Submission
No 46

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

Organisation: Attendant Care Industry Association of NSW

Name: Ms Jenny Barron

Date received: 06/08/2010

Attendant Care Industry Association of NSW Inc (ACIA)
ABN: 87 823 684 151
PO Box A2435
Sydney South NSW 1235
Tel (02) 9264 7197
Fax (02) 9261 0389
contact@aciansw.org.au
www.aciansw.org.au

ACiA Submission

To

NSW Legislative Standing Committee on Social Issues Inquiry

Into

The Quality, Effectiveness and Delivery of Services Provided or Funded by the Department of Ageing, Disability and Home Care (ADHC)

5 August 2010

Contents

About ACiA 3

Context 3

Term of Reference (a): The Historical and Current Level of Funding and Extent of Unmet Need 4

(a)1 Lack of a Clear Policy on What Level of Paid Care and Support Should Be Provided 4

(a)2 Lack of an Accepted Method of Assessing Care and Support Needs 4

(a)3 Lack of Funding/Services and Lack of Understanding of the Impact of This Shortfall 5

(a)4 The Initial Lack of Recognition of (unpaid) Carer Support Provided 5

Recommendation (a) 1 5

Recommendation (a) 2 5

Recommendation (a) 3 5

Recommendation (a) 4 6

Term of Reference (c): Flexibility in Client Funding Arrangements and Client Focused Service Delivery 6

(c)1 Flexibility in Client Funding Arrangements 6

(c)2 Client Focused Service Delivery 7

Recommendation (c) 1 7

Recommendation (c) 2 7

Term of Reference (d): Compliance with Disability Service Standards 8

Recommendation (d) 1 8

Recommendation (d) 2 8

Term of Reference (e): Adequacy of Complaint Handling, Grievance Mechanisms and ADHC Funded Advocacy Services 8

Recommendation (e) 1 9

Term of Reference (f): Internal and External Program Evaluation 9

Recommendation (f) 1 10

About ACiA

Attendant care refers to any paid care or support services delivered at a person's home or in their community to assist them to remain living in the community. It targets people of all ages, with ill health or a disability. Attendant care aims to maintain or improve a person's independence, allow them to participate in their community and reduce his/her risk of admission to a facility or hospital. This is achieved by providing assistance based on each person's individual needs. It may include nursing care and assistance with all activities of daily living including personal assistance, domestic services, community access, vocational support, educational support, child care services, gardening/home maintenance, respite care, palliative care, social support, therapy program support.

Attendant care therefore supports the Commonwealth and State policies of allowing people to actively participate in society, remain in their own homes and avoid unnecessary residential care.

The Attendant Care Industry Association of NSW Inc. (ACiA) is the peak body representing private and charitable Attendant Care service providers. The organisations that we represent, employ more than 15,000 workers.

ACiA's vision is that the Attendant Care industry is known and respected as a provider of quality services. To achieve this vision, ACiA provides education, resources and support to the industry and has now also developed a management systems standard (endorsed by JAS-ANZ) that addresses specific attendant care quality requirements.

Context

As ACiA's membership is concerned with the delivering of community based care, ACiA's comments relate to the provision **of community based services**. Only issues that impact on our industry are addressed. Our comments reflect a broad assessment of the issues facing the industry as funding bodies and service providers struggle to meet the needs of a wide range of service users. While the comments are relevant to ADHC funded services, they are also largely relevant to the provision of any attendant care service to any service user group.

Term of Reference (a): The Historical and Current Level of Funding and Extent of Unmet Need

(a)1 Lack of a Clear Policy on What Level of Paid Care and Support Should Be Provided

While it is completely understandable from a political level, our society and the major funding bodies do not have clearly articulated policies about the types and levels of support that **will or should** be provided. This means that policy makers/service funders do not really have a clear idea of the current need and the current shortfall. The level of support provided is determined by **each** funding program. This assessment does not appear to be based on a clear set of parameters on what we, as a society, should be able to provide.

(a)2 Lack of an Accepted Method of Assessing Care and Support Needs

There is currently no consistent or integrated National approach or method of assessing the need for community based care and support. As Professor Kathy Eagar (Centre for Health Service Development, University of Wollongong) succinctly puts it, "Without valid and consistent tools to measure the 'need' for community care, it is impossible to measure 'need' independent of supply, impossible to target services to those with most 'need' and impossible to measure the cost effectiveness or the outcomes of community care interventions. Instead, the only policy option is to assume that need equals demand. … The Centre for Health Service Development database alone holds 352 different assessment forms that were in use in Victoria in 2000. Our estimate is that there are probably 1200 forms being used across the country. The cost is staggering. Each has been designed by a 'working party' or 'committee' that met multiple times, there are significant training and retraining costs and there is a high cost to consumers in re-telling their stories multiple times."

This lack of ability to accurately assess need, in a timely manner, for all persons means we have been unable to assess real need and hence understand the current and potential service gaps.

