

Looking Forward

Looking Back

A Report on the 2005

ACT Home and Community Care (HACC) Planning Day

5 April 2005



home and community care

A JOINT COMMONWEALTH AND STATE/TERRITORY PROGRAM
PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED



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Looking Forwards, Looking Back - A report on the 2005 ACT HACC Sector Planning Day

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Overview

The annual ACT Home and Community Care (HACC) Planning Day is now in its fourth year. The theme of this year's event was 'Looking forward, looking back - 20 years of HACC'. The event was an opportunity to reflect on achievements in the HACC sector since its inception in 1985, discuss implications of the Community Care Review and discuss future directions and priorities for the HACC program. A 'Gallery of Innovations' was also set up in order to showcase innovative projects that have previously been funded by HACC.

Seventy three people attended the 2005 ACT HACC Planning Day. The forum was co-hosted by the HACC Program (ACT Health), the HACC/DS Working Group and the ACT Council of Social Service (ACTCOSS). Carol Flynn from Interaction Consulting facilitated the forum.

The day began with a retrospective on key developments in HACC over the past 20 years. This was followed by a presentation on the Community Care Review. The group was asked to consider the potential implications of the Review for organisations and consumers and to reflect on other key concerns for the HACC sector. Participants agreed that the following topics required further discussion:

1. Access, eligibility and assessment for community care services
2. Basic tier community care services
3. Packaged care
4. Input into Community Care Review working groups
5. Role of carers in the Community Care Review
6. The introduction and implementation of HACC MDS version 2
7. Forming partnerships
8. Improving participation by people from culturally and linguistically diverse (CALD) backgrounds in HACC services
9. Youth issues
10. Improving HACC services with the same funding
11. Workforce issues

Discussions took place using 'open space'. In this process participants moved freely between, and contributed to, topics that interested them. Major points were recorded and shared with the whole group.

Based on the day's discussions and presentations, participants were asked to reflect on key issues for individual organisations and the HACC sector to progress in 2005-6. These were prioritised, firstly in small groups and then by the larger group. Action plans were then developed for each of these issues.

Some of the key issues identified were:

- The impact of HACC MDS version 2 on HACC agencies;
- The viability of the community sector;
- The impact of the Community Care Review;
- Consumer involvement in service development and HACC consultation processes; and
- Addressing unmet need.

Outcomes and recommendations of the forum guide development of the ACT HACC Annual Plan which is submitted to the ACT Office of the Commonwealth for consideration when allocating growth funding. Recommendations are also considered by the HACC/DS working group when developing their annual workplan.

Acknowledgments - Credit for the success of the 2005 HACC sector Planning Day must go to the hard working members of the HACC/DS Working Group and the Planning Day 'sub working group', as well as to the staff of the HACC program in ACT Health and Interaction Consulting.

Glimpses of HACC History 1985 - 2005

This section reflects upon the growth and achievements of the community sector following the introduction of HACC in 1985. Highlighted are key dates and significant events for organisations and programs, changes in service models as well as government legislation and policy developments. The information contained in these tables was drawn from participants at the HACC planning day and from consultations with long-term workers in the HACC sector.

1985 -1990

Legislation, reports & reviews	Organisations & services	Other influences
<ul style="list-style-type: none"> • 1985: HACC Act. passed • 1989: ACT Self Government Act. passed • Organisations receiving ACT Government funding to be incorporated and registered as associations under the Associations Act. • Feasibility study on frail aged care was undertaken 	<p>The following organisations were established, became incorporated associations, or received HACC funding for some of their services:</p> <ul style="list-style-type: none"> • 1985: Emergency Housekeeping • 1985: Meals on Wheels • 1985: North Belconnen Day Centre • 1986: Woden and Western Creek Community Centres • 1987: Respite Care ACT • 1988: Handy Help Inc. • 1989: Community Options • 1989: Home Help Inc. • Woden and Turner Senior Citizens • Belconnen, Tuggeranong, Northside and Southside Community Centres • Carers' Association • Community Nursing 	<ul style="list-style-type: none"> • 1989: Draft HACC Program National Guidelines published • HACC/DS network established

