Sydney HACC Forum, as have some of my colleagues here, for a very long time. I have to endorse exactly what Barbara is saying. I think one of the difficulties that we are dealing with, and it is reported back to us by Government officers, is that we are working in a competitive environment. So if service providers raise a particular issue that affects their clients, in a way it can be seen as being self-interested or somehow trying to manipulate the system so your own service will get funding.

In actual practice we have fantastic co-operation on the ground between services funded regardless of whether the money is coming from the Commonwealth or the State and people are trying very hard to work co-operatively together and together identify what local community needs are, but when it is happening in the context of this kind of competitive system I guess one of the reasons DADHC will not give it the same weight is because they are saying they are all self-interested service providers that are raising issues just because they want to get more funds for themselves. That is certainly something that has been expressed to us by government officers in those very forums.

Mr TURNER: Ms Bath, I presume as the development officer you are over the top of the forum; you convene the forum I presume?

Ms BATH: Yes.

Mr TURNER: Do you answer through to DADHC, through a bureaucratic system

that goes up, or is there something at the local level above you? In other words, how does this information go up through the system and where are the roadblocks?

Ms BATH: Well, DADHC project officers attend a planning day and that has been part of the process, but I think really it is a much bigger process, it is really about the ongoing networks and relationships, so it is quite hard to sort of pinpoint. Planning is something that is actually happening all the time. We have monthly forum meetings, for example, and that is where service providers do network and come together to discuss issues in the region and quite often work out informal partnerships and arrangements that would address that need. Sometimes it is not just a purchasing issue, it is really a planning issue, it is about getting together and, as Jackie says, I think as competitive tendering kicks in, people's ability to trust, giving out service data is a difficult thing, but I also think that another thing that is impacting on the forum and the networking of services is the lack of resources going into administration, so we have co-ordinators who suddenly have to be on the coalface, as it were, because their worker has not come in, that kind of thing, so for services when they are reaching capacity the first thing to go often is that networking, that ability to attend forums, to ring people up and look at other alternative ways actually I think to utilise the resources that we have in the region really effectively and efficiently, so I think that is another concern. But the DADHC project officers do attend the forum meetings on a monthly basis and are also privy to that information, the minutes are sent out and so on, and certainly recently had development officers from across the metro-south area, for example, get together with the DADHC planning team - I think it is a quarterly meeting, we have met twice this year - and that is another sort of avenue to raise some issues.

So there are some commitments to improving this process, but I think one of the other things is that it is not just about gathering the information because all of these service providers may have very long waiting lists, the point is how do you analyse that? How do you know when the buckets of money are limited that one service type or one service provider should get that money over another and what is the impact on the entire service system, because especially in HACC, but I think in any service system, it is really based on services working collaboratively together and being in touch with one another about how they are utilising their resources, so when that starts to drop away for various reasons I have grave concerns about the way in which it impacts on the community.

Ms KENEALLY: We have heard a number of witnesses make reference to the need to focus on the needs of the Aboriginal population, but the Eastern Sydney HACC would cover a concentrated indigenous population. I was wondering if you could speak a bit more specifically about what some of the growing needs are or what the changing needs are for providing HACC services to Aboriginal people?

Ms BATH: Well, first of all, let me say I do not think it is a good idea to speak on behalf of the Aboriginal community and we would certainly like to recommend that this inquiry would invite Aboriginal Home Care and perhaps the New South Wales Gathering Committee to speak on those issues because the issues for Aboriginal people, as we know, are unique and it is really good to speak to the people involved. I must say in our submission we have talked about the expansion of Alleena Home Care services without extra resources. There has been an update to that information. Apparently that is part of a restructure. Alleena will now be amalgamated with Warrambucca in Campbelltown and one regional manager will mange the two services. It is not 100 percent clear yet exactly how that is going to work, but if we could table further supporting evidence, one of the documents is around that recently announced amalgamation.

[Documents tabled]

I certainly know that all the issues that are impacting on the mainstream services of course are also impacting on Aboriginal services, that is, a lack of resources, clients with increasing complexity of need and a need for support, and actually one of the other documents that we have just tabled, for example - there are special issues I suppose in the

region impacting on the Aboriginal community - is a recent article around the public housing estate in La Perouse and the lack of funding there. Those kinds of issues impact on the Home and Community Care services.

Mr APLIN: You indicate that the needs of people with a disability are not being adequately considered in "the development of strategies to streamlining assessment services" on page 4. Can you explain what these strategies are; can you say why it is so and how can the needs of people with a disability be more adequately considered?

Ms BATH: I think that was in reference to *The Way Forward* in terms of the Commonwealth Government. It is simply that to the best of my knowledge they are looking at streamlining assessment processes and from the information we have available thus far they are looking at the Aged Care Assessment Teams as being the main focal point for that. Obviously those people have skills and expertise in aged care, but that is not skills and expertise in dealing with younger people with disability, so again I guess some of our case management, COP services are people who have that specialised expertise knowledge, so we really just would like to see there be again more consultation with Home and Community Care services as a whole in relation to *The Way Forward* reforms, because otherwise it may just have that ageing emphasis, which would not be a complete picture.

CHAIR: For the record, we did actually invite the Aboriginal groups in, but they did not make a submission. What we might do is contact them again. I am not sure whether they maybe do not want to make a submission, or it might be more preferable to them to come in and give verbal evidence, but we will certainly make the approach again.

What do you see needs to be done to ensure that the Commonwealth Government consults more effectively about its proposed community aged care reforms as they affect HACC service providers and the HACC target group? I raise that because in earlier evidence we have discussed the question of the aged care packages, the nursing homes, the Home Care side of it, and yet there still appear to be significant gaps that people can be lost through, so what do you say needs to be done?

Ms BLUNT: I am actually with community transport and I have been in the industry now for 21 years. The impression I have is that we have been in crisis now for four years. With that whole issue, I suppose when the Community Aged Care Packages came into existence from the Commonwealth about three or four years ago we had real difficulty with HACC services interfacing with that as well because we were not informed of the packages out there and how to relate with that, it was a really difficult process, and I do not know whether it has got much better. So I am thinking at the moment: Well, how do we make this better? I am looking from a transport perspective and in our field at the moment most of my clients, who really are at the high end of the level and should be probably looking at hostel care or packages and CAPS packages are not going into them, and why are they not going into them? Because HACC does it better. They get so much more variety out of HACC that they do not get out of CAPS and especially when they are transferred to nursing homes, there is no transport component there, so they are staying in their homes longer, which is impacting on HACC services tremendously, with high complex needs because they do not want to move on because they do not get the service there. That is a real issue with us.

Ms CAMPISI: If I could add to that, and this is from the perspective of my position with the Waverley Council where I am responsible for convening an interagency meetings of non-HACC funded aged services providers, we have been grappling with the issues of the interface with Commonwealth funded programs in the Waverley and Woollahra area for quite some time. I have to say that the Commonwealth is notable by its absence in the local area in terms of engaging in discussions, not only with the services it funds itself but the HACC services. I recall going not so long ago to a meeting where a representative of the Commonwealth was telling us that they were committed to synchronous regional planning, but there is no forum in many of the regions whereby service providers, local

government, any HACC or non-HACC funded service providers in local government and State representatives can get together and talk about aged care planning. It is something that we have been asking for for quite a long time. I do not know who it would be that would need to take the lead on this, but it is a huge gap and those sorts of interface issues can be addressed and are being addressed on a service level just by goodwill and good strong networks between different aged care providers, regardless of where their funds are coming from, but there is no structure around that, there is no place where everybody can go and talk and thrash out all those sorts of issues.

NSW Health has introduced COMPACS not so long ago to address the gap in the time between a person being discharged from hospital to where home and community care or other service can kick in. It is a gap-filler. I think Community Aged Care Packages in a sense have been used as a gap-filler because HACC was not able to respond, particularly where there were more complex needs. In reality - and this is the picture that the Commonwealth draws for us on the way forward - on the ground where HACC looks after lower level need and then a person will progress to the Aged Care Package and then to EACH and maybe eventually into residential aged care, it does not work that way. The members of my interagency from all walks of funding do as I do when I get a telephone call from a resident, and you just ring around to every single service you can think of until you can find somebody that has a few hours of service. So we are kind of grappling with that. People work out arrangements among themselves as to how to get the services to the people, but there is no place that we can talk to the Commonwealth at this point. That is really critical.

CHAIR: We are agreeing with you vigorously.

