

Building the Sector, Building HACC

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Integration and Innovation into the Future

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ACTCOSS pays our respects to the traditional elders of this land and recognises the displacement and disadvantage they have suffered since European settlement. ACTCOSS celebrates Aboriginal and Torres Strait Islander living culture and the valuable contribution they make to communities across Australia.

The ACT Council of Social Service Inc. (ACTCOSS) is the peak representative body for not-for-profit community organisations, people living with disadvantage, and low-income citizens of the Australian Capital Territory. ACTCOSS' objectives are representation of people living with disadvantage, the promotion of equitable social policy, and the development of a dynamic, collaborative and sustainable community sector. The membership of the Council includes the majority of local community based service providers in the social welfare area, a range of community associations and networks, self-help and consumer groups and interested individuals. We have been working on issues of sector development and addressing social disadvantage since our formation in 1963.

Thank you for joining us today to talk about the important topic of sector development. Community sector organisations often reach people that governments have difficulty getting to, through long-term contact, reputation and integration within communities experiencing disadvantage. And it is through the diversity and differences in philosophy and approaches that we can collectively respond to a wide spectrum of needs and tailor our approaches to individuals and specific communities. It is due to these rich diversities that community organisations tend to attract workers and volunteers with passion, commitment and enthusiasm for their work. However, the benefits are not generated from passion and commitment alone. Community organisations need the resources to build and maintain their capacity so our clients can be provided with the maximum benefits.

So in this environment, who is using HACC services In 2008-09 there were a total of 11,292 clients that accessed HACC services in the ACT – approximately 3% of the total population. 66.5% of ACT clients were female, compared to 63.7% nationally.

Overall 58.1% of clients receive a pension of some type. This may be significantly under reported as 27.8% of clients do not have pension status completed within the minimum data set collection. The most common pension type is the age pension, being 36.4% of clients.

Research undertaken by National Centre for Social and Economic Modelling (NATSEM) in 2007 found that if you are living on low, or no income you are more likely to be aged (over 65), living alone and a woman.¹

¹ NATSEM *Characteristics of Low Income ACT Households, 2007*

The age profile in the ACT closely mirrors the Australian profile. The highest number of clients is in the 80-84 year group, representing 17% of ACT HACC clients. Persons aged 0-49 years represent 16% of HACC clients but are higher service users consuming 31% of total hours of service.

Aboriginal and Torres Strait Islander clients were 1.1% of ACT HACC clients, this compares with 1.3% of the total ACT population being Aboriginal or Torres Strait Islanders.

33% of ACT HACC Clients were born in a non-English speaking country.

Almost half (49.3%) of HACC clients use only one service type, with this being most common for the 70-84 year age group. 7.3% of clients with complex care needs use 5 or more service types.²

The sector has expanded rapidly over the past 10 years, particularly driven by demographic change, and will continue to grow in the coming decades. For example, in 2003-04 our personal care hours were 52,204, increasing by 32% by 2008-09 to over 60,000 hours.³

However, at the same time the requirements of governments have changed as the sector has grown, with greater emphasis on data collection and evidence-based policy, increasing requirements for accountability for public funds, and moves toward integrated and co-ordinated delivery of services across the whole of the community sector.

A range of reforms at a national and territory level, implemented over the last decade have had a significant and enduring impact on the community sector in Australia. This includes:

- Purchaser-provider procurement arrangements;
- Contracting and output-based funding;
- Shifts in welfare policy from government provision to markets and individuals; and
- Privatisation of services and deinstitutionalisation.

The reform process has resulted in what Spall, writing in the *Australian Journal of Social Issues*, calls organisational 'fragility' amongst many community-based organisations⁴. Barraket writing in 2006 for the Victorian Council of Social Service describes the shifts in social policy noting the trend towards smaller government and market strategies to meet social and economic need.⁵ Since the 1990s policy makers have become increasingly concerned about the concentration of disadvantage in particular localities leading to an emphasis on place based responses to disadvantage and integrated cross departmental approaches. An emphasis on local responsiveness, partnerships community engagement are all associated with these shifts.

² Minimum Data Set (MDS) information 2008-09, as quoted in ACTCOSS 20101 HACC Sector Planning Day Report, 2010

³ ibid

⁴ Spall P and Zetlin D "Third Sector in Transition – A question of sustainability for community service organisations and the sector?" *Australian Journal of Social Issues* Vol 39 No 3 August 2004

⁵ Barraket *Community Sector Sustainability: Research evidence and public policy implications*, Sector Sustainability Task Group, VCOSS, August 2006 pp18-19

The implications of these reforms in public administration and shifts in social policy are significant for a sector that has traditionally relied on government funding. These implications include:

- Increasing expectations by government about what can be delivered within a context of controlled funding;
- Devolution of service delivery accompanied by a perceived need to introduce stricter accountability and complex reporting requirements;
- Complexity of funding arrangements associated with a shift to individual purchasing of services;
- Emphasis on direct outputs and quantification of services provided, reducing the capacity for preventative and collaborative work;
- Impact of competitive tendering operating against one of the traditional strengths of the sector; that is, the capacity to work collaboratively and across the gaps that occur within government between departments; and
- Greater complexity of client needs associated with the inability of the service system to cope with increased pressures resulting from deinstitutionalisation, homelessness, drug use, etc.

So, in the ACT, how have we responded to these demands? The ACT HACC Sector consists of 30 service delivery organisations, working across around 98 programs. A decade ago ACTCOSS entered into an agreement with the ACT Government to support the sector in the implementation of the Minimum Data Set collection and processes. The project evolved, became embedded and broadened to support the ongoing development and linkages within the sector. Over the previous ten years the project has been flexible and responsive, changing to meet the needs of the sector as they arise.