1990 – 1995

Legislation, reports & reviews	Organisations & services	Other influences
<ul style="list-style-type: none"> • 1990: <i>Lifting Your Vision</i>, by Glenn Sorenson was published. This series of training packages was designed to enable HACC staff to broaden their skills and to reinforce the commitments of agencies to the principles and philosophy of HACC. • 1991: <i>Getting it Right</i> was published by the Commonwealth to provide guidelines for using the HACC National Service Standards. • 1995: Social & Community Services ACT Award (SACS) introduced. As a consequence, worker's skills and expertise were recognised through paid employment and there was an evolution in models of service delivery. • Health Care Award introduced. 	<p>The following organisations were established, became incorporated associations, or received HACC funding for some of their services:</p> <ul style="list-style-type: none"> • Croatian Community Welfare Centre (received HACC & DIMIA funding) • ADACAS • FaBRiC 	<ul style="list-style-type: none"> • Sector growth • Changes to criteria for HACC funding • 5 national priority areas were identified for HACC program: <ul style="list-style-type: none"> - Dementia - Cultural & linguistic diversity - Indigenous - Financially disadvantaged - Rural and remote • Client Intake Assessment and Referral (CIARR) form introduced to reduce multiple assessments and confusion, and to assist clients access the care they needed • HACC strategic forum established • HACC conferences commence

1995 – 2000

Legislation, reports & reviews	Organisations & services	Other influences
<p>1994: <i>Home But Not Alone</i> report reviews 10 years of HACC funding</p>	<p>The following organisations were established, became incorporated associations, or received HACC funding for some of their services:</p> <ul style="list-style-type: none"> • 1995: Gungahlin Regional Community Services • 1997: Red Cross Personal Alarm Service • 1998: Community Connections • 1998: Kinicare • 1999: Koomarri Community Links Program • 1999: Red Cross Home Safety Service • HACC Multicultural Liaison Officer position is created 	<ul style="list-style-type: none"> • 1996: Purchaser-provider model was used to source contracted services from organisations • 1998: HACC National Standards Instrument and Guidelines published • Assistance with Care and Housing for the Aged (ACHA) Program received Commonwealth funding • Community Aged Care Packages were introduced • HACC agencies receive extra funding to meet SACs Award conditions • HACC conference in Brisbane

2000 – 2005

Legislation, reports & reviews	Organisations & Services	Other influences
<ul style="list-style-type: none"> • 2002: Reid Review resulted in abolition of purchaser–provider model • 2003: Discussion Paper on Commonwealth Community Care Review released 		<ul style="list-style-type: none"> • 2001: Department of Veterans' Affairs (DVA) establishes DVA Home Care Program. • 2001: Client data collection (Minimum Data Set (MDS)) introduced • 2001: Self assessment of organisations against National Standards Instrument • 2002: New ACT Government Department, Disability ACT, established • 2002: Annual ACT HACC Planning Days commence • 2002: New version of the HACC National Program Guidelines released • 2004: External assessment of HACC organisations against the HACC National Standards • 2004: Organisations placed on three year funding agreements rather than contracts

Community Care Review – *The Way Forward*

The Australian Government released a discussion paper in March 2003 that highlighted a number of potential improvements to community care services.

Following consultations with key stakeholders at the national level, the booklet, *The Way Forward* was released in 2004.

Both papers acknowledged that from a consumer perspective the service system is a complex one to navigate and that for organisations there were huge demands on accountability and reporting that were unique to each individual funding program.

The result for consumers is that they are often faced with multiple assessments (that is providing the same information over and over again) and for organisations, the day-to-day realities of increased administrative work demands, with different quality assessments, and different reporting formats for performance and financial reporting.

The need to streamline the seventeen Australian Government funded community care programs is a key element of *The Way Forward*.