Mr WHAN: Can I ask you about the minimum data test and how you see that being used to actually provide better data reporting and use of information at service levels?

Mrs BLUNT: We have actually just been told that there is going to be more information provided in the new MDS version 2. I think our industry felt at the time MBS came in, we were all collecting our own statistics at that time and providing it to our relevant departments at that stage. When MDS 2 came in, we thought this is another version, it might help us. We were not too sure. We were not that confident. It has actually proved that we are not confident in it because the information that is going in there is actually not really the truthful information. Take transport for example. We actually put people on there that are on our data basis. They are the ones that go into MDS. If we broker a bus out to an aged care unit where they have 18 people on a bus, they are not our clients, so it does not get entered onto the data basis. Those statistics that are really important to provide to DADHC are not provided in the system, so all that information is lost.

I think the MDS does not take into actual viewing the capacity of services, the complex needs of services, that information is not there either. It is just to me stacks of figures of, for example, youth service 300 people this month, that is great. It does not benefit us, so it is irrelevant.

Mr WHAN: How would you like to be putting in the information? Have you been asked for feedback on what is actually included in the data?

Ms BLUNT: No, we have not. We were told that there was the new version 2 coming out and we were told that this is what we had to look at. We were not consulted at all about what we should be including. We have tried to inform the department what we think was needed in the MDS version, but they do not want to know what you want to do, and I think that information can be so valid to DADHC as far as looking at what the need is out there in the industry, but they are not getting it and we are not getting it back. It should be a two-way process but it is not benefiting us either.

CHAIR: So you do not keep track of that information either?

Mrs BLUNT: We do separately always.

CHAIR: So it is available to be forwarded?

Mrs BLUNT: Yes.

Ms KENEALLY: I would like to ask about exit strategies, particularly from the Home Care Service, or any HACC services. We have heard evidence before this Committee that that is something that perhaps needs to be implemented. I certainly know locally that is an issue that has come up and I was just wondering if you have any view on exit strategies and the need to bring those in?

Ms BATH: Actually the Eastern Sydney HACC Forum has formed a case management working party. I can give you some of the minutes from those meetings which look at those issues around complex needs. Many services do have exit strategies in place. However, you cannot really just say to someone, "We feel that our service is no longer suitable for you", without sending them on to another service. Services are doing their best to manage clients perhaps in situations where they should not if there is an alternative service available.

Of course, that again is impacting on their capacity to take on new clients, especially those with lower support needs. So the bottleneck that is happening there is really that everyone is dealing with people with really quite complex needs. It is the same with the CACP packages. They do not have enough hours of service or enough of the enabling services within that package, such as transport. So people are often quite reluctant to transition.

Also, I think housing affordability is another thing that we need to look at in this region. That really impacts on HACC as well. Having enough residential care facilities or less waitlists, for example. We also really need funds to put into transitional programs that would help people be better informed about the choices that are available to them, and for us to be on top of exactly who is out there, and again who has capacity, how can these things happen. In some cases it might be some service development worker making sure that people have appropriate exit strategies in place, but the real problem is that there is nowhere to exit people to.

Mr WHAN: Can I just follow that up? I assume mostly it is people who need to exit on to another service and a higher level of service, but do you have people who come off the service all together at all and who do not wish to? Previous evidence has suggested there are people who do not want to give up a service.

Ms KENEALLY: Perhaps a person with a spinal injury.

Ms BATH: There may be cases, but I think we are actually at such a crisis point to be honest that really we are well beyond this. Five years ago perhaps that may have been the case, where there were people who would have potentially come off the service, but I think it is a good point to say that because HACC is not an entitlement service, people probably will hang on for dear life to the service that they are getting because they cannot trust the system to be available for them when they feel that they will need it, and I think that that is a good point. However, as I say, really in eastern Sydney we are at such a point that we are moving beyond that. Most of our services are dealing with people with very complex needs. So getting people exiting at that bottom end is not an option.

Ms CAMPISI: Just a couple of points to this. One is, and I am sure it is impacting in other regions, but in Eastern Sydney we are looking at a chronic shortage of workforce in the HACC and aged care services generally. So if somebody is linked up to a worker in a particular service, it may well be a long time before they transition into another service type.

They have developed an attachment to a worker. They are not going to go onto a waiting list in yet another service type until that service has managed to recruit a new carer who can come out to see them in the suburb that they live in. That is affecting it, as well as talking about housing affordability. There is a workforce issue around that as well.

Also we are dealing with human beings. Once a person has got to know the co-ordinator of the local transport service, they have got to know the person who answers the phone, they know that person's particular special needs, they have developed a relationship. It is not just about an exit policy. You are dealing with human beings who make connections with other human beings in their local community. It is very difficult for us to say, "Okay, now it is time for us to stop servicing you and you have got to go to this other service provider". "Well, I do not know that person". They do not even know if it is going to be a good service. That will be another thing that will make people hang onto things when perhaps it might be time for them to go.

CHAIR: I think we may be a little bit at cross purposes. The scenarios you give of those with more complex needs are quite appropriate, but in terms of earlier evidence where we were talking about some people are volunteers and some people are not, some people might come out of hospital and just need some shopping and that assistance and yet they never have an exit plan to go off even when they become well. So I think there is just a little bit of confusion about just what the question was designed for.

Ms KELLY: Can I just add to that? I think the issue for us is that we are completely captured by people with complex care needs, and the service that I work for, I cannot think when last we took a person directly as a hospital referral for a short-term service. I literally cannot think of that. We are completely consumed with people at the high end of need dependency and we certainly have no capacity to take on people who just need a short-term service. The only exit strategy we really have is when people die and they free up a place.

CHAIR: That is where the confusion lies in relation to the evidence that we received earlier. There were concerns about, first of all, what you can use a volunteer for and what not. The question then was as to the demarcation line between those two, the awards that cover the specific tasks and payment for service delivery and skill based and skill needs of the people delivering the service. What came from that was there were concerns raised about the prospects of the service under a Work Choices type legislation.

Ms KELLY: Can I just say that most services are not captured by Work Choice legislation. We are incorporated associations, not for profit, but more importantly we do not trade. Most small community based organisations are definitely outside the Work Choices legislation. That is different, of course, for some of the larger service providers who have an active trading arm and a defined business.

Ms KENEALLY: So with your employees, what industrial relations system are you under?

Ms KELLY: Our employees are all covered under the Social and Community Services Award. That is a State award and we are very proud of our award and fought very long and hard to get it into our sector. At this point in time, there is a lack of clarity across the State about Work Choices, but the legal advice that we have received so far is that for the vast majority of small community based organisations we are not captured by Work Choices.

Ms KENEALLY: So in an industrial dispute you would come under the New South Wales Industrial Relations Commission?

Ms KELLY: We do and we will apparently continue to do so. The only way we could be captured by Work Choices legislation would be if the constitution was actually changed around the powers that the Howard Government used under the constitution to

define what was a constitutional corporation.

CHAIR: That is interesting. I think this will all lead in the future to greater discussion about this whole question of whether or not you are captured or not captured, because certainly the people from Sutherland, in the area of disabilities and in the area of the Home and Community Care funding from the Federal Government, were concerned. I believe the question of the demarcation line between use of volunteers and non-volunteers certainly does appear to be--

Ms KELLY: May I speak to that? Volunteers are people traditionally who give up their own time to provide a community service that they also receive something back from. It is clear in many social programs, not just the HACC program but in lots of programs, that that work is increasingly unsuitable for volunteers. We have people with such complex care needs that it is an ordeal to provide them a service. It is not something that a volunteer is going to get a nice warm and fuzzy feeling from, I assure you. Also, the work is much more specific and the work needs to be done with paid, well trained and well supported workers.

CHAIR: That is my point.

Mrs BLUNT: Can I just talk on that too. For example, with transport, we are now transporting transplant patients as well, and I cannot imagine putting volunteers in those positions where my drivers have got huge amounts of training in that, and we are doing oncology and radiotherapy and dialysis. That is huge. You just cannot ask them to do that. My concern with the services that are reliant on those volunteers to do that amount of work in a lot of projects is that those volunteers are quite elderly and ageing as well, they are not going to be replaced. So what happens to those existing services out there that have been based on those volunteers? I mean in our area and most of the eastern suburbs at the moment we are lucky enough to have paid workers - we can always do with more - but the situation of the complex needs and the variety of the services being provided with HACC do not warrant volunteers doing it.