This is made even more complicated by the lack of consistent agreement on when service needs should be assessed and/or reassessed. That is, what are reasonable assessment trigger points that may alert the need for services in a timely method so that there can be greater prediction of service demand. This in turn may prevent the current support networks from collapsing and triggering admission to institutions.

(a)3 Lack of Funding/Services and Lack of Understanding of the Impact of This Shortfall

There is a genuine shortage of available services. For example, the Home and Community Care (HACC) program clearly states it is "an ELIGIBILITY-based program, not an entitlement program; HACC eligibility does not guarantee provision of service". This is reflected in other programs such as EACH and CACP where despite the fact that the ACAT team assesses a person as needing the service, if there is no package available, he/she does not receive it.

While it is acknowledged that it is a complex cause and effect, there appears to have been little attempt to develop a model for assessing the impact of these service gaps on sustainability of people in their own homes or on other health outcomes.

(a)4 The Initial Lack of Recognition of (unpaid) Carer Support Provided

As an adjunct to the lack of consistency in assessing needs, assessments do not generally accurately document the current hours of unpaid support and care being offered by close family and friends but also by the informal networks of neighbours and community. Hence, when these unpaid supports are withdrawn, either there is no method for determining what services are required to maintain the person in their home, or the whole assessment process needs to be repeated.

Recommendation (a) 1
This is an ideal opportunity to consider the minimum standards of support to which every person should have access, whether this is paid or unpaid support.

Recommendation (a) 2
Establish a working party, to work with other States, to develop a consistent or integrated National approach or method of assessing the need for community based care and support.

Recommendation (a) 3
Ensure the National approach or method to assessment of community based care and support needs (referred to in Recommendation (a)2 above) includes a model for assessing the potential and actual impact of lack of service provision in both individual cases and in order to build situational risks and profiles. This could then be used to help direct policy making and perhaps address service gaps through a clearer cost/benefit analysis.

Recommendation (a) 4
Ensure the National approach or method to assessment of community based care and support needs (referred to in Recommendation 1b above) includes assessment of unpaid or informal support and care. The University of Sydney, with a research grant from the NSW Lifetime Care and Support Authority, is already conducting some research in to this area with regards to care needs, and it would be useful for this work to be built on.

Term of Reference (c): Flexibility in Client Funding Arrangements and Client Focused Service Delivery

(c)1 Flexibility in Client Funding Arrangements

It can seem to those outside the system (and even for those inside the system) that there is a lack of integration of many services and support options for the service user and the Carer. These potential integration gaps can arise due to:

- the federal/state funding mix
- the different streams of funding that are based on the type of problem/condition/disability (ie congenital disability, acquired disability, short-term need following hospitalisation) that a client/service user may have
- the fact that different funding 'packages' have been granted to different provider organisations and these then need to be sourced/integrated

This may mean that support may not be flexible enough to manage (sometimes rapidly) shifting needs. This may in turn mean that, unintentionally, families/Carers may not be sufficiently supported to continue to cope as demands increase/change, and this may then lead to dissolution of the family unit or the service user being unable to participate in their community. Even short-term illness of the person or their Carer (or even any support such as a neighbour) or even a financial crisis (such as the need for additional medicine, a new refrigerator) can have a major impact. However, in these circumstances, being able to use available services in a more flexible way, or the provision of even a small amount of additional service (eg increased domestic assistance, shopping, respite) or financial assistance could help the family unit through a crisis.

However, due to the generally rigid eligibility criteria for the majority of funding programs, services cannot be reallocated and/or additional services or resources are generally difficult to access. This also makes it difficult to integrate packaged support services/hours to achieve efficiency or economies of scale.

This can particularly be a problem in regional and remote communities when the number of funding packages/support services, particularly respite services, is limited and/or where services are restricted to a small number of providers.

(c)2 Client Focused Service Delivery

ACiA strongly believes that the services delivered to service users should be:

- **Tailored** to the individual person's **needs**
- Organised so they can be delivered **when** the service user needs them
- Able to be readily **varied** to suit changes in circumstances of the service user

For this reason, as an industry body, ACiA has ensured that the need for providers to deliver individualised and flexible care and support form a strong focus in:

- The Attendant Care Industry Management System Standard developed by ACiA and now being used in our Certification Program (refer to **TOR (f)** below)
- Any policies we develop
- The training we deliver

However, ACiA is aware that, unfortunately, not all services are as focused on these issues. ACiA also believes that, to date, program/service evaluation conducted by ADHC has not always been able to adequately assess if services funded by ADHC are delivering on these critical issues of client-focused care and support.

Recommendation (c) 1

ACiA understands the need for allocated funding to be used for the purpose in which it was intended. However, identifying clear situations where it was possible for either additional resources to be allocated, or the funding to be used, even temporarily, for a new/different area of support would be useful to service users, their families, service providers and ADHC staff.

By considering more closely the issue of 'need', as discussed in previous recommendations, it may also be easier to identify how services could and/or should integrate. This could lead to a more integrated framework of services that clarified when it was reasonable for funding to be enhanced or removed.