These 17 programs include:

- Home and Community Care (the largest) (HACC)
- Community Aged Care Packages (CACAP)
- Extended Aged Care at Home Packages (EACH)
- National Respite for Carers Program
- Carers Information and Support Program
- Safe at Home
- Assistance with Care and Housing for the Aged
- Day Therapy Centres
- Continence Aids Assistance Scheme
- National Continence Management Strategy
- Aged Care Assessment program and the Dementia Support for Assessment
- Commonwealth Carelink Program

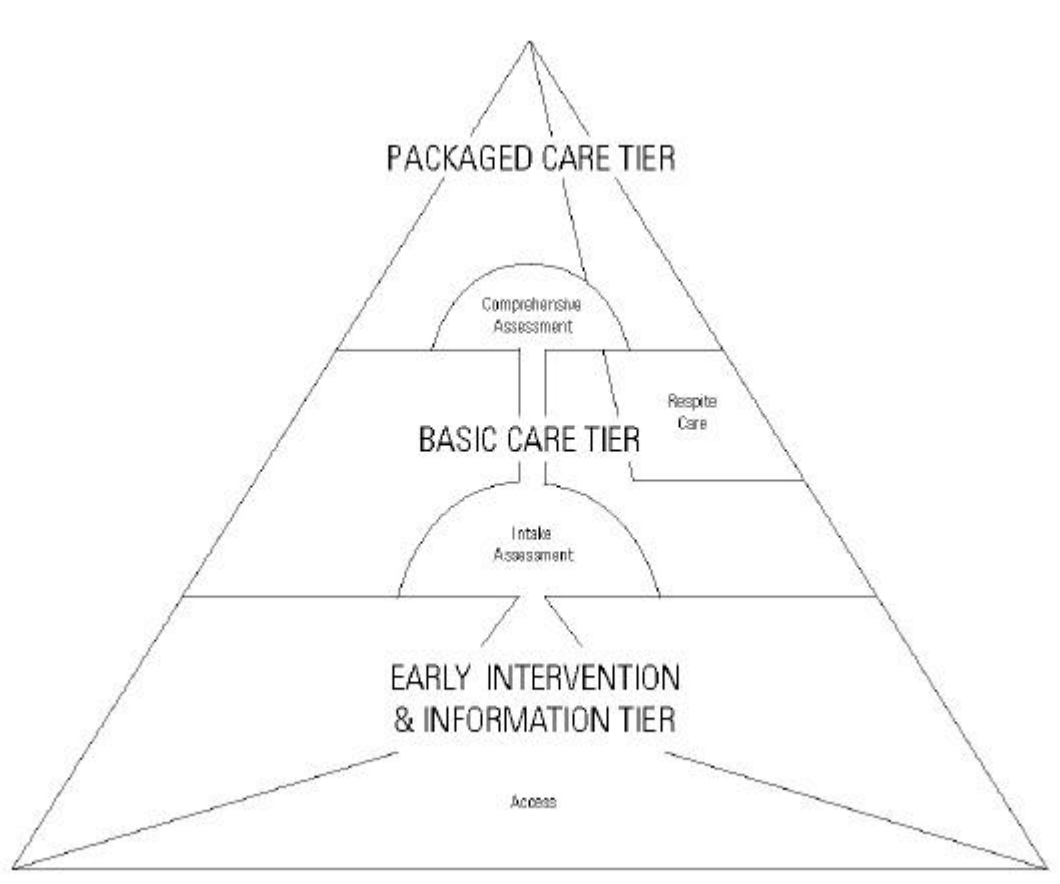
For some agencies, the impact will be only in the Home and Community Care Program. For others, who receive funding across these programs, the impact may be much more significant.

The Australian Government has recently called for requests for applications for funding under three of these programs - the National Respite for Carers Program, the Carers Resource Centers and the Commonwealth Carelink service.

So what are the key elements of the review?