Ms CHENG: Previously we have mentioned all the complexities. Because I have been in aged care for 16 years and I personally am a migrant, I realise the complexity and the change in the ageing population and, thinking about 16 years ago when we ran HACC services, we are still struggling with the funding, not enough funding, but now, throughout the 16 years, we can see the whole change with the Commonwealth involvement in the direct delivery of aged care and all the complexities, not just from the clients' perspective, even from the workers' perspective. You cannot just think about care in the ideal situation; you think about the chaotic situation on a Friday afternoon when you have to arrange services for a discharged client. There is all the complexity.

Also I worked as a Commonwealth officer before and I know how much like pilot programs they rolled out for the community, but they were not at implementation stage. There are a lot of issues about the interface between programs, whether they are aware of existing programs, and new programs have an impact on existing programs. It is an interlocking sort of relationship.

The other thing I also wanted to mention is that, even though a lot of new Commonwealth programs have gone into the system, to some extent they may not have the direct impact on the HACC services in the way that they expect. They are thinking about, oh, we will take on these packaged services, they can take on some complex care need, but in actual fact, as the other colleagues mentioned, for some of the clients it is the consistency of the care. Also recently, with the introduction of a new provider in the area, I think in the past we have all treasured regional services, we all respect client/customer focus, but with a competitive tendering process a lot of big corporate aged care providers are coming into the area and they run services, and they may not know about the regional sort of characteristics and a client may not even know how to get access to these services, and that creates either overlapping of services or inefficient use of services. That is really what I wanted to

comment on.

(The witnesses withdrew)

(Luncheon adjournment)

PAUL MICHAEL SADLER, Chief Executive Officer, Aged and Community Services Association of NSW and ACT, 9 Blaxland Road, Rhodes;

PAULINE MARION ARMOUR, Director and Chair, Community Care Advisory Committee, Aged and Community Services Association of NSW and ACT, 9 Blaxland Road, Rhodes, and

PAUL ROBERT JOHNSON, Policy Officer, Aged and Community Services Association of NSW and ACT, 9 Blaxland Road, Rhodes, sworn and examined:

CHAIR: The Committee is pleased to hear your evidence. I am advised that you have been issued with a copy of the Committee's terms of reference and also a copy of the Legislative Assembly Standing Orders 332, 333 and 334 that relate to the examination of witnesses. Is that correct?

Mr SADLER: Yes.

CHAIR: The Committee has received a submission from your organisation. Is it your desire that the submission form part of your formal evidence?

Mr SADLER: Yes, it is.

CHAIR: Would you like to make an opening statement?

Mr SADLER: Yes, I would be happy to do that. Our submission was prepared on behalf of the membership of the Aged and Community Services Association. We represent about 300 member organisations covering residential aged care, retirement villages and community care, including 185 HACC services. We represent all of the 10 largest non-government organisations providing Home and Community Care services in the State as well as a range of smaller organisations. We are also members of the Community Care Industry Council that involves the other peak organisations representing service providers in the HACC program and we work with the New South Wales Council of Social Service through their HACC issues forum.

The Committee terms of reference have identified two key issues pertinent to the Home and Community Care program, the first of which has been the persistent delays in funding for HACC over many years. You have some commentary on that in our submission, which I do not propose to go through for the purposes of time, but also I note that the Department of Ageing Disability and Home Care has also given you the facts and the dates behind the various delays in recent years.

Probably the one thing we would add is what this means for service providers and clients of the HACC program: The constant delays in release of new growth funding for the HACC program make it very difficult for service providers to respond promptly to the needs of frail older people, people with disabilities and their carers. We find that our members tell us they frequently have people on waiting lists, they cannot get to meet their needs in spite of the fact that the money has been set aside by Federal and State Government budgets, and we are simply awaiting these processes between the Federal and State Governments for sign-off of the money to flow. Not only do the clients miss out, service providers also are placed in a difficult position because they are attempting to identify staff who could staff these new services; the flow of money because it is very uncertain when it is going to come causes problems; when money does come it is often right at the end of the financial year and then the Department of Ageing Disability and Home Care has an acquittals process, which potentially involves the money turning up in your bank one day and then you being supposed to return it to them the very next day, which is a distinctly unhelpful approach.

The second area that the Public Accounts Committee terms of reference have picked

up is in terms of the Home Care Service of New South Wales. Home Care is a statutory authority, as you would all be aware, and for that reason is fairly unique in the make-up of Australia's community care systems. State Government entities do play a large role in the HACC program in some other States, but not the majority. In most States it is either local government or the non-government sector that are the predominant providers. In this State we have the Home Care Service that gets roughly 40 percent of the HACC budget and the Area Health Services that get about another 15 percent, so the State Government is actually the majority service provider in this State under the HACC program, which is I think unique in the Australian context.

Because of its sheer size and the fact that it is a dominant player, the performance of the Home Care Service is of great interest to our members, who are from the non-government sector providing services to older people and people with disabilities. We comment in the submission, and again for reasons of time I do not propose to go through all of the points, but we do comment on a number of the areas in terms of the release of resources for unmet need, the effectiveness of Home Care in managing access to services, in terms of its assessment processes, consumer input and the planning, monitoring and accountability of home care services.

What we have suggested is that we believe it is timely for the State Government to fundamentally review whether it wishes the Home Care Service to continue this role as a service provider on behalf of the State Government into the 21st century. I am not suggesting that there is no role for the State Government in the provision of services and you will be hearing from other witnesses in areas such as Home Care's Aboriginal service delivery where it has a major role to play and probably continues to have a major role, but we have seen in the last 15 years the development of a vibrant non-government sector capable of providing services virtually across the whole of the State, which is very different from the scene when the Home Care Service was first established as a State-wide statutory authority. The Audit Office report touched very briefly on that issue, but without any systematic review, as it was not its remit, to actually question what role Home Care needs to have as a service provider going forward and we would be urging through your Committee the State Government to consider that issue.

We have also raised in our submission, as we were requested to, three other areas that we believe are important to do with the HACC program. The first area is the area of funding and workforce pressures, and I note that even DADHC in its report picked up some of the problems, for example with the indexation rates that apply to the HACC program, largely driven by the indexation arrangements that the Commonwealth Government has in place. We believe that the shortfalls in the indexation arrangements for the HACC program are continually putting pressure on non-Government and Government service providers to do more with less proportionately, and with the level of wage rises that have occurred in New South Wales in recent times, and now more recently petrol and other costs going up rapidly, we are seeing real pressure on services to maintain the level of service provision, and we believe that there is evidence there that that is actually being eroded.

There is also evidence that New South Wales has been under supplied in the Home and Community Care program for some time. The statistics released, for example, by the Productivity Commission on an annual basis indicate that New South Wales is at the bottom of the national ladder in terms of expenditure per head of population in the area of Home and Community Care. We believe that that is something that needs to be addressed going forward.

Workforce is a major issue. All areas of the economy are suffering skill shortages and pressures and with an aged population that pressure is not going to go away. It is likely to accelerate in the coming years and we do believe that it is critical that DADHC actually funds a New South Wales workforce plan for aged and community care that incorporates a State training strategy for HACC services, including volunteers as well as the paid workers.

The second area we have identified for consideration is the area of fees policy. There is no consistent fees policy for the Home and Community Care program in New South Wales, unlike the situation in a couple of other States. We are certainly very conscious, and our members tell us of the impact of the inconsistencies of fee charging arrangements, which often result in consumers of HACC and related community care programs making decisions to stay in one form of care that might be the less appropriate for them, simply because they do not get charged as much as they would if they moved to an alternative program. For example, Community Aged Care Packages or Extended Aged Care at Home Packages provided under Federal Government funding where there is actually a fixed ratio of the pensions that is charged to the recipients of those services.

The final area which I touched on earlier in my remarks is the acquittals policies of the State Department of Ageing, Disability and Home Care. This has been a bane of existence of many of our members just in terms of the delays, where we are often three or four years behind in terms of resolving the financial acquittals, not because the service providers have not put them in, but because that is how long it seems to take the State department to get around to processing them. We have attached to our submission a copy of an acquittals policy that we and our colleagues in the Community Care Industry Council developed a couple of years back, and while we are seeing some very modest improvements from DADHC in terms of their performance, we really believe this is an area that could do with some substantial improvement, and it does intersect with the first term of reference, as I mentioned earlier, in terms of impact on service providers.

I might finish the opening remarks there and we would be happy to take questions.

CHAIR: In your submission you indicate support for the general directions of the Australian Government's *The Way Forward* Community Care Reforms but you note caution about some of the mechanisms that governments may use to bring about change in current tranche 5. Can you expand on your concerns there?