Recommendation (c) 2

We strongly recommend the adoption of National, external quality programs that specifically address client-focused service delivery.

Also refer to *Term of Reference (f)* below.

Term of Reference (d): Compliance with Disability Service Standards

ACiA believes that the major issues relating to the Disability Service Standards also relate to wider quality issues and these are addressed in *Term of Reference (f)* below. However ACiA does wish to raise the issue that every state/territory has 'adapted' the National Standards. This perhaps means that they lose the power that a single, consistent and consistently used Standard could exert. While we understand the desire to constantly improve, we believe there is far greater value in having a single set of Standards (even if not completely perfect), as it would become better understood and used. It would also mean that effort could be expended by funding bodies and providers alike, in making sure the Standards were met, rather than constantly adapting the Standards.

Also refer to *Term of Reference (f)* below.

Recommendation (d) 1
We strongly recommend that ADHC adopts the National Standards for Disability Services when they are released rather than adapting it to NSW.

Recommendation (d) 2
We strongly recommend the adoption of National, external quality programs that include compliance with the National Standards for Disability Services.

Also refer to Recommendations (c) 2, (e) 1 and (f) 1.

Term of Reference (e): Adequacy of Complaint Handling, Grievance Mechanisms and ADHC Funded Advocacy Services

ACiA strongly believes that all service users need to be **actively engaged** to provide feedback that will ensure their individual needs are met. This includes ensuring providers actively promote access to advocacy services. For this reason, as an industry body, ACiA has ensured that the need for providers to encourage reporting of complaints and use of advocacy services is a strong focus in:

- The Attendant Care Industry Management System Standard developed by ACiA and now being used in our Certification Program (refer to **TOR (f)** below)
- Any policies we develop
- The training we deliver

ACiA is aware that, unfortunately, not all services are as focused on these issues. However, ACiA members report that the ADHC staff they primarily deal with are concerned about the quality and safety of services their clients receive and have been willing to support and act on any complaints received about service delivery.

Recommendation (e) 1

We strongly recommend the adoption of National, external quality programs that specifically address effective complaint and grievance handling, and active promotion of the use of Advocacy Services. Also refer to Recommendations (d) 1 and (f) 1.

Also refer to *Term of Reference (f)* below.

Term of Reference (f): Internal and External Program Evaluation

ACiA fully endorses the need for services to be assessed to determine if they are delivery high quality care and support that is focused on individual needs. However, it is acknowledged that as the sector is still largely unregulated, there is a lack of consistency in service delivery. For example, in the recent 'Shut-Out' Report[1] we were disturbed, but not necessarily surprised, to see the disability service system being characterised as "broken and broke". Attempts have been made to introduce quality systems across Australia, but these have been either state-based (internally or externally conducted), program-based or 'generic' quality systems.

ADHC has been one of the state services that introduced internal quality systems auditing by ADHC staff through the Integrated Monitoring Framework (IMF). We applaud ADHC's work in this area as it has certainly impacted on some aspects of the quality of service delivery. However, ADHC realised that there was a need to revise the IMF to be more focused on service outcomes. This work was begun but then put on hold due the work being undertaken to review and update the National Standards for Disability Services.

However, as **each** state or program-based service has some quality requirements, this means that service providers are currently 'drowning' in quality/performance reporting requirements. Some of our members have to address up to 13 different funding body requirements. In addition, the only quality programs that are Australia wide are generic are not focused on the specific requirements of community based services.

Hence, in order to address this clearly unsustainable audit/evaluation effort with questionable outcomes, ACiA developed a National Quality Certification System specifically for the attendant care industry that we believe meets most funding body quality requirements. The system utilises the Attendant Care Industry Management System Standard (ACIMSS). This Standard has been developed by key stakeholders

[1] "Shut Out: The Experience of People with Disabilities and their Families in Australia" August 2009, p 3

and endorsed by the Joint Accreditation System for Australia and New Zealand (JAS-ANZ).

ACIMSS:

- meets the current National Standards for Disability Services and the Interim Standards, as well as each State-adapted set of Disability Standards
- focuses on many of the issues raised in the Shut-Out report with an emphasis on individualised care and respect for the human rights of the service users
- focuses on the key issues required to deliver high-quality, individualised care in the community including effective organisational governance and management and appropriate, low risk service delivery
- is suitable for services delivered in the person's home (whether their own property or a 'group' home as per CSTDA 1.04) and within their community (eg community access, vocational support)
- is suitable for any type of service user, that is, the frail aged, people with a congenital or acquired disability

Our experience to date has been that the organisations who have implemented the ACiA Endorsed Certification to ACIMSS system have been able to demonstrate improved quality of care and service delivery outcomes.

Recommendation (f) 1

We strongly recommend the adoption of National, external quality programs that are specific to the industry so that high quality of care and services can be considered the norm. Any funding body, or program within a funding body (including ADHC), will only need to 'map' their requirements against the available systems and address any specific program gaps, rather than commencing to develop internal or external systems from 'scratch'.