- Addressing overlap and gaps in service delivery;
- Easier access to services;
- Enhanced service management;
- Streamlining of Australian Government funded programs; and a
- Partnership approach.

The provision of community care services has been illustrated in *The Way Forward* as a triangle with three tiers.



Source: Department of Health and Ageing 2004 *A new strategy for community care: The way forward*, Commonwealth of Australia, Canberra, ACT.

The first is the early intervention and information tier, the second is the basic care tier and the final tier is packaged care.

Entry into basic care will be determined through an intake assessment that determines whether the client is eligible to receive services within the defined target group. A single assessment will collect all the information needed for service delivery and Minimum Data Set (MDS) reporting.

Entry into the packaged care tier will require a comprehensive assessment. Clients in this tier may require a case manager to coordinate their service plan. The assessment would be similar to that currently performed by the Aged Care Assessment Team (ACAT).

To advance these issues the Australian Government and the State and Territory Governments have formed four working groups that will explore:

- 1) Eligibility and Assessment
- 2) Packaged Care
- 3) Accountability and Reporting
- 4) Renegotiation of the HACC Agreement

Working Group 1 – Eligibility and Assessment

This group will:

- Review the basic eligibility criteria for HACC services.
The current eligibility for HACC services is:
Preventing the inappropriate or early admission to residential care for frail aged or younger people with a disability who have a moderate, profound or severe disability or carers of these two groups;
- Develop a national eligibility framework;
- Specify entry points;
- Develop a national framework for intake assessment and inter-agency referral; and
- Explore links with other programs.

Working Group 2 – Packaged Care

This group will explore:

- Intergovernmental cost-sharing arrangements for packaged care;
- Consistency with CACPs;
- Assessment arrangements and relationship to ACATs;
- Coverage of younger people;
- Cost structure of packages and fees charges; and
- Complexity of services in a package.

Working Group 3 – Accountability and Reporting

This group has yet to agree its terms of reference, but will be reviewing the existing reporting requirements and quality standards applicable across the community care sector.

The Australian Government has already progressed the implementation of quality assessments in its own funded programs.

Working Group 4 – Renegotiation of the HACC Agreement

This group will work towards a national agreement that incorporates the key reform areas within the Community Care Review. It is proposed that the new agreement be six year enduring agreement, with the capacity to have two triennial plans.

The Australian Government (advised in March) that it is seeking to agree on the key elements of a new agreement by July 2005.

To support the decision making across all of the working groups, the Australian Government has engaged several consultancies to provide recommendations in each of the key areas.

While some of these concepts appear to be very straight forward, there are likely to be some very significant impacts on organisations.

During the HACC Planning Day participants explored some of the realities of implementing such a large reform agenda in a relatively short time frame, and what it will mean for organisations and clients.

Topics for discussion

Following the presentation on the Community Care Review, participants were asked to consider the potential implications for organisations and consumers. There was also an opportunity to reflect on other key concerns for the HACC sector. The group agreed that the following topics warranted further consideration:

1. Access, eligibility and assessment for community care services
2. Basic tier community care services
3. Packaged care
4. Input into Community Care Review working groups
5. Role of carers in the Community Care Review
6. The introduction and implementation of HACC MDS version 2
7. Forming partnerships
8. Improving participation by people from culturally and linguistically diverse (CALD) backgrounds in HACC services
9. Youth issues
10. Improving HACC services with the same funding
11. Workforce issues

Discussions took place using 'open space'. In this process, participants moved freely between, and contributed to, topics that interest them. Major points of discussion were recorded and shared with the whole group.