Mr SADLER: Probably our primary concern has been to see some of the mechanisms that the Federal Government used as part of its first tranche of making changes in *The Way Forward*. They put out to competitive tender the existing funding for a range of services in Federal Government only programs, the National Respite For Carers Program and the Carers Respite Centres. The result was a fairly unedifying process with short timeframes, very confusing tender documentation and a result whereby not many services changed anyway, but we saw substantial dislocation for clients, for staff of the services and for the service provider organisations themselves.

We believe that those sorts of mechanisms, if they are used to, for example, seek to rationalise the number of providers in the HACC program, would be a very disruptive approach to the provision of community care in the State. I note that the State Government has given no indication that that sort of change process is in its mind at this point for HACC, but I also note that there have been similar processes, for example in programs like the Community Participation Programs in Disability Services. So there has been some track record of the State using similar mechanisms.

Mr APLIN: You note that the current HACC plans require too much detail and outputs to individual service levels and that has contributed to delays in preparing them. If planning processes were to be streamlined, what would be sufficient data provided by service providers to the State Government for planning and accountability purposes?

Mr SADLER: The first thing I would say is that one of the reasons we believe that State planning processes take a lot of time is that there is an awful lot of detail in the State plans about the individual service types that are funded and they all have to be signed off and agreed with the Federal Government, and it opens the scope for a substantial argument about have you got the right dollars and outputs against certain line items.

The service providers by and large do not have a problem with reporting back on the outputs that they provide according to these service types. Where we are concerned is where the contracts are written, funding agreements, in such a way that they stipulate that you should only provide services of a certain type, which is fairly narrowly defined, which leaves little room for service providers to react and change their service provision to meet people's actual needs.

We historically in HACC have a very clear delineation - meals services should only provide Meals on Wheels, a personal care service only provides personal care, and it does not fit how people live their lives and how their needs actually are. We believe you could achieve the same accountability goal by allowing the reporting back of what outputs are being provided against the various service types but at the State planning level actually come up with a more consolidated list of outputs that might put together the majority of the outputs here into an overall goal that is being purchased jointly by the Federal and State Governments at a regional level.

Do you want to add from a service provider point of view?

Ms ARMOUR: One of the issues that we have is that service providers are so focussed on the outputs and the hours and the MDS getting right, and there is a lot of focus on that at the moment, that the focus on quality outcomes for individual people, particularly vulnerable confirmations, gets lost, and then we have to re-engineer our systems to meet those needs.

One of the examples at the moment, I suppose, is that we have people with dementia who live alone and that nutritional needs for those people are not met. They are people who at times forget what a fork is or forget to eat. We need to work across dementia services, case management services, health services and food services to ensure those people's needs are met. Those people are getting Meals on Wheels, you can say the output is there, a meal is being delivered on a daily basis or once a week in frozen feels meals, but it does not mean that meal has been eaten. We need to look at how we provide services that mean something to the people who we are supporting and we need to be able to look at quality outcomes, and to do that we need to move past individual outputs on individual service descriptions to look at what is the outcome for that population we are there to serve.

CHAIR: Is it the case sometimes that the Meals on Wheels is the only service that somebody is receiving?

Ms ARMOUR: Sometimes it is. Meals on Wheels are the first entry point for a lot of people. Their GP, the community nurse or the hospital may refer them to Meals on Wheels when they are discharged, and sometimes that is a continuing service after the nursing service is only there for a short time, but they would then refer, hopefully, in a service system, if that person who is living alone with dementia is not eating their meals, but there is not a great deal of monitoring able to be done by volunteers who are popping in with meals.

CHAIR: What if that meal ends up being thrown out?

Ms ARMOUR: What we are trying to do is build those connections at the moment. We have a pilot program in North Sydney, Hornsby and Ku-ring-gai to look at holistic care with those service providers, to look at how they provide that care and support.

Ms KENEALLY: In your submission you talk about greater choice for all frail older people and people with disabilities. How can that be promoted specifically if funding is the only issue? Are there other shortcomings that you can identify with the provision of HACC services?

Ms ARMOUR: Certainly we do promote choice and we do not feel that funding is

the only thing that we need to be looking at. Obviously, communities caring for their own is important. The HACC service system is very important in terms of community care and we do need to make sure that there is real choice for people in terms of the services that they have, and that needs to be flexible service delivery, not service types. We need to make sure that services are provided in a way that meets that need for those individual people, for example somebody from the CALD background, different religious ways of providing food within the family. All those need to be taken into consideration and we need to ensure that they have got access to that. So culturally specific food needs to be looked at. We have had a number of pilot programs looking at that with the Italian and the Arabic communities to provide some choice so that they do get a meal but they also get a meal that suits their cultural background.

Ms KENEALLY: Could I ask this question and maybe clarify what I am getting at: We have heard people say that they might be funded for one service; they run a number of services; they find out that the demand is actually over here, but if there are any funds left from this service, it takes quite some time to get permission to transfer that funding over to this greater need. Would you concur with that, first of all?

Ms ARMOUR: Yes, I would.

Ms KENEALLY: Are those the sorts of issues you are thinking about when you talk about flexibility and promoting choice?

Ms ARMOUR: Yes, I think we do need to have more flexibility in terms of how we provide services that are matched to good outcomes for people and that should be the bottom line that we are looking at, rather than saying: This is a social support program, it cannot provide respite; or this is a respite program, it cannot provide social support. It is only words sometimes with some of those service types. The respite is defined by there being a carer. A live-in carer is assumed, but not always. Sometimes there is a family carer who is very involved with somebody's care but does not live on the same premises. Are we looking at social support or respite for that person who lives alone? Those things in terms of flexibility, sometimes a little more give and take can help around those areas.

Mr JOHNSON: The concept of choice is referred to in our submission. We refer to the Home and Community Care system and the broader not only community care system but aged care system. Sometimes if those services at that early intervention level are not available for people, it can lead to them going into residential care maybe prematurely and thus the main aim of the HACC program is lost for some of those people, depending on capacity and geographical locations, et cetera. So the concept of choice within our submission I think was also referring to that, not saying that residential care is always a bad option, but it loses that choice in some cases.

Mr TURNER: Would it be right to say that some providers therefore might blur the lines and try to provide what they see as a service, where there is the rigid amount here, and you did say that there is a difference for respite or home care? Would it be a practice on the basis of trying to provide a service, if for no other reason?

Mr SADLER: I think on occasions that does happen, and in a past life I used to manage the Home and Community Care Program for the State Government when it was back in the Ageing and Disability Department in the late 1990s, and up to a point I think, when I was in that role, I would not mind if people were doing that but were still within the broad parameters of the HACC guidelines, but that was in the very early days of this State planning process and I think the Federal Government has got a little tougher on wanting to see the State acquit back against these individual service types. So if there has been a disjunction between the service type that the Federal Government thought it was buying and what is reported back by a minimum data set by the service providers, that is when you might see it coming back on the State Government. It is a little like being the meat in the sandwich then. They are probably happy to give some level of flexibility, but they could feel, under this

current process, under some pressure from the Federal Government. I think Pauline and Paul have said it, from our point of view choice is about greater flexibility and the current system in HACC is not particularly flexible.

Ms KENEALLY: You see that as a problem they have got in reporting back to the Federal Government?

Mr SADLER: I think if you asked the State bureaucrats, yes, they would feel that pressure.

Mr WHAN: Can I just turn to your comments on the Home Care Service, which I have taken to mean that you are concerned about the service having a regulation and a service provision role and essential conflicts there. What do you think should be happening there? Do you think that they should not be providing services, should they be contracting it out or should they have a separation of the roles in some way to make it clearer what their service delivery role is versus an administrative sort of role?

Mr SADLER: As I said in my opening remarks, I do not believe that the State Government should withdraw entirely from service provision through the Home Care Service. I believe there will always be a role for Home Care as a service provider in some areas and to some certain target groups.

There is an argument that much of what the Home Care Service does through its core infrastructure these days, personal care, domestic assistance, in-home respite, could equally be done by the organisation Pauline works for, Catholic Health Care, by a range of other non-Government service providers, in a way that perhaps was not true when the service was originally established, and that does provide an opportunity for the Government to consider whether or not they wish to continue that very broad State-wide role that Home Care currently has.

Having said all of that, I think the bottom line answer to your question is they do have a role at the moment as a service provider but the Department of Ageing Disability and Home Care more broadly has a role as the funder and monitor of service provision. It is therefore critical that there is a clear delineation within DADHC at the moment, irrespective of whether or not all elements of Home Care were eventually to be put out for contract to non-Government providers.

