



**Dream lofty dreams, and as you dream,
so shall you become. Your Vision is the
promise of what you shall one day be.**

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Introduction

Since 2004 all stakeholders – consumers, carers, services providers and Government – have agreed on the need for reform of Australia's community care service system. ACSA lead the charge with the development of a vision statement, with a number of partner organisations, in 2003. As a result Government introduced *The Way Forward* reform agenda and undertook the *Subsidies and Services Review*. While these attempts have been laudable they have moved slowly and not resulted in any significant improvements for people receiving community care services.

The reasons for the reform that all agreed to remain:

- An increasing numbers of older people and younger people with disabilities who want to remain living in their own home and community; and
- an unnecessarily complex system of care.

It is time to seriously address these issues.

Community Care is Essential

Community care is, and will always be, the foundation for supporting our growing ageing population. It already supports approximately 1 million people per year. It is a growing element of aged care and is becoming increasingly central to aged care provision.¹

Community care is important in enabling the efficiency and effectiveness of a range of health services, including acute care. People are discharged more quickly from hospital now than ever before and it is community care services which provide much needed monitoring and support to ensure the older person is able to manage at home. This support also helps prevent unnecessary and costly readmissions.

Community care services can also support older people to remain active contributors to Australian society. A study in 2003 by de Vaus and colleagues demonstrated that older people make valuable economic contributions. They estimated that Australians aged over 65 years contribute almost 39 billion dollars per year in unpaid caring and voluntary work.² This contribution is not always recognised or valued.

It is imperative that we invest in envisioning, planning and delivering more and better community care services.

So what needs to happen?

The Rudd Governments policies recognise the impact of an ageing population. It has identified some new policy agendas, such as social inclusion, as well as areas which need to be reformed, such as the health and hospitals system, to ensure the needs of our ageing population can be effectively met.

If we are to successfully meet the changing needs of Australia's population we require a bold vision and reform agenda for community care. We must move beyond tinkering around the edges and fundamentally change the existing system.

¹ AIHW Aged Care Statistics Series Number 27 Aged care packages in the community 2007-07: A statistical overview August 2008

² De Vaus, D, Gray M, and Stanton D (2003) Measuring the value of unpaid household, caring and voluntary work of older Australians, Australian Institute of Family Studies, www.aifs.org.au/institute/pubs/respaper/rp34.html

ACSA believes that this is the only way to create a new generation of community care. One which is not wedded to existing programs and accountabilities but which focuses on the needs and choices of an individual and builds a system that enables that to occur.

This paper therefore focuses only on the main features of a future community care system. It does not link this to the existing service system (and its issues) or outline what needs to be changed in order to achieve it. To do this would bog us down in the present challenges and limit the scope of the vision. ACSA's submission to the Australian Government Review of Subsidies and Services outlines this information and can be downloaded at www.agedcare.org.au.

It is important to first dream about what community care could be. Then the vision needs to be shared and agreed between the stakeholders. Once that has happened we can work together to make the required change from the existing to the new system – the next generation of community care services.

New Generation Community Care

Flexible packaged funding, from one Government program, which is able to be used to provide or purchase the supports and services required to enable an individual older person or a younger people with a disability to remain living in their own home and community.

Consumers have a greater say in, and more control over, the services and supports required and provided.

Community care providers are funded in line with the real costs of providing care and support. Accountability requirements focus on the outcomes for individual consumers.

New Generation System Characteristics

Community care services receive flexible, sustainable funding focussed on the person's needs.

Funding is based on an individual consumer's needs. Each consumer receives a notional or indicative budget. The funding can be used for specific episodes of restorative care and/or ongoing support services. This funding may be provided to a service organisation or directly to a consumer to manage. Where a consumer elects to directly manage the funding they will be able to receive or purchase services from an individual provider or from a network of services.

Funding will support low, medium and high levels needs with the provider able to increase or decrease supports provided in line with changing needs. Regular reviews of the consumer's needs and associated funding will occur.

The consumer and their nominated advocates (family/friends or independent advocate) work in partnership with the provider to determine the most appropriate/relevant services and support to be provided. All types of services, including purchase of aids and equipment are in scope.

System wide and infrastructure and costs will also be funded either through:

- preserving a proportion of the individual budget; or
- a separate Government funding stream direct to providers.

These costs include:

- assessment (both eligibility and needs) and case management, emergency, episodic or transition services for consumers; and
- research & development, IT, training and administration for service providers.

All funding is indexed in line with the rising costs of providing care and services.