1. Access, eligibility and assessment for community care services

Under the proposed Community Care Review, HACC consumers will be assessed through a single access point. Some key questions and concerns about this arrangement were:

- Avoiding over-assessment of clients. The initial intake process should involve one assessment which HACC agencies can then update;
- Will the intake process have to be repeated for cross-referrals?
- Will assessments be comprehensive? Will they take into account individual circumstances, specific conditions or the individual's level of need?
- Will the needs of the carer be considered during the assessment process?
- Carers should be assessed in their own right;
- How will client demand and waiting lists be managed?
- How will issues of confidentiality be dealt with, particularly if a client does not want their personal details included in the common intake form?
- Will there be extra support to assist disadvantaged clients (e.g. people from a culturally diverse background, people with a disability)?
- Will one set of forms be used for all services?
- How will the administration be standardised? and
- Can demographic information be shared through a national database?

2. Basic tier community care services

Basic tier services are intended to ensure consumers with low level needs have access to basic services to enable them to remain at home. Some of the issues/questions raised by the group were:

- Services should be more flexible and holistic to take into account the needs of the whole family;
- How will the services accommodate the changing needs of consumers?
- The need for the community sector and governments to work better together; and
- The need for more than one entry point into services.

3. Packaged care

- A consistent fee structure is needed for HACC, Community Aged Care Packages (CACP), and Extended Aged Care at Home Packages (EACH);
- HACC packages should be adapted to provide more flexible and responsive care;
- Reconsider whether all CACP providers need to be attached to residential facilities; and
- Packaged care will require additional resources.

4. Input into Community Care Review working groups

The group felt that there needed to be opportunities for HACC consumers and community sector representatives to have input and representation on the Community Care Review working groups. Some suggestions were:

- Develop a process through which the HACC sector can provide direct input to the working groups, either through written submissions or presentations based on cross sector consultation;
- Expand membership of the working groups to include HACC consumers and representatives from the community sector;
- Elect a liaison officer from the HACC sector to report to the larger working groups;
- Working groups need to keep sector informed as issues arise and allow time for sector to provide input as opposed to informing sector after the event. The HACC/DS network meeting represents a regular opportunity to keep the sector informed and for the sector to provide feedback.

5. Role of carers in the Community Care Review

- Carers need to be acknowledged within all areas of the proposed three tier model;
- Improve awareness about the role of carers;
- Broaden the definition of 'carer' to include parents or children; and
- Differentiate carers (family carers) from support workers.

6. The introduction and implementation of HACC MDS version 2

- Agencies will require adequately resourced education, training and support to implement HACC MDS v2; and
- HACC MDS v2 needs to be more user friendly and incorporate the capacity for search functions.

7. Forming partnerships

- Foster a partnership approach between Disability and HACC at both the sector and government level. This would include clarification on links between Disability and HACC, a shared ethos, vision and values and uniformity around fees and administration.

8. Improving participation by people from culturally and linguistically diverse (CALD) backgrounds in HACC services

- Consult with communities on how to match existing services with their specific needs;
- Promote HACC services through radio advertisements, religious groups, ethnic clubs and community groups;
- Access specific ethnic communities through key community leaders; and
- Group consumers from similar ethnic backgrounds through activities such as church groups and english language lessons.

9. Youth issues

- Young carers (18yrs or under), who often have significant care responsibilities, need greater support in not only caring for a family member with disability but also in meeting their own needs;
- Young people with disabilities, especially in the 20-40 year old age group need a greater variety, style and choice of services, particularly in social, recreational and vocational areas. There needs to be links with employment and education;
- Assessment and service provision should be age appropriate; and
- Focus on integration into mainstream social activities and developing skills to manage transitional stages into adulthood.

10. Improving HACC services with the same funding

- Streamline services by sharing resources and reporting. Investigate opportunities for collective insurance, co-ops etc;
- Provide direct funding to services and ensure funding is allocated in a timely manner;
- Improve planning and data collection to capture unmet needs; and
- Take risks and adopt new approaches.