Mr WHAN: Is it the same issue do you think with establishing waiting lists for Home Care type services? Should they be handled in-house with Home Care for the whole delivery of those services or should they be separated off into a separate group? Secondly, one of the arguments about Home Care that has been put to us is that they provide services in areas where there is no other service provider, in regional areas particularly. If their service was actually reduced, would they be then less able to provide those services?

Mr SADLER: To take the second part of your question first, it is true that Home Care is a predominant provider in some regional areas in the community care field. It is rarely the only provider and these days a number of non-government organisations would have the capacity to provide HACC services across the whole of the State. ACS has members throughout New South Wales and we have organisations such as Baptist Community Services, Catholic Health Care, who already have service provision across much of the State and could certainly react and provide services across most rural areas these days - again not necessarily the case some years back, but I think it is the case now.

In terms of waiting lists, I think one of the challenges is how you will measure it at all. Are we going, for example, to try and develop into the future a single waiting list that tries to capture waiting for all HACC services or similar services in the community care system? We have proposed through *The Way Forward* for a new assessment process called the Australian Community Care Needs Assessment tool. Home Care is currently involved in

the trial of that, as are a number of other community care services in this State, and the potential is that in the two to three years' time we might have an electronic client record developed in community care. When we get to that point you could hold I think a waiting list effectively across the whole system. I do not think you could it at the moment.

Mr WHAN: Do you think it is desirable to do that?

Mr SADLER: I think it has some benefits. I mean we do not really know how many people have approached the service system and need help. For example, they could be approaching Pauline's organisation for personal care; they could also have approached Home Care. If we did it on the current basis, you would count those people twice. We have the same problem in other areas of human service provision. Residential aged care is very similar. You end up with people who approach multiple nursing homes and if you count the number of people on all the nursing home waiting lists it sounds like an absolutely huge number, but it may not be the number that is actually relevant to the local area. So I think the potential development of IT infrastructure such as client records on an electronic basis could shift the debate somewhat in the future.

CHAIR: Your membership is separate to nursing home type scenarios. What type of industrial instrument would the staff in your membership areas be covered by? We had some evidence earlier about the different types of award coverage and whether or not the proposed Work Choices legislation would be an actual problem or a perceived problem for some people in the delivery of these services.

Mr SADLER: Our understanding is that the majority of our members, that is non-government service providers, local government, who we represent in some instances too, will be captured by the Federal Government's Work Choices legislation. We are the registered employer body for our members and certainly the information that we have would indicate that probably 90-plus percent of our members are constitutional corporations for the purposes of the Work Choices legislation. There are a couple of exceptions. There are some of the church groups that, by the nature of their incorporation via Acts of Parliament, may not be constitutional corporations. I understand, for example, that Uniting Care NSW and ACT, which is our largest member, has received legal advice that it may still be under the State jurisdiction.

To answer the first part of your question, what has historically covered our members, it has been the awards. Various different awards cover the majority of what our members do. The Nursing Homes and other Nurses award covers the majority of nursing staff that are outside the public health system. The Charitable Aged Care and Disability Services award covers many of our members who have co-located residential care services and community care services and Social and Community Services or SACS award would cover many others. There is also the Miscellaneous Workers Home Care Award, so there are about four main awards, but that would not include our members who employ builders or other people who may be under other awards as well.

Mr APLIN: You indicate some concerns about over-supply of some services through Home Care Services in some areas, and that was on pages 7 and 8 of your submission, and you suggest that it may be due to both late release of funding but also in effect targeting by HCS. How could consultation with other service providers be improved to assist with the take-up or allocation of services?

Mr JOHNSON: I guess it comes down to the communication channels between the Home Care Service and other service providers. The issue of planning is also a current action area under *The Way Forward*, which ties in not only the Home and Community Care program but the Commonwealth program, so that is actually a current piece of work that the Commonwealth is pursuing. I guess it is about the Home Care Service recognising also the other programs that not only are funded under the HACC program but other community care programs, such as Community Aged Care Packages, and the timing of those allocations. The

planning for that is done currently on a three-year basis and that is publicly available information, so whatever other planning is done in regions, that that is taken into consideration also.

Ms KENEALLY: In your submission you have indicated support for client input into service delivery and management. What is your view on the involvement of a wider group of consumers, including potential clients and, shall we say, discouraged clients?

Mr SADLER: I think we would support as broad an interpretation of those terms as possible in terms of who the clients are. I am aware that, for example, the Home Care Service has in the past undertaken some surveys of people who have approached them for service and did not receive service. It is obviously much more difficult to keep in contact with those people and there are many and varied reasons why people might not actually obtain a service, including sometimes that they choose to say, "No, I don't want it". They might have been referred by somebody and when the service provider approaches them they might decide that they want to continue to manage alone or maybe with family help. So the reasons why people might not have service can be varied, but we would support a broad interpretation. The only caveat I would have on it is that it costs money to do that sort of thing well and, in an environment where funding is already tight, keeping track of people who have been approached to be provided with service in the past, it obviously may be difficult to justify the expense of that.

Ms ARMOUR: If I could add to that, one of the issues that we have had in the past has been access to HACC services for people with dual diagnoses, with mental illness, and I think that is a key area in terms of access to HACC services, that it is a complex issue and you need to work with other people who are involved with the care of those clients as well. Working with Mental Health Services has helped with access to HACC services and we have seen some gains in that area in recent years.

Mr JOHNSON: One final point: I think we have to be careful that we do not just rely on surveys, particularly relating to the client group that the Home and Community Care program is there for. Telephone survey especially, while it is an efficient method of gathering information, is not always the most effective and people who are currently receiving services I am sure would be quite willing to say that they are happy with the services for fear of--

CHAIR: Losing them?

Mr JOHNSON: Yes, consequences.

Mr WHAN: I take it from evidence you have given before that a number of your members are involved in the delivery of the Commonwealth Aged Care Packages for staying at home. We have had some evidence to suggest that the transition between HACC services and those residential packages or those aged care packages is not particularly smooth and that in some cases people do not want to go on to those supposedly higher level packages because they do not believe they are going to receive the same level of support that they were receiving from HACC services. What has your experience been with that? Is that a valid criticism, do you think?

Ms ARMOUR: Yes, my services provide both streams, the Commonwealth funded, the State health transition care programs and the HACC services, and there are people who would be disadvantaged to go into a Commonwealth aged care package from a HACC service because there is a range of HACC services now. We have had quite a lot of changes over the last few years in terms of laundry services, Meals on Wheels, community transport, neighbour aid services, case management programs, and sometimes we have been able to pull those together because we are either single providers who can package that up for people or we can work in partnership within the region to give them a good quality of service across those program types. Finding that they would have to give up those

established relationships to move to another provider can be a disincentive for some people. Other issues are the cost, because there is not a clear fees policy. We have people who are on community nursing services who do not want to move to personal care services because there is no fee for community nursing whereas there is for personal care. It is the same issue in terms of HACC moving to CACP programs.

Mr WHAN: How should Governments move to overcome that?

Ms ARMOUR: Joint planning would be nice. I think we should be looking at joint planning and targeting in terms of what services are needed and working with the client populations to see what is the most appropriate entry point for those people. Some of the work through *The Way Forward* reforms I hope will do that, but we do need to engage both sections of the industry in terms of the Commonwealth and the State and we need to ensure that we are looking at Health funded programs as well as the DADHC funded HACC programs, so the COMPACS, the SAFTE program, the transition care joint funded programs as well, because the linkages need to be made.

CHAIR: What do you say about the increase in HACC funding over the past few years to meet the increased need in the targeted groups?

Mr SADLER: I think the increase in HACC funding has been very welcome in recent years. The State and Federal Governments have maintained consistent growth since the late 1990s in the HACC program and there is no question that that investment by both sides of politics through that mechanism has been very welcome and has assisted in expanding the capacity of services substantially to meet demand in the community. What we would say and we say in the submission is that we are aware, even in spite of those initiatives, that there are still shortfalls. Many people receive quite low levels of service under the HACC program, just an hour or two a week or a fortnight, and maybe could do with more. The ABS survey of disability, ageing and carers has actually found an increase in the proportion of people aged 65 and over in New South Wales reporting an unmet need. In 1998 it was 29 percent; it went up to 35 percent in 2003 in spite of the increase in HACC services and in the Federal Government programs, so we have a job to do to make sure that the people who have genuine needs in the community actually have enough services to meet their needs.

