



ACSA's 2nd National Community Conference included a wishing line where delegates were able to make a wish for the future of the community care system. This documents the wishes that were made. ACSA will use the wishes as ideas and inspiration in its ongoing policy and advocacy work.

June 2008.

Workforce Wishes

Fund community services adequately so they can pay staff a decent salary

- Years of service SACS Award too low for type of work and care done. Stops increasing.
- Please raise the profile of nursing and aged care – in the media. Ads in prime time television/posters at bus stops and shopping centres – illustrating the rewards and benefits of the industry.
- Recognition of skills of individuals and support and give people opportunities to grow in the industry especially when they make the choice to enter the industry.
- Fund management positions in HACC
- To be recognised as a career of choice
- Increase award for care workers to attract staff – petrol price: Up / staff burn out: Up
- Financially acknowledge Cert III qualifications.
- An industry based long service leave system transferrable from 1 job to the next with the community care sector.



Packaged Care Wishes

- \$ top up capacity for CACP's packages
- Funding for a high level CACP budget to an EACH/EACHD
- Research into recovery based models for care packages eg CACP/EACH. What potential is there for recovery and transition to lower service levels?

- Accountability for unfilled CACP's. If an organisation cannot fill them, move them to an organisation that can.
- Where a referral has been made for CACP's and a HACC service is in place a transfer to CACPs can occur but with HACC providing 2 hours per week at no cost for 6 months.
- Review CACP's eligibility in QLD (need assistance with personal care)
- If personal care needed person should be in residential care
- More CALD CACP packages for migrant communities urgently please in Western Australia.
- Funding for a community package between CACP and EACH
- Identifying, financial disadvantage, mental illness, dementia
- More EACHD in Canterbury Sydney
- GPs often do not know if their patients are on a CACPs or EACH. Please liaise with them.
- Ageing in Place for CACPs or CACPs plus
- More homeless CACPs
- Greater Flexibility HACC services/CACPs/EACH
- Expansion of ACHA programs
- Funding to continue for CACP clients who die or go into nursing homes while the provider ties up the loose ends. At least 2-4 weeks funding OK.
- In QLD providers have CACPs vacant and ACAT assessed clients are waiting.
- An increase in CACP funding social/lifestyle needs cannot be accessed with such minimal funds and increasing fees for services.



Mental Health Wishes

- More monitoring for mental health please!
- More funding for mental health, social support programs including outings paid for due to financial restrictions.
- Respite for carers of those with mental health problems

CALD Wishes

- More CALD Issues at conferences (2 wishes made reference to this)
- CALD Communities are under represented in services and there is a need for more ethno specific day care and social support.

Nutrition Wishes

- More Community Dietitians to assist with addressing the issue of malnutrition
- Nutritional needs of the over 90 year old.
- Nutritional needs and strategies to improve contact of clients with dementia.

Funding Wishes

- More funding to support trials of new, innovative community based service models and evaluation
- Tiered community care funding CACP - HELP (Huge Gulf_) - EACH
- Pool all funding and re-allocate without reference to "Programs" i.e. combine CACP, EACH, HACC etc
- Funding to provide age appropriate services for people with younger onset dementia.
- More money for client transport.
- CAP in Community
- Recognition and appropriate funding for services for financial and socially disadvantaged and homeless clients (especially CACPs)
- Funding for Aboriginal Carers
- Provide Govt funding for services to implement exercise programmes to help prevent falls
- Save the \$\$ from conferences and use it on carers!
- Can we please have the ACHA money that was promised by the prior Government.
- More funding for training to community care service providers.
- More funds to HACC training organisations for staff and volunteer training.
- For an organisation to remain sustainable it must always be financially viable to invest in growth and provide quality care. The surplus may be referred to as profit or margin. We are all working and achieving towards our goal in providing EXCELLENT COMMUNITY CARE.
- More funding for carer social support respite.
- Appropriate funding for community care.
- Lets sort out the challenges and issues around "cross border" funding with State Govt programs where NSW clients living 200m from a QLD HACC funded service are not able to attend? Move/delete/alter borders to enable appropriate service access without increasing service "compliance fatigue"
- Can we get the IT funding that was given to residential care facilities for community care i.e. we have EACH, EACHD and CACP funded, we should also have access to the money.

Disability/Younger People Wishes

- More community low level support for adults between the ages of 20-60 years other than day centres.
- Provision of appropriate care and accommodation services for younger people with disability and younger people with mental health issues and younger people with chronic health issues (under 70 years) who need nursing care and currently default to the aged care system due to lack of appropriate care services.
- Square peg, round hole! Not a mention of disability anywhere on this line! Such an inclusive lot we are! Keep the blinders on! Community care for all!
- Extend age of parent carers who are eligible for support from 65 down to 45. Don't leave parents stranded after support from school environment finishes.

Assessment Wishes

- Pick an assessment tool already! INI/ONI/ACCR/CENA/CIARR
- National need assessment forms across all providers.



