



A Report on the ACT Home and Community Care (HACC)

PLANNING DAY

4 APRIL 2006

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Credit for the success of the 2006 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. Di Lucas wrote this report with support from the ACTCOSS staff members and the HACC/DS Working Group.

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1. INTRODUCTION

The fifth annual HACC Planning Day in April 2006 was well attended by approximately 75 people – HACC service users, carers, service providers, Government officials and health professionals. A sub-group of the HACC Network Working Group guided the development of the planning day. The day was facilitated by Lorraine Wheeler, KB Consulting and the ACT Council of Social Service.

This Planning Day took a different form to the Planning Days of past years. It was used as a forum to provide information to the sector about the reforms in Community Care (*The Way Forward*) and as an opportunity for consultation with the sector on the Australian Community Carer National Assessment Tool (ACCNA).

This report records information provided to the forum by the Department of Health and Ageing about the progress of *The Way Forward* reforms. It also reports on the information presented by the University of Wollongong about the development of the draft ACCNA tool.

The results of the consultation provide the report with the voices, concerns and proposals put forward by the participants. The consultation was an opportunity for individuals and services to work together to consider how to provide the best possible services for people in the ACT, particularly those with complex needs. The consultation focused on the implementation of the reforms and the proposed ACCNA tool.

The responses to these questions will provide a 'way forward' for the ACT as it joins other jurisdictions in putting into place consistent policies and processes to benefit the recipients of services provided by the broader Community Care sector.

2. OUTLINE OF THE FORUM

After a general introduction and housekeeping Tracey Duffy, from the Commonwealth Department of Health and Ageing provided an update on *The Way Forward*, detailing the proposed changes and processes for change in the HACC sector. The presentation provided information on the specific projects being undertaken in the reform process.

This presentation was followed by an introduction to the proposed Australian Community Care National Assessment Tool (ACCNA) by Peter Samsa, from the University of Wollongong.

Therese Gehrig from ACT Health then explored the implications for Home and Community Care (HACC) in the ACT.

The remainder of the forum was an opportunity for the participants to work together in small groups discussing the key questions:

1. What issues must be addressed in ACCNA?
2. What is required to make it work well for consumers?
3. What will the entry point(s) look like in the ACT?
4. What are possible barriers to implementation?
5. What strategies will assist in overcoming barriers?

Their feedback was shared with the larger group and provided a range of opportunities and strategies that were very consistent across the groups.

3. OVERVIEW OF THE WAY FORWARD

(Presentation by Tracey Duffy, Commonwealth Department of Health and Ageing)

The Way Forward was launched in late 2004 following consultation on a Discussion Paper released in March 2003.

Looking Forwards, Looking Back - A report on the 2005 ACT HACC Sector Planning Day (June 2005) reported that:

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*.¹

The review of Community Care in Australia resulting in *The Way Forward* takes into account the changing demography with the ageing of the 'Baby Boomer' population – a population that expects choice and many of whom will have the resources to pay for that choice. However there will still be those who will not have the resources to support their choice in how to live in their ageing years. While consistency is a major theme of

¹ ACTCOSS (2005). *Looking Forwards, Looking Back - A report on the 2005 ACT HACC Sector Planning Day*, p. 10

the reforms it is important to remember that people have different needs and the Community Care system needs to be flexible to cater for all.

Issues covered in the information presentation included:

- The 2002 review of community aged care programs found there was a lack of clarity in how services were provided at all levels. It highlighted gaps in service provision, inconsistency in communication methods and fee structures and inequity in how and where people accessed services.
- The process of reform commenced in 2005 after a consultation process and agreement at all levels of government involved in the community care system – Federal, State/Territory and local.
- The National Reference Group for the Review of Community Care is the main vehicle through which the Federal Minister seeks information and guidance.
- *The Way Forward* covers 17 Commonwealth funded programs and to ensure a more strategic and holistic view, a group of Community Care Officials has been established that has a number of working Groups. These Working Groups bring together officials from all jurisdictions. The Working Groups are:
 - Eligibility and Assessment
 - Packaged Care
 - Planning and Accountability
 - HACC Renegotiation
 - Strategic IM/IT Sub Group
- *The Way Forward* is an attempt to pull together all the pieces of the [community care] puzzle – 9 jurisdictions, 17 different programs, the services, funding bodies, peak groups, clients, other related services and pathways people take through the system. There is a need to be conscious of the intersecting issues and processes in place so any changes made in Community Care can have flow-on effects to other services. *The Way Forward* doesn't have all the answers'.