Mr TURNER: You said earlier, in your opening statement I think, that it would take three to four years for the department to get around to acquitting. I note page 14 of your submission: The accountability process should not cost more than the amount of public funds involved. Could you enlarge on why you think there is such a delay and that last sentence?

Mr SADLER: Pauline has a lovely practical example on this one and I might hand over to her.

Ms ARMOUR: I work with the Catholic Health Care Services and we have had an increase in our HACC funded programs. We now have 70 programs to acquit for the last financial year. We have just got the acquittal papers. They are not electronically available to do a soft copy return. It will take our accountants quite some time to go through and do those acquittals. It will go past the due date, so they will have to ask for an extension to Christmas to do that. We have had our auditors in already. They will have to be called back to do some work, so there is additional cost there. Our business analyst, our accountant and our auditors are all involved in doing HACC acquittals for the last financial year and we have not had finalised the previous financial year's acquittals.

At the moment there was a question over $41,000 and whether we were allowed or not allowed to have held that over from the 03/04 year to the 04/05 year. So we have issues in terms of drilling back through data to get the information with the Contracts Management Unit in order to make sure we know what amount of funding is due to HACC and there are

large funds involved because of the late payments of a lot of that funding that we received. We received funding just in the last financial year that came through in June, about three different sets of funding. Some we can keep over the financial year end and some we cannot. So we need to check through all those different nuances.

Mr SADLER: Unfortunately, Pauline's organisation's experience is shared by many, it is not only HACC, it is also in ageing and disability services which are administered by DADHC, and essentially the problem comes down to the fact that there is very little scope in the acquittals process. If you go a few dollars over, you are meant to return the money to the State Government. It is also not an incentive for efficient service providers. The incentive is to try to spend up all the money on whatever, rather than having a bonus for efficiency.

We do not believe the bonus should be completely open-ended. We suggest in the acquittals policy it could be five, ten percent of the funding, that if the amount is above that level, then it should be returned to the department, but at the moment we have a very expensive process, expensive for the department and for the service providers.

(The witnesses withdrew)

EMILY MARGARET JOHNSON, Policy Officer, Carers NSW, Level 18, 24 Campbell Street, Sydney,

KATHERINE ELIZABETH WOOD, Acting CEO, Carers NSW, Level 18, 24 Campbell Street, Sydney,

SALLY O'LOUGHLIN, Research and Policy Team Leader, Carers NSW, 24 Campbell Street, Sydney, and

SHEREE FREEBURN, Aboriginal Carer Co-ordinator, Carers NSW, PO Box 20156, World Square, affirmed and examined:

DEPUTY-CHAIR: I have been advised that you have been issued with the Committee's terms of reference and also the Legislative Assembly's Standing Orders 332, 333 and 334 that relate to the examination of witnesses. Is that correct?

Ms JOHNSON: Correct.

Ms WOOD: Yes.

Mrs O'LOUGHLIN: Yes.

Ms FREEBURN: Yes.

DEPUTY-CHAIR: Would anyone like to make an opening statement?

Ms WOOD: Yes, that will be me. Firstly, thank you very much for inviting us to address the inquiry. As you know, we are here representing Carers NSW, which is the peak body for three quarters of a million unpaid family carers in this State. When referring to carers we are talking about family members or friends providing care in an unpaid capacity to people with disabilities, mental illness or who are frail aged.

Carers can be any age. We know of carers who are in primary school and we also know of carers who are into their 90s. Their caring role can entail anything from basic practical support, assisting with medication to more intensive roles around personal care and emotional support and up to 24 hours a day supervision. Caring can last for short periods of time or it can last for a lifetime and I refer the Committee to the 2003 ABS survey of disability, ageing and carers demographic statistics on the profile of carers, which is on page 2 of our submission to you.

Our vision, therefore, at Carers NSW is for Government and communities to recognise, value and support carers, and on many occasions Carers NSW has emphasised the importance of the HACC program and Home Care Service to carers, as well as recommended to the New South Wales Government that they make significant increases in funding to the HACC program, and that has formed part of our pre-budget annual submissions.

Before we address the Committee's questions though, I would like to outline the reasons why programs such as HACC and the Home Care Service are so important for carers. Firstly, we know that care is taking place in a changing environment and the population is ageing and this will have significant impacts on carers. A recent study by the National Centre for Economic Modelling has projected that by 2031 the demand for unpaid family care is going to far outstrip the supply. Whilst the number of carers is projected to grow by 57 percent, the number of people who need care will grow by 160 percent, and in our industry at the moment this has been colloquially termed the "carer crunch". Increasingly, community based services will be vital for supporting carers and it has been recommended by Access Economics that ongoing funding injections are required to increase

services to carers, in particular around respite, peer support and education, to ensure the ongoing sustainability of the community care system which is so crucial as the population ages.

The other point that I want to mention is that people who take on caring responsibilities, like all members of society, have rights to make choices, choices about working, about where and how they live, about starting or ceasing a caring role and about the level of care they provide, but the reality is that many carers cannot fully exercise these rights. Often this is because there are not sufficient support services available or that alternative care is either non-existent or too expensive. An example is in the ABS survey that I was referring to of 2003. There are almost 70,000 primary carers in New South Wales who are unemployed or not in the labour force but would like to have be in work, and for these the single greatest barrier to gaining employment is the lack of alternative care arrangements. Services provided under programs such as HACC can enable carers to have more choices in their own lives, including access to employment, and the level of care they provide.

The third point I want to make is the importance of Government investing in community care programs such as HACC and Home Care. Caring impacts on the individual's health and quality of life, on the carer's health and quality of life, and this in turn impacts on their capacity to care, as well as their use of generic health services, and in fact there are demonstrated financial benefits in supporting carers, in that studies have shown that there is between $7 to $34 in financial returns for every dollar spent on carer support, and of course that does not include the quality of life outcomes that carers benefit by from that investment.

Finally, the fourth point is that the HACC program does not reach many carers. As you can see from our written submission, the HACC program is a vital resource and support for those in a caring role and specified target groups for the program are frail aged people, people with disability and their carers. Yet only 1.7 percent of HACC clients in New South Wales were carers in 2003/2004 and this in fact fell to just 0.3 percent the following year. It is our suggestion that the HACC program and the Home Care Service could do much more to support family carers in their role than it currently does.

I would also like to draw to the Committee's attention the exclusion of Aboriginal Home Care in the Auditor-General's performance report. Ms Sheree Freeburn, our Aboriginal carer co-ordinator, is here to answer any questions about Aboriginal carers, and I would like to table the Aboriginal Community Care Gathering Committee's policy position on the inclusion of Aboriginal people in the HACC program.

We will be happy to answer any questions that are within our scope as the consumer peak body and will advise the Committee of any questions asked that are not within our scope.

DEPUTY-CHAIR: You mentioned the figures 1.7 percent of clients for HACC in New South Wales are carers and you mentioned it has gone down to 0.3 of a percent. We understand that it is 12.6 percent in the ACT. Have you got any ideas as to why that proportion is so different between the two States and can you let us know what the implications of this low level are for carers and care recipients in New South Wales?

Ms JOHNSON: As Kathy said in her opening statement, the figure was 1.7 percent in New South Wales in the 2005 MDS report. The previous year it was 4.5 percent I believe and it has come down in the most recent MDS report to 0.3 percent, so in fact the percentage of carers who are clients of the HACC program is reducing it appears in New South Wales. There are a few reasons why the figures might vary from one State to another. It could be due to the HACC targeting and whether or not the HACC programs in different States see the priority of carers as a target group. It could be the assessment process and it might not take into account the whole of care situation. It could be the intake officers do not

see carers as a target group and it could be that the different service mix favours different types of services above respite.

Without doing a thorough analysis, we are not exactly sure what the reason might be, but one recommendation that we would like to make is that the Department of Ageing Disability and Home Care develops a policy and a strategy around carers in the HACC program, including targeting, benchmarking for service delivery, including carers in their planning process, and we also have another concern about the data quality issues with the MDS because we do understand that there are problems certainly with the carer availability questions in the MDS. The most recent report did not give those figures for New South Wales because the data was not available, so we would also like DADHC to address those questions about data quality in the MDS.

DEPUTY-CHAIR: What are the main HACC services that you think are most important for carers out of the range that is available?