Government/Public Service Wishes

- Get the State governments out of healthcare. Costs too much, too little happens. We don't need the bureaucrats.
 - Have government workers come out and work with us so they more fully understand and appreciate what we do with the people receiving services.
 - That the public sector actually support rebuilding social capital lost over the past 40-50 years.
 - My wish is for government departments to talk to each other and streamline/combine the funding and reporting systems. Agencies would then have more time to do the job we're paid to do – get out there and support the community and spend less time on the paperwork.
- Stop delivering empty promises

- State and Commonwealth governments more obvious collaboration and focus on positive outcomes for clients. Clients are our reason for being in work and it needs to be simplified eg same timelines for carers, Centrelink having calendar year and Commonwealth respite allocation of 63 days based on financial year. Such simple anomalies are confusing for carers and show bureaucratic disregard for people who are saving “us” enormous \$. Just one example. Please make it simple to understand and follow. Carers have a big enough job doing their caring role.

Good Idea Wishes

- Can we all commence implementing a well being program call it “Australian Wellness”. Professor Norman Swan has the right idea.
- Implementation and wider use of telecare to provide independence and care.
- Get rid of the ACAR
- Have a national consistent approach and include more short term assistance so people don't fall into gaps.
- Implement a national fee system that allows clients who are financially disadvantaged to still receive care at a reduced or fee free cost. This to be determined by service co-ordinator not at a regional level such as home care use. Should consider other than health expenses.
- More flexibility and connection, between HACC/CACP/EACH. Consistent HACC guidelines across Australia.
- Accurate measurement of input costs of care and organisation overheads.
- All peaks to develop strategies to work direct with communities rural and remote.
- Therapy Services - speech, physio, OT
- To Govt: set a positive direction for day therapy centres to expand their role in supporting aged care needs of community
- Focus on transport needs in HACC and other packages. Increasing the services already in place and then looking at new services. More allied health support.
- More aboriginal services. Mainstream services to be transparent about aboriginal clients and services provided.
- Establish clinical governance framework for community services.
- Single contact and coordination model for dealing with clients in squalor.
- Stop duplication of services and minimise confusion.
- Consideration from Health and Hospitals when discharging clients to Home. We are not all genies.
- Day care centres for people with mental health issues.
- HACC Services for financially disadvantaged people.
- HACC development officers in all regions

- Future proof housing for older people and people with a disability. Training/education, Architects and building industry. Legislation requiring a certain percentage of new houses to be suitable for older people and people with mobility problems.
- Need to consider how we demonstrate outcomes for services to: inform funders, raise profile, enable better care, evidence based, clinical governance etc.
- We need an easy English/language easy system to navigate where one service meets another as needs change. Low or no cost to consumer. Flexibility for providers. Need more Respite Day Centres for Aged – Dementia in Orana – Far West (Dubbo) in particular – There is only one Day Centre in whole of area! NOT ENOUGH No-where for CACP clients to attend!!
- Better responsiveness to consumer needs. Better access. Less red tape. Recognition of standards. National consistency of access incl. rural and regional.
- All community care providers implement a person centred approach that focuses on training the person and promoting connection or reconnection to family and community.
- More services for south coast of NSW. Our ACAT waiting lists are up to 8-10weeks providers have packages available but no clients to fill the. A Joke.

Paperwork and Reporting Wishes

- Streamline reports required by Commonwealth. All based on HACCC standards please develop one reporting template for commonwealth funded programs.
- Need to reduce the insurmountable amount of paperwork – my manager is inundated with paperwork and get on with the caring.
- Need much less paperwork
- A uniform approach to data collection across all streams eg. HACCC, CSTDA, CACP etc, NRCP

Industry Wishes

- Its time for the for profit sector to be allowed full membership of ACSA
- One Peak Body for the industry
- Abolish the terms for profit and not for profit. It has negative connotations in the community care industry. We have the same reporting and accountability obligations to the funding bodies.
- Better support for aged care industry

Residential Care Interface Wishes

- Planning for residential care needs facilities for gay and lesbian couples/individuals.



- Strategies for the community service sector to facilitate easier transition from community into residential care. Building bridges between the community and residential services.
- We need greater communication between residential and community care. Community workers tend to be very negative about residential care we all need to work together.
- I wish that we will never again have a session like the first one on Thursday, which was totally about residential care. The Community Care sector struggles to be heard. People refer to “aged care” when they mean residential care. So we are delighted to have a conference all of our own, and then what happens??!! We have a key note speaker who does a presentation on resi care workforce issues at a community care conference! SHAME

Research Wishes

- Impact (outcomes based) of day therapy programs
- Restorative approach with CACPs, EACH, EACHD clients
- Research – quality care for people with disabilities that are developing dementia.
- Clearing house for HACC research and any DADHC funded research – there is some reluctance to release studies till later therefore reducing their value when completed.
- The benefits of age-approp social support services for people with younger onset dementia.
- Community research for an antibacterial hand rub that won't explode in the car on a hot day!! PLEASE
- Research on the downward shift effect of ACFI on community care.
- Older people “doing” and “being” activities and contributions and activities “value to the community”

Miscellaneous Wishes

- No CALD reps currently on ACS SA Communities and we need this.
- Make something happen – stop talking and ACT!

- All this talk from private enterprise. Where does this leave HACC and small not for profit.?
- Less big companies looking for big profits – more affordable housing for older people with no assets and let's stop building luxurious residential facilities that are ONLY for the rich people. Everyone has a right to luxury and happiness in the last stage of life.
- HACC Agencies need to work together and one service does not fit all especially in an Audit.
- Too many agencies doing the same thing. Nationalise.
- A conference in Tasmania please! (2 wishes for the conference to be held in Tasmania)

NB: Publication of these wishes does not imply that they are consistent with ACSA policies or will be adopted in future policies.