This approach introduces and supports individual choice and control.

Community care services focus on an individual's capacities, independence and wellbeing.

An assessment for community care services is undertaken to determine eligibility and needs - what the person is able to do for themselves, what they could do for themselves if they were supported to regain or maintain a skill and what they require assistance with.

Some consumers will have skills that they need support to regain or maintain. Where this is the case services will have a restorative or re enablement focus designed to help them re gain the skill. This type of support may only be provided for a short period of time.

Where ongoing assistance is required (and individual consumers may require a combination of a restorative approach and ongoing assistance) the consumer will determine what services and support will best meet their needs with the support of the provider.

Individual consumer needs will change over time. Periodic (re) assessment will monitor and respond to changing needs by making adjustments to service provision and funding levels.

The aim of this approach is to enable the individual to manage their own life as far as practicable or desired.

Community care delivers a broad range of services.

Any community care service or support is in scope if it enables a person to continue living in their own home. The assessment undertaken will identify what is required in all of the areas of the person's life including health services, social support, assistance with daily living, nutritional requirements etc. This will include the ability to use funds to purchase aids, equipment or other assistive technology solutions.

Community care is part of a continuum which involves GPs, health professionals and public and private hospitals. This approach to funding and service provision will enable the effective integration of health and community care services at an individual consumer level.

A balance of self, family, community, environmental and social support is required to enable a person to remain living in their own home.

Community care services will acknowledge and support, not replace, the role of the persons networks. Services and supports will be built around the existing and desired roles people within the network have and/or want to play.

Where a person has no support network community care services will seek to facilitate and establish (re) connection to such supports, filling in the gaps as required.

This approach will assist in ensuring the social inclusion of older people. It is acknowledged though that community services alone do not achieve this balance. Appropriate housing design and community infrastructure is required to support older people and younger people with disabilities in their own homes. If these elements are right they can delay or decrease the support needed from formal care services and makes such services easier to provide when they are required.

There is a shared responsibility between the consumer, their carer and the service provider.

The consumer, carer and service provider relationship is based on a shared or mutual responsibility to enable the person to remain living in their own home. The consumer and carer are empowered to express their needs and preferences and exercise informed choice in selecting from the services and supports available.

The service respects and honours the consumer and carer and the consumer and carer do not expect the service to meet all of the needs they may have.

Community care is a single Government funding program.

Individually based funding means that there is only one program of which consumers needs to be aware. Once they access that program they are able to utilise the full range of services within the system based on their assessed needs and in discussion with service providers.

Its flexibility means individuals are better supported and that it is less complex and more streamlined to manage for service providers.

There will be shared responsibility for paying for services.

Consumers and Government will both need to contribute to the costs of care and support.

Accommodation costs will be met by the individual if they have sufficient means and by Government if they do not. Accommodation choices will include public and other forms of affordable housing, rent assistance, financial support to access residential or other forms of supported accommodation.

Service and support costs will be met by a combination of public and the persons own funding. No one will be denied access to the essential services they require if they are unable to pay for them.

Health insurance, or other such schemes, will be able to be used to offset the cost of care services delivered.

Purchasing arrangements for community care services will be transparent.

The community care service system is characterised by a more co-operative and productive relationships between funders and providers.

The entire system is characterised by a partnership approach between consumers and providers and providers and funders (including Government). All interactions are based on the principle of “doing with” not “doing to or for”.

The funding system will be more efficient with relevant accountabilities.

Providers will fulfil accountability and reporting requirements to funding bodies. They will engage with Government to outline what is, and isn't, working on the ground and together solutions will be identified at both a local and global level.

Governments will have a simple accountability framework which will collect the necessary financial, quality, consumer and service information required for effective monitoring, planning and program management. The focus of the accountability framework will be on the outcomes achieved for consumers.

Community care is delivered by a high quality and committed workforce.

Care work is a valued career that employees actively seek out. Service providers have the funding to pay wages that reflect the knowledge, skills, competencies and attributes of care workers.

Next Steps

***Vision without action is merely a dream. Action without vision just passes the time.
Vision with action can change the world. – Joel Barker***

This paper represents the first step in imagining a better community care service system. It will be used as a base document for discussion within the ACSA Federation initially, but also with other key stakeholders, to shape what we believe is needed for the community care system of the future.

This will be done over the coming months with ACSA using the ideas and suggestions generated throughout this discussion to draft and release an agreed vision for the next generation of community care provision.

A strategy for engagement on taking this vision forward will also be developed.

Please contribute your ideas and expertise to this important endeavour.