Ms JOHNSON: Well, number one is respite because respite is a program that is designed to give carers a break from their caring role. I have here a report, and I am happy to table this for the Committee. In 2004 we surveyed our membership through our newsletter and people were given the opportunity to raise the biggest gaps in services and types of assistance that they required. Number one was respite. 64 percent of respondents said that they in fact had a need for respite. General community services was the second highest, so that included things around medical and health services, around emotional support, around all the types of services that are provided by the HACC program, including transport, home maintenance and modification, basically the whole gamut of services that the HACC program provides of assistance to carers.

[Report tabled.]

Ms WOOD: Sheree, you might like to make comment about what the sort of service types are that are most important to Aboriginal carers, particularly picking up around transport I think?

Ms FREEBURN: Yes, transport is a really major issue for Aboriginal carers, transport for themselves as well as transport with their clients, particularly to things like health services, but it needs to be flexible transporting and arranged transport for themselves. Currently, if they can access transport, they are taken to a service, dropped off, left there and the transport service will come back anything up to four hours later, which when you have a respite worker at home who is only there for two hours is not very appropriate. I think that is the main thing for Aboriginal carers.

Ms WOOD: Can I add one other thing: I think it is really important to recognise that a whole range of those services are of assistance to a carer and even though carers identify that respite is the most pressing need that they have, I guess the way respite is defined can often mean that in fact the carer is getting a break if domestic assistance is being provided in the home at that point, so we need to take on board that a number of the different sorts of service types that are offered through the HACC program can assist carers in a whole range of ways .

Mrs O'LOUGHLIN: Following on from that, that is very true, but I think one of the issues that the sector faces, and working in the sector, working in government and working in non-government, what I have seen is that the service types and some of the restrictions around the boundaries of the program make it hard for people who have changing needs to access different services, so for instance if they originally were getting personal care hours or personal help hours and those needs change, whether they go up or go down, that whole care relationship has to go back through a reassessment process. In my experience, even though carers are a part of the HACC agreement and part of the HACC target population, they are in many respects not targeted in terms of planning, in terms of

assessment and in terms of flexible service delivery around carers as a distinct individual in the caring relationship. I think that is really important. It is a program design issue essentially. One of the other categories under special needs is people with dementia. It does not make any reference to people with dementia and their carers and quite often in the community and at home people who do have dementia have someone who is caring for them, so in terms of the ability for Home and Community Care, no, they are going through a renegotiation process, those sorts of things are really important to look at. It is about providing services that meet all the target group needs.

Ms JOHNSON: May I just table two more documents in reference to your question, which is the HACC services that carers use. These are our submissions in the last two years to the home and community care State-wide stakeholder planning forums and they identify the services that carers require from a State-wide perspective.

[Documents tabled.]

Mr APLIN: You recommend a triennial planning process as one means of improving the efficiency and effectiveness of joint arrangements between the Commonwealth and State Governments for the HACC program. In this process how do you envisage service providers and consumer organisations would be involved and how should their own planning or administrative processes be streamlined to improve service outcomes?

Ms JOHNSON: Those two documents that I have just tabled are our submissions to the State-wide stakeholder planning forum. I think that for us, as a consumer representative body rather than as a service provider, it is important to be able to feed in to State-wide issues for carers and we would certainly still be able to do that through a triennial planning process. What was the other part of the question, sorry?

Mr APLIN: Basically the involvement and how the planning or administrative processes could be streamlined, so effectively you have covered that aspect. It was more towards the service providers and the consumer organisations as a whole and their involvement in that full planning process.

Ms JOHNSON: Yes. I think one of the issues is that carers, as I was saying before, are not involved in the planning at a local level of some of the services that they actually need. It predominantly is service providers who are involved in that HACC planning process and that is a problem. If somebody is planning a service for someone else that is not actually there, it makes it very difficult, so there needs to be greater participation and involvement and representation of carers in the Home and Community Care planning process.

Ms WOOD: If I can add to that: We think it is really important that there is public availability of the State-wide plan, which includes benchmarks that the department is going to aim for over the three years, which would make a more beneficial process.

Mr TURNER: You said I think in your opening statement that the HACC program can or should support more family carers and you also mentioned 70,000 primary carers who are not in work because there is no alternative care. This would be a major program/project, I should imagine, but how would you see HACC specifically supporting more family carers? Respite, as you said, is the obvious one, but in practical terms, what sort of programs could be adapted or initiated to assist in providing more support for families?

Ms WOOD: Sorry, providing more support to the families, and you mentioned 70,000 primary carers?

Mr TURNER: Yes, primary carers who were not in the work force, so there are probably two sections and the second part was I think you said the HACC program can or should support more family carers. How would you see that program? Would you have to

build one up from the ground or is there capacity in existing HACC programs to assist family carers?

Mrs O'LOUGHLIN: Our position would be that there is capacity within the actual HACC program. I think it comes down to the involvement of carers. It comes down to the involvement and assessment of carers in that caring relationship, but it also comes down to the fact that the carers require a whole range of services. Some of those service types, which are very prescriptive and funding is given accordingly to those prescriptions in the service type, it may be more beneficial for carers for there to be given a flexible package of home care, for instance, in that they can use it, whether it be personal care or domestic assistance, so the flexibility is built in there for carers and the caring relationship. Their part in the community care system is vital. Carers keep an amazing number of people out of residential, institutional and hospital settings and we are at the forefront of that boom. We have baby boomers who are now starting to look after their ageing parents. That is just going to continue to grow and we need to start investing at this end, at the preventative end, rather than wait for things get to the crisis focus. We also have a situation where many people who are able to work, 45-plus, are in a position where they are working full-time and have caring responsibilities, so it is also about looking at some work force redesign in terms of carer-friendly workplaces as well.

Ms WOOD: I might add that there are currently some significant pieces of research happening at the Social Policy Research Centre at the University of New South Wales around negotiating caring and employment and we are working with large corporate organisations at the moment to look at the possibility of developing more carer-friendly workplace practices. There are also some recent examples in the United Kingdom around ways in which legislation can actually assist with ensuring that there is carer assessment happening at any point where the carer is wanting to enter into the work force or is in fact involved in the work force.

DEPUTY-CHAIR: Do you want to elaborate on what they are doing in the UK?

Mrs O'LOUGHLIN: I just wanted to say that on a very practical level Government agencies can do some very practical things to make the system work better and some of that is about writing in the service description schedules, which describes what service is to be provided and how it is to be provided - it is a contractual arrangement between the Government agency or the Home and Community Care program and the non-Government sector - to include carer specific strategies in those service types. It does not cost money to do this. It recognises that they are a target group of the HACC population and it also means that the department can and the community can look at monitoring some of those programs to make sure that carer needs are being picked up. So it is a very simple, no-cost implication but it is about a process of writing into those service description schedules that carers are part of that target population and they are to be provided a service and to specify those particular services.

DEPUTY-CHAIR: In your submission you noted that Culturally and Linguistically Diverse people are under-represented, and Aboriginal and Torres Strait Islander peoples, rural and remote people, financially disadvantaged and young carers and categories of carers need greater attention in terms of eligibility and access to services. It is a big list there. How can we improve equity of access to services in the financial constraints that we see in the HACC services at the moment?

Ms JOHNSON: There are a number of strategies that we would like to recommend. Firstly, I would just like to give you an example because I know that the frail aged carers get used a lot, but to draw your attention to how serious sometimes these issues can be. We came into contact last year with a seven year old girl who was the main carer for her mother and they were only receiving minimal amounts of home care. Our own staff tried to help this girl to get access to more services, including going on the waiting list for Home Care, which was very long, and basically had a lot of difficulty in terms of being passed

between DADHC and DoCS, where the responsibility lay. This is not necessarily a typical situation but I just wanted to highlight for the Committee that there are some extreme situations out there and when we use these terms "disadvantaged people" sometimes that disadvantage can be very high and quite extreme.

A few strategies that we would recommend are around the development of the Home Care Service fees policy, recognising that the vast majority of Home Care Service clients are financially disadvantaged and having a fair fees policy but also a fees policy that is clearly communicated to clients and to consumers and carers. In terms of targeting we know that a lot of people from Culturally and Linguistically Diverse backgrounds do not necessarily identify with the term "carer", let alone jargon such as "respite", and research shows that outreach and community education are needed to engage these groups.

We believe that benchmarks should be set in terms of delivering services to people in rural and remote areas. I notice in the Auditor-General's report that only 15 percent of Home Care Service clients are from rural and remote areas. 30 percent of the general population are from rural and remote areas, and that is the same representative population with people with disabilities, ageing people and their carers, about 30 percent. So the Home Care Service should be aiming to reach that population out there.

