



ARC/NHMRC Research
Network in Ageing Well



Aged & Community
Services • Australia

DEVELOPING A COMMUNITY CARE RESEARCH AGENDA

May 2008

Developing a Community Care Research Agenda

Research plays a critical role in supporting service development and informing policy and program management. Aged & Community Services Australia (ACSA), the Australian Association of Gerontology (AAG) and the ARC/NHMRC Research Network in Ageing Well are collaborating on an ongoing program of work aimed at developing a community care research agenda. The aim is to build a deeper and long-term relationship between researchers and community care providers.

This collaboration commenced at ACSA's 2nd National Community Care Conference in May 2008 in Sydney. An interactive workshop discussing research, its applications and areas for investigation was the first activity on the way to developing a research agenda. The workshop:

- brought together leading community care practitioners and researchers;
- launched the findings of recently undertaken community care research by Baptcare on Predictors Influencing the Change in Health (PITCH) of community care clients;
- identified & discussed why research is important and the tools available to support research; and
- highlighted preliminary thinking about research priorities.

As part of the conference delegates were able to write down their wishes for the community care service system on a "Wishing Line" with some of the delegates making research wishes.

This document outlines all of the areas identified at either the workshop or the conference wishing line.

Next Steps

ACSA, the AAG and the Ageing Well Network invite you to review the research areas identified and to let us know if there are any other areas you think should be included on this list.

Once we have your feedback a final list will be forwarded to a Reference Group – working on behalf of the three organisations – and they will commence the task of developing research questions and priorities. Consultation on the questions and priorities will occur. Based on the outcomes of the consultation a community care research agenda will be prepared and be supported by an advocacy strategy to attract funding and resources to action the agenda.

What You Can Do

Your comments on other areas that should be included in this initial list are sought. Please forward your comments to:

Marg Stephens, Research Assistant, ACSA at mstephens@agedcare.org.au

By Monday 30th June 2008.

AREAS FOR COMMUNITY CARE RESEARCH

Structural/Funding Reform

- Revised Funding Model – HACC Program separation of aged care (Commonwealth) and disability (State). Different care requirements, program boundaries and funding sources. Possible sources of evidence are the ABS Disability, Ageing and Carers Survey data linkage to compare across program and service delivery areas to identify commonalities and differences to inform questions for research.
- Means testing – the current government is increasing the range of services which are means tested. What would be the implications of means testing on community care?
- Implications of taxation reform - what is the future of community care under current funding structures. There are increasing community expectations and a shrinking tax base.
- Impact of the ACFI on community care.

Outcome Measures

- Outcomes measurement to include quantitative but also the qualitative experience of care in order to understand the full impact of community care.
- A Self Efficacy (SE) Index could be an important outcome measure for service delivery. Research is needed on how to measure SE and its determinants. This would inform policy development including the ongoing discussions between the funding bodies about responsibility for community care.
- Social isolation measures in order to better design interventions and promote better linkages with family and community.
- The scalability of models of care also needs to be considered in terms of whether or not programs showing outcomes at the local level can deliver the same outcomes on a broader scale and still meet the needs of the individual recipients of care. Qualitative data can be an important addition to the benchmarking process.
- The real impact of accreditation and quality testing outcomes. Does compliance activity actually make a difference to the client?
- What is the impact on service outcomes of clients having a primary carer? Some research suggests that those with carers have a greater uptake of services. Outcomes for the impact on carers are also needed.
- Outcomes of Day Therapy Centres.

Assessing Care Trajectories

- Monitoring care levels in community care is difficult because individuals can access multiple care packages at the same time. There has been an increase in HACC recipients also accessing CACPs but remaining on HACC services because it is cheaper. Data linkage is required to track individual care trajectories across systems with information on quality of care possible if longitudinal survey and linkage data are combined.
- Trajectories of care with a focus on the level of need within each system. This would provide information about better targeting of services – e.g. the provision of personal care assistance for people on HACC services who should more appropriately be on CACPs.
- Longitudinal data to provide an understanding of the predictors of change and the effects of service supply e.g. the effect of socioeconomic status or inappropriate case management on outcomes. The review of HACC services in NSW may also provide some relevant information on these issues.
- Community Care/Acute Care interface. Community care as a service model for state health clients. Pathways and innovative ways of managing these interactions without creating additional areas of tension between state and federal governments.
- Identifying clients who fall between existing package programs (between CACPs and EACH) the most effective way to bridge the gaps?
- Effectiveness of packages in delaying and reducing the need for residential care.

Benchmarking

- The level of care required within EACH & EACHD packages on:
 - Levels of care,
 - Training required,
 - Risk management
 - Clinical governance etc (this may have broader applicability to community care).

Quality Care

- Cost of quality care
- Analysis of existing approaches
- Better outcomes for clients
- Clinical governance
- Dementia specific care
- Respite
- Transition care
- Care for younger people with disabilities developing early onset dementia

Approaches to Care

- Wellness approach taking a holistic view of service provision aimed at improving quality of life overall (e.g. social isolation, satisfaction etc as well as health status).
- Importance of food services – innovative approaches to food service delivery (e.g. as part of social clubs etc) which recognise the social nature of eating and its impact on mental health.
- Aids and equipment - information is needed on access, impact, cost effectiveness, and how it is accepted by the client. This should cover the spectrum of aids from low to high tech and include home modifications. Funding models need to be considered including co-payments, rental models, and equipment pools including the current funding mechanism (which may be an impediment to getting appropriate equipment).
- Early intervention – research is needed to identify which interventions are effective and under what circumstances. Early intervention approaches could play a critical role in maintaining the health of the population as it ages and saving substantial costs to the health system.
- Restorative care/recovery based models in packaged care.

Models of Care

- New ways of delivering care
- Different target populations
- Sustainability
- Consumer directed care
- Age appropriate services

Case Management

- Benefits
- Models
- Cost analysis

Workforce

- Job design and roles
- Assistive technology
- Career pathways
- Skill sets
- OH&S
- Training
- Future requirements

Mental Health

- People with mental illness often fall between the gaps regarding service provision – e.g. are they on disability support services?
- Largest area of unmet community care need and more focus is required on how we deliver services to this group.

Dignity of Risk/Duty of Care

- This has been an area of debate in the disability area but not in aged care.
- How do workers cope with the dignity of risk/duty of care issues?

Involvement in Research

- How do smaller organisations receive/attract funding to undertake research? Information for service providers is needed regarding the types of research support available e.g. student research, linkage grants, charitable foundations etc.
- A summary of research options will be provided to workshop participants.

Access to Research and Data

- The building of a central repository of research undertaken and in progress was suggested, perhaps using the ISYS search software system.
- The Productivity Commission is building a database on workforce issues, productivity improvements (management systems, technology impacts and is keen to access provider level data.
- All services routinely collect data on their services but there is need for consistency of measures to allow comparisons across organisations, sectors, states. A minimum dataset (MDS) for community care would enable this.

Evidence Based Care

Transport Needs

CALD Community Issues and Needs

Nutritional Needs of the Over 90's.

Cost of Quality Care

Access Issues

Levels of Care