3.1 What will it all mean?

The broad goals include:

- For service providers – Coordinated planning and simplified and streamlined administration requirements especially for those getting funding from more than one program. There will be a reduction in duplication of forms and reports and the implementation of a tool that should cater for all the service requirements. There will be increased flexibility to meet the needs of clients and to provide a range of services and access to other services. The three tier model will combine the different stages to provide the best model for clients staying in their home.
- For carers –There will be better support and assessment of needs, and recognition of the value in the services and activities they provide.
- For people needing care and support there will be easier navigation of the system, clear information, a fairer system of assessment and eligibility and service types that are a better match to their needs.
- For special needs groups their needs will be considered in all the processes and reforms.

3.2 The three phase process

Phase 1, which has been completed, included the consultation process, the release of *The Way Forward*, and the establishment of the National Reference Group for the Review of Community Care.

Phase 2 is currently underway and is the research and development phase. It involves:

- The collection and analysis of information from all jurisdictions in an attempt to develop the most useful and consistent processes for all. It also involves consultation with the sector on the implications of any proposed directions. The areas being studied are:
 - Assessment for need and eligibility
 - Access to services
 - Eligibility criteria

- A common approach to determining consumer fees
- Accountability
- Quality assurance
- Information management and data collection, and
- Planning
- The review and redevelopment of the HACCC agreement. The review is looking at the arrangements between States/Territories and the Commonwealth with a view to streamlining administrative processes without impeding the flexibility of service providers.

3.3 The National Framework

The HACCC Planning Day Report 2005 introduced the National Framework and the 3 tier service model; Early Intervention and Information Tier, Basic Care Tier and Packaged Care Tier. It is at these levels that the reforms are seeking consistency across all jurisdictions through their eligibility and assessment processes. There is recognition that the movement of people through the tiers is not necessarily sequential.

3.4 Proposed Community Care system

The Way Forward provides a detailed description of the proposed system. Basically the reforms are directed at how a person moves through the community care system. The first point of contact will operate as a filtering and data collection point. If the person is not 'in scope' for community care programs they will be referred elsewhere and provided with information to assist their access to that service.

Once a person is determined to be 'in scope' they move to the eligibility and assessment process. If there is carer involvement, a carer assessment may proceed.

Assessment will determine if a person has complex needs and is better suited to a comprehensive assessment or if they might need a more specialist service (such as in the situation of incontinence or dementia). Most people will be referred to basic care services and/or referred to the

most appropriate service provider. There is a recognition that access points need to be flexible.

3.5 Current Projects

Currently each of the following components are being researched and developed in detail. The components will be put together and the system will be tested within the next 12 months to ensure that the outcomes will be achieved.

Eligibility – The aim is the establishment of a national framework with consistent targeting and eligibility criteria for people with like needs across all jurisdictions. However before completing work on eligibility, it is necessary to identify that the target population is appropriate. The project is:

- Looking at the HACC target population and how it is defined. The HACC target group is very broad using such descriptors as 'moderate', 'severe' and 'profound'.
- Considering what is the most useful measure to describe the population.
- Considering if there is any way of grouping people within target population and whether this would help the service provision?

Assessment – The assessment project is focussed on developing a framework with a consistent set of tools, and determining what tools need to be used when assessing someone with complex needs, and who should do this assessment.

The University of Wollongong has been working on assessment for basic care services. There is a draft tool and framework available for trial (see below).

With regard to Packaged Care services, surveys have been carried out with targeted service providers, and there has been a range of forums

around Australia discussing how comprehensive assessment might work in the future.

Assessment of Carers' needs involves trying to assess the level of 'care that is borne' and assessing the importance of providing services in a timely manner, before the relationship between the carer and the person breaks down.

Access – The COAG meeting in early 2006 made a commitment to implement access points by December 2007. The access points will be different in each jurisdiction, building on existing infrastructure where possible. This part of the project is looking at how these access points might work nationally and consistently, and by jurisdiction.

Consumer fees – Currently consumer fees vary across all states and territories for all Home and Community Care programs. A national model won't restrict access for those not able to pay but will bring equity and consistency into how service providers request and administer fees with clients. A mapping exercise is being conducted to determine what is happening now, and then a framework will be developed that is consistent and better suited to all Community Care programs.