It must be recognised also that it can be more costly to provide services to people who are particularly isolated and disenfranchised and that has got to be incorporated into planning and funding, and we also believe that the Home Care Service should include provision for carers in their planning and funding for the program.

Training is another issue. Training is important for Home Care Service staff who are working or are likely to work with Aboriginal people or people from CALD backgrounds. A lot of the service deliveries are flexible and the invalids in isolated areas should be looked at as well, and perhaps I will refer to Sheree to elaborate more on the Aboriginal Home Care.

Ms FREEBURN: What I believe Aboriginal Home Care needs to do is to actually form real partnerships with non-Government organisations. Out there on the ground we do not have any carer specific funded programs or workers, so it is basically my job to get out there and get the local services talking about it. There are no relationships between Aboriginal Home Care and a lot of our Aboriginal NGOs, or if there are, they are usually not very good. There is no referral process for Aboriginal carers. Aboriginal Home Care takes on the client and their needs, but there is no referral process, if they do recognise there is a family carer, for them to actually refer that family carer over, neither locally nor State-wide. I do a massive promotional campaign of the services we can offer at a State-wide level and we cannot seem to penetrate those walls out there.

One of the most practical things would be that Aboriginal Home Care really concentrated on forming better relationships with NGOs and also with peak bodies. I think there is a lot there that we could offer - on the ground workers, even Aboriginal Home Care - in supporting Aboriginal carers, and not only Aboriginal carers, but I think it is the same right across the board for our carers, but of course my passion is Aboriginal carers.

DEPUTY-CHAIR: Why are those links not happening at the moment? Who needs to be shouldering those things?

Ms FREEBURN: A lot of it comes down to their guidelines, their management levels, because I believe that there is a problem with communication levels within Home Care. At the moment it is just the restructure within the department and recent changes. In our policy document from the gathering we have included a specific page on Aboriginal carers and how we believe it should work. In that we have also looked at services for other people outside of carers and we have included suggestions around transport services as well. On the ground we try, but, again, it just does not happen because you are looking for

strategies that do not need more money. For Aboriginal carers there is no money going in there anyway.

DEPUTY-CHAIR: I think we could take it for granted that we need more money. One of the consistent bits of evidence from everybody is the resources available for HACC.

Ms FREEBURN: I really believe that the resources are available out there to support Aboriginal carers better, but I think what we need is a much better process of promotion and recognition throughout the department. I go to quite a few departmental consultations, activity days, whatever they might be, and quite often they talk about the frail aged and the disabled, and quite often carers are not mentioned in those public activities, and of course I walk up and always say, "What about the carers? They are your target group." If we have to constantly remind the department and Home Care that carers are their target group, I wonder what is going on out in those rural areas, because we do not have the staff out there. We are constantly saying every day: Do not forget carers.

Mr APLIN: In your submission you provide evidence of the extent of unmet need and its impact upon carers and those requiring care. That was on page 5. I know you have been discussing that in very broad terms, but given the size of the problem, and as the Acting Chair said coming off a low base, ideally what actions could be taken by the Home Care Service and DADHC to effectively address unmet need?

Ms JOHNSON: There is the issue of funding which we have spoken about. We have a few specific strategies that we think the Home Care Service could employ and the first one is of course waiting lists. We understand from their response to the Auditor-General's report that they are prepared to keep waiting lists for the very small high needs pool but for the rest of people trying to access home care it is just not feasible in terms of their resources. We still think that by keeping waiting lists, the Home Care Service would get a better picture of unmet need, particularly in terms of what types of services are needed and what is the enormity of unmet need out there.

Also, around population planning we know, and I am sure that the department is aware, in the 2006 census there was a question about need for assistance. There was also a question about carers, and that information will provide really comprehensive demographic data on where these people are who need assistance and hopefully help them to meet the services a little bit better.

Assessment is another big area of addressing unmet need. We stress in our submission that carers' needs are often seen as sometimes separate to the needs of the people that they support. It is not always the case that by providing a service to somebody who is in need of care you are meeting the needs of their carer. Their needs might be quite separate and distinct. Our concern is that the telephone assessment process might not pick up the needs of the carer and that a comprehensive and holistic assessment process is needed.

DEPUTY-CHAIR: What sort of assessment service are you are thinking of by saying "holistic"? You mean face to face I assume.

Ms JOHNSON: Certainly the telephone assessment project has its problems. I know that the idea of the Referral and Assessment Centre is that it is centralised so there is more consistency and that doing face to face assessments would change the structure of the Home Care Service a bit, but certainly there needs to be something in place that picks up the needs of the carers. We know that from year to year about 17 percent of referrers are actually family, friends, carers. So is there a process in place that picks up the needs of those people who are even referring to a service.

Ms WOOD: As Sally has identified, what is so important is to consider the relationship that is the carer and the care recipient, so that when you are talking about holistic assessment you are thinking about it within that sort of framework, rather than just

focussing on the person with the disability or the illness. Unless it expands out to incorporate the relationship, you are really only going to be addressing and supporting part of the problem. So when we are talking about holistic assessment, we are really talking about the needs of the whole relationship, and that includes also the needs of the individuals within that relationship.

Mrs O'LOUGHLIN: Can I just give you an example of that? Discharge planning from hospitals is a classic example where you are having more and more people who are being discharged from hospital at an earlier stage and you are then having a situation where carers are dealing with much more complex medical and health management issues than they have ever done before. This is when it is really important, when people are in that situation, that in the assessments that are made, both the person that is requiring the care and the person that is going to be giving the care, that those people walk away from that system with as much support and as much information as possible, otherwise they are essentially setting up a system where, as we know with the populations ageing, it is going to put more and more and more pressure on the health system. So we really need to support, if you like, the end result and outcome. Particularly from hospitals when there is discharge planning, there should be an assessment with the carer and the patient before they leave the hospital, not after.

DEPUTY-CHAIR: Sheree talked a bit about the need for changing transport services so that they are more effective for Aboriginal carers. Do you want to elaborate at all on that or are there other issues that others of you would like to raise on the transport?

Ms FREEBURN: Some Aboriginal carers were not able to access transport services unless they were with the care recipient. Hopefully it is changing. We have certainly been raising the issue but what I see also is a problem is that I would really like to see carers recognised as accessing transport. At the moment they are all clients. So you do not really know. Once they are accessing that service, we cannot identify whether our carers are accessing a transport service or not.

DEPUTY-CHAIR: Because there is no differentiation?

Ms FREEBURN: Because there is none. That is one thing that could be changed that would certainly benefit carers.

Ms JOHNSON: Regarding transport, I would also like to add that the Commonwealth Carer Resource Centre is located at Carers NSW and one of the biggest issues that comes through, apart from respite, is transport, access to transport services. One of the reasons that that is so important to carers is that it can actually enable them to use other services such as respite. For instance, if they are able to access a respite place in a respite home that is an hour's drive away, if they have to spend an hour driving there and an hour driving back to drop the person off and then an hour driving there and an hour driving back to pick them up, that has really significantly reduced the amount of time that they have for respite, so that is partly why it is such an important issue. Also in terms of Sheree's point about identifying carers as the clients, we also note that in the HACC minimum dataset reporting they can only have the carer or the client as the person receiving the service. Is it not possible that sometimes this service is going to both the carer and the client and should we not be picking that up in the reporting?

Ms WOOD: Could I make a closing statement: I think what we most want to emphasise in our submission is that when we are talking about family carers we are also talking about the fact that they provide 74 percent of the care needs of people in our community and that in fact a recent productivity report has identified that they are providing up to 90 percent of the day-to-day care needs of ageing people, so that is just a huge number of people and, unless carers are actually supported, the community care system really will collapse, and it is not just a dramatic statement there, it is a very realistic one.

The HACC program, which is there to really try to ensure that people can stay in their own homes and be supported in their own homes, really does need to much more seriously take on board carers as its target group. We have identified in our submission and in some of our comments today a couple of strategies for the way that can happen, but it is really important that we consider carers within that caring relationship. Carers are only carers because of the relationship that they have with their care recipient, but also it is so important that the HACC program start looking at ways in which the services can be delivered flexibly and, as we say, most particularly to try and get out of seeing things in terms of just service types and look much more at what are the needs you have today as distinct from what you had a year ago that might no longer be quite applicable, but we can still service you and ensure that you can continue to care. Thank you.

(The witnesses withdrew)

(The Committee adjourned at 3.05 p.m.)