Sector development support for HACC agencies is focused on networking, professional development and information sharing. The work of ACTCOSS with the local HACC sector has aimed to

- Provide effective support to service providers and service users through reform and development initiatives;
- Foster collaborative relationships between providers, government, consumer representative agencies and related sectors; and
- Support high quality and effective service provision through clear outcomes in areas such as resource development, advice, relationships and skills enhancement.

Currently we do this in a number of ways.

The ACT HACC sector comes together monthly in a networking forum. The forum includes organisational profiles, updates from relevant departments and the opportunity for organisations to discuss pressure points, and where vacancies exist, when they do! New staff come along and meet others in the sector, communication and connection is key to the success of the network. Participants have found the networking to be

- “a great opportunity to find out about services and networking”
- “good opportunity to meet people, broaden knowledge of what services are out there and what is offered” and
- As one participant put it “It is always good to know what is going on”⁶

⁶ ACTCOSS, Evaluation of HACC Network 2010 (unpublished)

At each meeting service updates are collected and circulated on a HACCCDS email list – currently accessed by 190 members, and used daily to share information on programs and opportunities. A working group was established early on the project to support the work of the network, allowing some more detailed planning, and responses to key topics. And then there are ranges of regular professional development seminars offered, with topics being selected for how they respond to the needs of the sector. In 2010 topics covered included professional boundaries and ethics, privacy and confidentiality, as well as Occupational Health and safety. These sessions regularly book-out and are repeated when possible.

On and off over the last 10 years there has been ongoing discussion about how we, in a small jurisdiction, also capitalise on these connections for strategic policy input. Our annual planning days have been helpful forums to discuss national and local whole of sector issues, including common access points (not yet implemented) and workforce issues. The challenge here has been the capacity to engage, on a whole of sector (rather than organisational) level.

However, all these different components combine, from on –the ground to senior management level. The HACC Annual report shows 90% of agencies in the ACT received a ‘good’ or better rating through the external review process and 100% are participating in data collection for the MDS. And the organisations also benefit from being closely linked to the peak – the council for social service that is working more broadly across the sector. Such as being able to access broader development, leadership training and policy engagement on a range of issues, including transport and the ACT Budget. *Example of the transport project*

So if the primary objective of the HACC program is to provide services to enhance the quality of life of people who have disabilities or are frail, enabling them to live as independently as possible, then this depends on our staff who make up the sector and enable this quality. The networking, and professional development and communication tools made sound simple, but unless there are dedicated resources and supports for such things, they don’t happen. We know that through collaboration we have a greater chance of addressing the gaps in service delivery, for our clients, as they arise. We criticise government so often for working in silos we need to be careful not to repeat these mistakes ourselves.

Many of the services provided through the HACC program are indistinguishable from services that are provided by the regional community services to older people and through Disability or health agencies to people with disabilities. These include a range of services provided with funding allocated to mental health and to community health support. Mental health funding is, among other things, used to provide respite services while community health support funding is available to support information and advocacy services. Irrelevant of the funding program the needs being supported are basic human needs, which assist people to continue to live their lives as part of the community in the way that they choose. For most, though not all, of those supported by HACC their needs will be ongoing and long term.

The need for new or expanded roles and functions in cross-disciplinary practice, case management, case coordination and service coordination are emphasised in the

Community Sector and Health Industry Skills Council's Environmental Scan for 2011, released last month, to address the increased focus on client functional independence, as are the greater complexity in client needs and the demand for more client/person-centered service delivery approaches.

Workforce planning skills are not widely available in community services and health, and these skills are needed to prioritise education, training and career development opportunities. The Scan goes on to state these skills are needed at the organisational level as well as at sectoral, state/territory, regional and national levels. The need for increased management and leadership capacity is emphasised again, especially in order to facilitate change.⁷

Stakeholders have also identified the need to enhance workforce supply through increased community awareness of changes in industry and how job roles, education and training and careers contribute to future service delivery.

The equal remuneration case has brought into stark relief the complexity of funding arrangements and relationships across the community sector. The challenge of implementing higher wages in this context is significant and it will be tempting to focus on immediate strategies for short-term gain.

But in any equal remuneration order by Fair Work Australia, the implications will not be one-off; they will be integral to the ability of the sector to operate effectively and efficiently into the future. The extensive work that has gone into this process by community sector workers and employers, by unions and by governments will be in vain unless it secures the ongoing sustainability of these vital services. This depends upon services attracting and retaining staff with the necessary skills and experience to support their clients effectively.

We know the focus of our work is the wellbeing of our clients. But this does not happen without the wellbeing of our staff. What I have been talking about today is not 'rocket science', it is simple engagement. Providing opportunities to network, share and collectively address a range of issues means the ACT HACC sector is facing these challenges well. However the national reforms have not committed to ongoing sector development. Engagement doesn't happen unless it is prioritised, organised and supported.

And all of this is taking place on the background of population projections that show people aged 65 and over will form a growing proportion of the ACT, from 10.2% currently to 21.9% by 2059, or more than 122,000 people.⁸ So we need to ensure we are getting it right now, so we maintain strong foundations to respond to the growing need.

The challenge of reform is one entire community the sector approaches with gusto, but it needs to be addressed in a holistic and cohesive way, not in the piecemeal and often sporadic way that it can occur. This increasing demand for services has not been matched by an equal attention to developing the sector's workforce so it can meet the needs of the community into the future. Ultimately, the community sector will be unable to deliver the services required under a "business-as-usual" approach.

⁷ CSHISC *Environmental Scan 2011* March 2011, p.13

⁸ Chief Minister's Department *Population Projections* <http://www.cmd.act.gov.au/policystrategic/actstats/projections>