Accountability – The reforms aim to introduce streamlined quality assurance reporting and financial reporting tools. Taking into account that HACC reviewed its standards in 2004 the project is looking at introducing a consistent standards framework across all Community Care programs. The projects include:

- A mapping exercise to determine what is current best practice for reporting.
- A trial of a standard financial tool for reporting.
- Links are being made with HACC to ensure there is consistency in terminology.

Information Management - All of the reforms will require some form of information and technology support. The research and development work

is exploring the IT needs. An Information and Data Management plan is being put in place to identify what is happening currently at government and service provider level, and exploring:

- the acceptability and achievement of a continuous client record,
- how to support the referral process from access point to service provider and to other referral points, and
- how to bring Commonwealth data collections together.

Planning – This component of the project is about to commence and will be looking at how planning is done by Government and by service providers, with a view to the Commonwealth being able to support service providers in their planning activities, and focusing particularly on Community Care and residential care programs.

Partnerships – The success of *The Way Forward* is reliant on partnerships. Service providers are being asked to provide feedback on all the research and development work to ensure the system works well for clients and service providers.

The process is one of gradual implementation, communication, consultation and evaluation at every step of the way. All the pieces need to fit together into a system that will support older people's choice to stay at home longer.

3.6 Issues raised

There was some concern about the ongoing inclusion of younger people with disabilities as part of the HACC target group. Some participants felt that these people were being ignored in the process of reform. It was reinforced that the national working groups are aware of this issue and what options exist and will be examining the amount of services provided to people within the various target groups. It was acknowledged that the assessment process is quite different for younger people with disabilities and for older people.

4. AUSTRALIAN COMMUNITY CARE NATIONAL ASSESSMENT TOOL (ACCNA)

Peter Samsa, from the University of Wollongong, presented an overview of the draft assessment tool. His presentation was part of the consultation program on the draft assessment tool. This is a summary of that presentation.

The National Intake Assessment System is a commitment by the Australian Government to 'fund the development of a nationally consistent intake assessment tool, encompassing the HACC dependency tool. The tool will, at a minimum, incorporate eligibility assessment for the HACC Program, the National Respite for Carers Program and the Day Therapy Centres Program. Appropriate pilot testing will be a key feature of this development work.'

The key issues being addressed by the ACCNA project include:

- The scope
- The purpose of assessment, and
- Compatibility with existing systems

The outcome of the new tool has to be an improvement on current practice not the lowest common denominator. The new tool will be broader than current tools because it is designed to capture a person's needs for the range of community care services, not just those provided by a single agency.

Other key points raised include:

- After mapping all the terminology used across the jurisdictions a common language framework was agreed in July 2005.
- Commonalities between jurisdictions are:
 - Common ideas and purposes
 - No single pathway through the system

- Community Care is a part of a bigger system and does not stand alone.
- There are 7 different assessment types:
 1. Determine eligibility
 2. Shallow and narrow assessment of need (one domain)
 3. Shallow and broad (more than one domain)
 4. Deep assessment of need (in depth interview)
 5. Deep and narrow
 6. Basic services including service specific assessment
 7. Exit/refer elsewhere

(ACCNA is type 3 - shallow and broad with some type 1)
- Not every consumer will receive an ACCNA prior to receiving services but should be assessed within 6 weeks.
- Not all services need to do ACCNA assessments – clients may be referred to another service provider to complete the assessment.

The role of ACCNA

- At a minimum the ACCNA should identify a person's basic level of need for services The role of ACCNA is to:
 - determine eligibility (if not already determined);
 - 'stream' potential clients either by referring out for comprehensive assessment, or by directing them to service provision or to other appropriate services; and,
 - assess consumer needs for a carer assessment.
- It is not designed to:
 - determine basic care vs packaged care;
 - determine priority for services within a specific type or level of service; or
 - determine the detailed content of a care plan.

The draft tool

The domains included in the draft assessment tool are:

- Eligibility
- Reason for Referral
- Functional Dependency profile

- Client goal
- Financial and legal profile
- Carer profile
- Self reported health conditions
- Social and emotional issues
- Action Plan
- Contact details
- Demographic information

There are a number of triggers to stream potential consumers – to other assessments, direct to service provision, exit/referral and triggers for carer assessment.

The next steps

An electronic version of ACCNA will be finalised and then a field trial will be conducted at a number of different levels:

- Level 1 - technical trial in South Australia and New South Wales.
- Level 2 – providers will be invited to access ACCNA on website <http://www.uow.edu.au/commerce/chsd/cap.html> to test useability and acceptability (they will be able to enter information but not save it);
- Level 3 - providers are able to register for a copy of the tool to trial within their agency; and,
- Level 4 - forum for targeted focus groups to evaluate acceptability for special needs groups.