11. Workforce issues

- Implementation of the Community Care Review will have widespread implications for community sector workers. Staff will need to undergo regular training in order to be up-to-date on the single intake line system;
- Will workers be required to have standardised training?
- Will volunteers also require accreditation? If so, will this impact on volunteer's time?
- Uniform treatment of volunteers including standard reimbursement;
- Agencies need to take calculated risks in order to get the best outcome for the client;
- The requirement for worker's compensation and insurance takes a significant portion of an organisation's funds. This needs to be taken into account in service funding;
- Inequity in salaries, career structure, conditions, resources for community sector workers compared to workers in the public and private sector continues to be a major hurdle in attracting staff to the community sector;
- Fringe benefits such as salary packaging could be better utilised as an incentive for attracting staff to the community sector;
- There is a need for a continuing focus on the ACT Government's commitment to increase funding and reflect real increases in costs especially wage costs;
- Lobby for portability of long service leave entitlements;
- Training needs that were identified included:
 - Promoting and marketing organisations and their services;
 - Identifying unmet need; and
 - Locating funding sources and preparing funding submissions.

Priorities for 2005-06

Based on the day’s discussions and presentations, participants were asked to reflect on key issues for individual organisations and the HACC sector to progress in 2005-6. These were prioritised firstly in small groups and then by the larger group. Action plans were then developed for each of these issues.

Issue	Activities/strategies
Introduction of Version 2 of the HACC MDS data collection tool	<ul style="list-style-type: none"> • Adequately resource education, training and support for HACC agencies in the implementation of HACC MDS v2. This includes providing opportunities for inter-agency support (mentoring), particularly for smaller HACC agencies; • Provide agencies with regular feedback on data collected including an analysis of gaps and trends at both a local and national level; and • Provide regular updates on the progress of HACC MDS v2 at HACC/DS network meetings (standing agenda item).
Sector viability	<ul style="list-style-type: none"> • Provide input into ACTCOSS’ sector viability campaign, particularly around indexation and Industrial Relations reforms; • Inform HACC/DS network and the broader sector about developments in the sector viability campaign; and • Identify strategies for service sustainability, particularly for smaller organisations.

Issue	Activities/strategies
Impact/Development of the Community Care Review	<ul style="list-style-type: none"> • Monitor developments in the Community Care Review; • Improve awareness and disseminate information about the impact of the Community Care Review. This would include providing regular updates (verbal and written) at HACC/DS network meetings (standing agenda item); • Establish communication channels to provide input into the Community Care Review; and • Participate in consultations on the Community Care Review.
Consumer involvement in service development and HACC consultation processes	<ul style="list-style-type: none"> • At the individual agency level: Consumers should have input and choice over the types of services they require through: <ol style="list-style-type: none"> 1. community consultation 2. community development 3. feedback and evaluation • Explore ways in which consumers can be involved in broader HACC consultation processes.
Addressing unmet need	<ul style="list-style-type: none"> • Investigate whether existing reporting mechanisms (funding agreement reports) provide sufficient information to plan around unmet need; • ACT government to analyse information collected on unmet need, provide feedback on sector wide trends, and to inform the sector about what is being done to address this.

The key issues identified at the HACC Planning Day will guide development of the ACT HACC Annual Plan and the work plan of the HACC/DS working group. Workforce issues raised will inform ACTCOSS' sector viability campaign.

Attachment A – Innovations Gallery

A 'Gallery on innovations' was set up for viewing during lunch to showcase innovative projects developed through HACC growth funding. The following agencies prepared displays.

Respite Care ACT: Living Skills

Respite Care ACT received one-off funding under the HACC Program to conduct a Pilot Project during 2003/2004.

During the project a model of support strategies was designed and tested, to assist clients to increase their current abilities in daily living activities.

A small number of selected existing and new clients were asked if they wished to participate in the project.

The services provided as part of the pilot are essentially the same as those that Respite Care ACT currently provides i.e. in home support with personal care, meal preparation and social skills.

However, the emphasis in the support provided is on encouraging and empowering clients to achieve identified goals aimed at increasing their functional abilities and independence in one or more activities of daily living.

For each person, an assessment of their current abilities is carried out by the coordinator. The coordinator and the person identify and agree on a particular skill area that, if improved, results in an improvement in the person's independence and autonomy.

