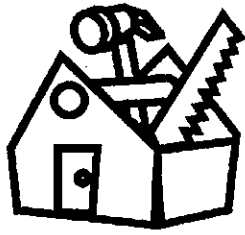


Submission
No 28

**INQUIRY INTO SERVICES PROVIDED OR FUNDED BY
THE DEPARTMENT OF AGEING, DISABILITY AND
HOME CARE**

Organisation: Blue Mountains Home Modification and Maintenance Service
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Date received: 4/08/2010



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Submission: Inquiry into services provided or funded by the Department of Ageing, Disability and Home Care.

Thank you for the opportunity to contribute to this inquiry.
Our submission is structured around the process of a client accessing the service and getting their work done. It is generally the lack of understanding of this process which results in decision leading to inadequate or inappropriate funding.

Background:

The Blue Mountains Home Modification and Maintenance Service (BMHMMS) is funded under the HACC program. It has been providing this service to the HACC population of the Blue Mountains LGA for over 20 years.

The service is auspiced by Katoomba Neighbourhood Centre Inc and is an active participant in the various community networks in the region.

The local community and the local topography both present challenges requiring innovation and specialised skills.

1. Accessing BHMMS.

1.1 An Occupational Therapist's (OT) assessment is required for modifications.

This assessment will result in recommendations and specifications being prepared which will detail the type of work required (eg grab rail in shower) and the exact dimensions and location appropriate for the client (eg on shower wall opposite the taps, 800mm from the floor).

This report is essential to ensure the modification will actually work for the client and not put them at risk of injury.

1.2 Getting the OT's Assessment.

(BMHMMS has no recurrent funding for OT Brokerage or to employ an OT)

In the Blue Mountains the client will usually be referred to intake at Community Health and when processed receive a full assessment which will result in referral to relevant services. The waiting list for this is frequently 8 months or longer.

Recently, (see APPENDIX 1) the service trialled brokering private OTs using non recurrent funding. This had a negative outcome for the clients and the service, as the private OTs were not able to do full assessments (non recurrent funding not for

full assessments) and had little local knowledge. Also the demand was so significant the waiting list was moved to the private OTs.

Comment: either SWAHS needs appropriate funding for OTs or BMHMMS requires funding to engage an OT with the appropriate skills and connections.

2. BMHMMS receives OT report and client referral.

2.1 Application received.

The work requested will be reviewed by the Building Supervisor to ensure it is technically possible. (Are there studs in the wall of the shower where the OT has asked for the rail?)

Frequently the OT has to be contacted again to negotiate a redesign of the modifications to incorporate the structural challenges of the home.

Example: Time required for installation of one grab rail:

Receive and enter job application:	15min
Travel to site- inspect- no fixings:	45min
Drill test holes to find fixings for rail:	30min
Phone calls to OT and office:	15min
OT not available- go to next job:	15min
Contact OT and discuss possibilities	15min
Travel to job	45min
Install rail	60min
Finish off application/survey etc	<u>15min</u>
Total for rail (average time)	4.25 hrs, if all goes well

Comment: It is essential that both the OT and the builder/tradesperson be appropriately skilled and experienced if the modifications are to work.

The client will be given a "quote" (client contribution see 3. "Funding the Work") after the technical assessment and before the work commences. The client is not charged for technical assessment or non productive hours.

2.2 Waiting time for job to be started.

If the job is straightforward and there are no technical issues and the client can make the client contribution (see 3. "Funding the Work") the job will usually be completed within 4 weeks.

(See also APPENDIX 2. Insufficient Funding)

3. Funding the Work

3.1 The Service works out the approximate cost of the work and calculates a client contribution which recovers the cost of the materials and a subsidised labour charge. This process is in accordance with the NSW Home Modification Guidelines. The labour "rate" is determined by the Service Committee and reflects the economic capacity of the client group.

Example: grab rail in 2.1: actual cost: Labour \$200 materials \$30.

Client contribution: \$50 (\$30 for cost of rail components and \$20 for one hour's labour)

Comment: It is increasingly common for clients to be unable to make the contribution. Yet work cannot be refused so the job sits on the list till funding can be found.

3.2 Waiting List:

Delays can be significant if the client cannot make the contribution necessary to keep the Service viable (usually the material costs or specialist contractors) as the Service generally does not have the capacity to fully subsidise.

Comment: Recently the Service had access to non-recurrent funding to reduce the waiting list. There was significant rise in the number of jobs completed, without the list being exhausted.

(See APPENDIX 2. Insufficient Funding)

General Comment:

The level and nature of expertise of both the OT and the Builder/Tradesperson are critical to the success of this program. Attempts by funding bodies to "cut corners" are, at best, counterproductive and has negative outcomes for the community.

Appendices.

Evidence of Service Delivery Issues: June 24th 2010

Appendix 1.

Lack of appropriate Occupational Therapists: (at SWAHS and private)
Occupational Therapist assessment is mandatory for service delivery.

Evidence: 9 month trial of clients calling service directly and being assessed by private OT paid for by OT brokerage from ADHC. At the end of the trial 48 clients had been referred. As the trial went on the waiting list grew as the private OTs were unable to keep up with the number of referrals.

Currently 14 clients waiting from 20/4/10 for their assessments to reach the HMMS office. The quality of the referrals varied greatly (OTs not aware of local conditions, varied experience with modifications) resulting in increased time spent by HMMS staff in order to deliver a reasonable outcome for the client.

Appendix 2.

Insufficient recurrent funding to meet demand.

Evidence: Non recurrent funding from ADHC to reduce waiting lists was available during 07-08 and 08 – 09 distributed by NSW HMMS State Council. Blue Mountains Home Modification Service used the money to employ contractors to carry out modifications/maintenance in addition to the work being performed by waged staff. Extra work to the value of \$45,000 was carried out during this time (and the waiting list was not cleared).

Summary:

BMHMMS currently has 14 clients waiting completion of OT referral process.
39 clients waiting for work to be carried out.