4.1 Issues raised

Is the tool for telephone use only? It was originally designed for a telephone call centre but it can be used face-to-face. Paper and electronic forms will be available.

What about short-term clients? If after 6 weeks it looks like they will be staying in the system, they would be referred for an ACCNA assessment.

Is there an expiry date on assessment like ACAP? ACCNA is not a tool to measure progress. It is the preliminary assessment tool. For updates and change in conditions an additional assessment may be required but this is not the ACCNA.

How is it going to interact with other one-stop-shops? All system issues have to be worked out in the next one to two years. ACCNA is the front end to all systems collecting information – providing commonality etc. If the front end is right the rest may work together.

What next? After the Working Group agrees to the draft tool appropriate software will be developed, trialled and evaluated. Not all fields are mandatory so the trial will gather information about what really needs to be collected.

Other comments:

- The form should be able to record cognitive and physical reason for difficulty in taking medicine or handling money and 'rehabilitation' could be an option on the form where appropriate.
- Client has to be advised that information is being recorded on database and shared with others where necessary - should only be shared with client consent.
- Need to know right at beginning if person needs an interpreter not in section 6.

5. THE ACT CONTEXT

Therese Gehrig from ACT Health asked participants to consider what these reforms will mean in the ACT.

- What do we need to do to make these changes work for consumers?
- The need for clearly identified access/entry points. Does the ACT have a 'one stop shop', one assessment agency, or several agencies completing the ACCNA?
- What would an entry point look like?
- The implementation of a single assessment tool (ACCNA).
- What will assessment agencies look like?
- What about the person who just wants meals on wheels or just transport?
- What level of skills will assessors need?
- Who will be assessors?
- What are the barriers to making it work?
- How can we make sure there is consistency of eligibility and of assessment?
- How we can deliver HACC services in a better way?
- How will the ACT deliver on Commonwealth reforms by December 2007?

It was noted that;

- The ACT is participating and working with all jurisdictions on these reforms.
- The ACCNA development process has used the HACC Minimum Data Set as a building block.
- There will be no one defined model for access points it will look different across the jurisdictions depending on existing infrastructure and strengths.
- The HACC re-negotiation is progressing and the HACC target groups are remaining the same including frail aged, younger people with a disability and their carers.

5.1 Issues raised

Cross border issues were raised as a specific consideration for the ACT, which hosts a regional hospital catering to NSW residents as well as ACT residents. While consent can flow across borders funding doesn't and it is most important that people are linked back into the services in their home areas.

6. CONSULTATION

Participants in the Planning Day worked in small groups to consider the following questions:

- What issues must be addressed in ACCNA?
- What is required to make it work well for consumers?
- What will the entry point(s) look like in the ACT?
- What are possible barriers to implementation?
- What strategies will assist in overcoming barriers?

Each group summarised their discussions on butchers paper.

The responses from the various groups were generally consistent and have been presented under general themes in this section.

6.1 What issues must be addressed in ACCNA?

- 'Consent' was a key issue raised by all groups. It is regarded as *'an issue of privacy [and confidentiality], not a field of the form'*.

Consent is essential at specific stages of the assessment process:

- to collect and record the personal information;
 - to provide the minimum data required by the MDS; and,
 - for sharing the information with any other agency for referral purposes.
- The draft assessment tool was also a key issue, specifically:
 - The draft tool appears to be complex and very long. It is important that it is user friendly. It needs to be appropriate for either face to face or telephone assessment.
 - The accuracy of information provided cannot be guaranteed but the tool itself needs to be secure with up-to-date information and with mechanisms in place to ensure the integrity of data.
 - Opportunities are needed for ongoing consultation and testing before implementation, and its implementation needs to be clear regarding how it is to be implemented, by whom, where and what control mechanisms are in place.

- Decisions need to be transparent about dissemination and accessibility of the data.
 - There is support for the availability of multiple responses to questions and for consistent and clear language and definitions.
 - Concerns were expressed about how appropriate the form would be for children, and how it can be used as a continual record or adjusted when tracking changes in personal circumstances across multiple agencies involved (including GPs).
 - With regard to the content the overwhelming greatest concern was that demographic information needs to be obtained first and it must include questions about the need for an interpreter. Eligibility also needs to be established as the priority of the form.
 - It was also suggested that the content could include: with reference to the use of other services, when was service commenced and when did it cease; the pain assessment scale could mirror the one commonly used which has a scale of 1-10; and there could be space for a discharge/exit plan.
- The skill required by the assessors was consistently raised in a variety of contexts as being of great importance. Comments included:
 - It's a complex tool and requires skill to ensure the 'scoring' is appropriate.
 - Assessors, whoever they may be, need to be qualified and specifically trained – this has implications for training strategies. They will need to be skilled in dealing with complex issues such as mental health and have highly developed interviewing skills to ensure their assessment is appropriate.