The person and the coordinator then together set goals to be achieved by the person in that particular activity.

Training is provided to enable support staff to assist the person to achieve their goals over an agreed period of time. Extra hours may also be allocated for this purpose. This allows the individual to learn or relearn skills to enable them to reach their goals.

Monitoring and review of the support and goals is carried out on a regular basis. Once a goal is achieved, new goals can be set in consultation with the person.

It is hoped that at the end of the project participants will be able to feel real sense of achievement in their increased independence in carrying out a number of tasks of daily living.

Northside: Centralised Respite Booking

ACT Health has commissioned a pilot program for a centralised assessment and booking service for in home respite and social support services in the HACC sector.

The pilot has identified the most efficient approach to improve coordination for assessment, referral and booking of in home based respite and social support services in the HACC sector.

The aim of the pilot was to develop an approach to improve service access for clients and carers through a central intake point, reducing the need for multiple assessments by multiple agencies and streamlining the administrative management of client information and referral. When completed the project will produce the following outcomes:

- A standardised referral and assessment process, based on the National HACC Initial Needs Identification (INI) and Ongoing Needs Identification (ONI).
- A client record system that allows efficient and effective information sharing across agencies.
- A comprehensive database and operating system of in home respite vacancies and social support will be developed to ensure effective and efficient data sharing and transfer.
- A reference group comprising of departmental, community sector and consumers representatives meets on a monthly basis to monitor the action plan and have input into the process.

The pilot is now past its first stages and has reached the technical stage of the project with live data transmission and marketing of the program identified as the next phase.

Alzheimer's ACT: Dementia Links, including Men's Program

Dementia Links was set up in 2001 in response to an assessed need for social support for people with dementia. It is funded through HACC and the ACT Government.

The program supports people with early stage dementia, and targets those who live alone. The program provides a weekly social group for six people, with a facilitator and a volunteer. Groups are gender specific at present, and they focus on the interests, capacities, and preferences of the participants. Groups visit museums and galleries, nurseries and exhibitions, and always include an opportunity to chat at a coffee shop or club.

The benefits from these shared experiences include improved community involvement, social cohesion and a new network of friends. The resulting positive environment seems to improve mood, reduce depressive symptoms

and increase enjoyment, and so meets human needs for companionship and social interaction in clients who were at risk of social isolation.

Sharing Places: Videos

Sharing Places is a not for profit community organisation that provides support for adults with disabilities. As a service that provides community access programs, Sharing Places supports inclusive practices and strives to involve its' clients in the community as much as possible. Sharing Places recognises the importance of having recognition in the community, which facilitates transition into everyday activities.

To increase the organisation's community profile, Sharing Places undertook to develop a series of Television Commercials to expand awareness of the organisation and its' aims and objectives. In conjunction with WIN Television, four commercials were created that showed the many and varied activities that Sharing Places undertakes within the community. Several programs were highlighted including Commuting, Indoor Soccer, Singing and Volunteering. As a direct result of the commercials, Sharing Places received many enquiries about the service during the duration of the advertisements on air. Also, while not formally measured, the organisation believes that the name Sharing Places has increased its' public profile. Having an increased public profile has made it easier for the organisation to develop innovative programs and activities which offers many new opportunities for users of the service.

It is hoped that in the future Sharing Places will be given the opportunity to run the commercials again, to further increase awareness and understanding of the activities offered for people with high support needs

Meals on Wheels: Frozen Meals and Lunch Clubs

In recent years Meals on Wheels has developed menus for clients in both frozen and fresh meals giving them choice, independence and importantly good food. Frozen meals now include a wide range of mini meals as well as the regular size meals.

Another innovation has been The Lunch Club. The lunch not only provides a venue to enjoy a meal with others, but it is an opportunity to give feedback on quality, taste and presentation of meals. It provides an enjoyable time for all clients, volunteers and staff.