- Client service was also of great concern to the participants, specifically:
 - Access
 - There were concerns that the assessment tool is to be designed for a phone based assessment and there is strong support for the flexibility of people having access to face-to-face assessment interviews. Face to face interviews are seen as a better way to provide information and to support people to decide their needs and preferences.
 - Prioritising access must maintain the appropriate balance of the client's needs. There was also a query about people with low priority and what access they will have to services.
 - Client choice is important and consultation with clients/consumers is essential.
 - Diversity of clients
 - How will the system work for short term clients and will it be suitable for one-off services?
 - How can we ensure that a national approach maintains cultural sensitivity?
 - How will it interact with residential support when a young person with a disability can no longer live at home?
 - The tool is not seen as being necessarily appropriate for people with disability.
 - Service delivery
 - How is it going to improve service delivery?
 - Will it address the 'silo effect' of aged care, disability and mental health?
 - At the top of the tier there could be a bottleneck as people exiting the system will be relying on the availability of appropriate accommodation.

6.2 What is required to make it work well for consumers?

- The assessment process
 - Access to the process is most important. There needs to be options of phone or face-to-face assessment, and even the option of a free call for a phone assessment. Assessment should not be rushed and there should be a guide for consumers through the process.
 - Consumers should have access to interpreters immediately (through a question regarding cultural background and language at the front of the form).
 - In times of crisis interpreters and appropriate information must be available.
 - There should be opportunities (where possible) to collect data at different times – essential information at first contact and more data collecting at other stages.
 - The information collection could be tailored to need - entire form for clients with complex needs, part forms appropriate to client needs.
 - The process needs to be simple, easy, short, relevant to consumers' needs, personal, and non-invasive.
 - Referrals to other agencies must be timely and appropriate

- Assessors must be highly skilled in both phone and face-to-face assessment; *'An excellent assessor who is sensitive, alert to what may not be expressed, able to gently probe as well as knowledgeable about the range of services available'*. They must have:
 - Extensive information regarding all services available
 - Cultural sensitivity in asking questions
 - Working conditions to ensure continuity of personnel

- Education of the community is essential to ensure people know how to access the system and how it will work for them. This should be available through a range of different media.
- The sector as a whole needs to embrace the assessment tool. This will ensure people do not have to repeat their stories time and time again. There also should be:
 - Cohesion, integration and partnerships between all levels of government and non-government organisations
 - Quality services available
- The consumer needs to feel confident about the system and have the opportunity to make comments about how it works for them. It will be of benefit to the consumers if there is ease of movement through the three tiers and relationships between those tiers. Consumers will also benefit from:
 - Choice of support
 - Continuity of service delivery
 - Only getting what is required and not being overloaded
 - A continuous client record
- Implementation of the process must follow extensive trials across the broad sector and be supported adequately with increased resources.
- Infrastructure
 - A centralised database for agencies to feed into to would assist in keeping records current.

6.3 What will the entry point(s) look like in the ACT?

There was a range of views put forward about the best entry points in the ACT.

Flexibility is a key component with people being able to access an entry point by phone (including access outside business hours) or face-to-face (via walk-in or home visit) and immediate access to an interpreter service must be available.

Other suggestions included:

- There should be multiple entry points for ease of access. People should be able to enter the system at any agency or organisation and that agency should be able to assist the person by either doing the assessment (if they can) or arranging for assessment through another agency. Preferably all agencies would be able to do assessments but this would have implications for training resources.
- The regional community services could be an entry point for their areas, or at least a Northside and Southside entry point.
- There could be a combination of a single entry point and agency entry point.
- The existing infrastructure could provide an entry point such as Carelink, or the Community Health intake system, hospitals or Aged Care Assessment Teams.
- There was some support for a 'one-stop shop', a shopfront, or a Community Care hotline that could be zoned to the local area.

Other issues to be considered in this context included:

- Direct communication between any central intake point and service providers
- Acknowledgement of referrals
- Notification of commencement and cessation of service
- Links with Comcare
- Links with Disability ACT and LAC (Local Area Coordination)

Whatever the entry is it must have staff who are well trained.

6.4 What are possible barriers to implementation and what strategies will assist in overcoming them?

Barriers	Strategies
<p><i>Inadequate resources to support:</i></p> <ul style="list-style-type: none"> • Timely implementation, • Training requirements, • Increased service demand • Increased workload, and • Capacity of agencies 	<p>Increase resources to support:</p> <ul style="list-style-type: none"> • Implementation of assessment • Training • Support during change over • Increased administrative capacity • Care coordination • The human resources required <p>In the interests of equity have a commitment to ensure there is no duplication of systems</p> <p>Partnerships and exchanges of information between services to support each other.</p>
<p><i>Resistance from services to accept the changes manifesting in:</i></p> <ul style="list-style-type: none"> • Reluctance to share information, • To raise their standard of service, • To review their cultures and philosophy <p><i>Resistance from clients particularly in relation to any fees.</i></p>	<ul style="list-style-type: none"> • Ensure ease of access to the system (one phone call instead of ten) • Conduct education and media awareness campaigns for service providers and clients • Ask only for information required • Develop constructive links and networks • Provide choices and options • Minimum requirements can be written into contracts • Evaluate and provide evidence of the benefits of the changes

	<ul style="list-style-type: none"> • Implement a continuous client record
<p><i>Access and fair and equitable service delivery</i> taking into account:</p> <ul style="list-style-type: none"> • Language/ Comprehension • Aboriginal and Torres Strait Islander needs • CALD needs • Disability and age, and • Access to services in times of crisis and ongoing 	<ul style="list-style-type: none"> • All organisations need to become more culturally competent (different to cultural awareness) • Numerous entry points, culturally appropriate and flexible • Culturally appropriate assessors who understand specific needs • Age appropriate staff • Client friendly services • Communication/negotiation skills • Funding match with client needs • Partnerships with mainstream organisations • Flexibility
<p><i>Assessor skills</i></p>	<ul style="list-style-type: none"> • Suitable training and support programs for staff, carers, clients • Recognition that it is a specialised role
<p><i>Cross border issues</i></p>	<ul style="list-style-type: none"> • National approach
<p><i>Community expectations</i> and confusion about the new system</p>	<ul style="list-style-type: none"> • Community education programs • Support for clients through the changes and to the new system
<p><i>Privacy/confidentiality</i></p>	<ul style="list-style-type: none"> • IT security/legislation • GP to keep copy of ACNNA • Establish level of need and eligibility and only fill in specified and relevant sections • Procedures set up to ensure the ability to share information appropriately • Inform clients of rights, advocacy

<p><i>Relationships between Commonwealth and States/Territories and links between relevant Departments (e.g. Disability and Health)</i></p> <p><i>Government bureaucracy</i></p>	<ul style="list-style-type: none"> • Project planning • Input from NGOs.
<p><i>Communication and referral</i></p> <ul style="list-style-type: none"> • Referral and follow up of referral • Delays in assessment and referral to agencies • Lack of common understanding 	<ul style="list-style-type: none"> • Prioritise an understanding about consent • Consultation and communication • Appropriate language and common definitions • Common prioritisation process • Good understanding in sector about ACNNA • Awareness of services provided and accessed
<p><i>Information technology</i></p> <ul style="list-style-type: none"> • Compatibility • Logistics, funding, resources and training • Affordability 	<ul style="list-style-type: none"> • Funding for training and systems • Work within existing software packages • Investment in IT equipment
<p><i>Assessment process</i></p> <ul style="list-style-type: none"> • Length of assessment • Telephone assessment only 	<ul style="list-style-type: none"> • Asking relevant questions for client needs • Use telephone interview for basic information then further face-to-face interview
<p><i>Implementation</i></p> <ul style="list-style-type: none"> • Who is going to manage and administer implementation? • Are timelines realistic 	<ul style="list-style-type: none"> • Strong Federal/Territory assistance to NGOs.

Conclusion

This Planning Day took a different form to the Planning Days of past years. It was used as a forum to provide information to the sector about the reforms in Community Care (The Way Forward) and as an opportunity for consultation with the sector on the Australian Community Carer National Assessment Tool (ACCNA).

The planning day was an opportunity for individuals and services to work together to consider how to provide the best possible services for people in the ACT, particularly those with complex needs.

The feedback from service providers at the planning day will be used by the ACT as it joins other jurisdictions in putting into place consistent policies and processes to benefit the recipients of services provided by the broader Community Care sector.