

RESPONSE TO COMMONWEALTH HOME SUPPORT PROGRAMME & NATIONAL FEES POLICY DISCUSSION PAPERS April 2015

Bankstown Area Multicultural Network INC (BAMN) is a secular non-profit independent community organisation working to bring about positive social change and improve the lives of the most vulnerable people in our community. BAMN has over 25 years of experience in strengthening the capacity of our local diverse communities. We use a collaborative community development approach to support, resource and advocate for our communities in South West Sydney. Our projects and programs focus on providing support and resources to projects, services and networks in South West Sydney ensuring capacity building. We identify needs and emerging issues of the diverse communities in South West Sydney and facilitate implementation of strategies to address these. BAMN currently manages 7 programs and projects that provide services and support to general, CALD and Aboriginal and Torres Strait Islander aged, disability and migrant services and their communities.

Our South West Sydney HACC Development Project provides resources and support to 121 HACC services in the South West regions, identifies needs and advocates on behalf of clients groups (aged and people with disabilities). The following submission has been developed in consultation and with input from a wide range of aged services from the Sydney South West region, comprising of the Bankstown, Liverpool and Fairfield Local Government areas. This response represents the views of aged care services in South West Sydney. The issues and recommendations were gathered after consultations and focus groups with service providers. South West Sydney HACC Development Officer from BAMN developed this submission on behalf of the South Western Sydney HACC Forum.

CHSP Program and Program Manual

Identify any key challenges you might face in implementing the responsibilities outlined for CHSP providers; e.g. service delivery, grandfathering arrangements and interacting with My Aged Care:

1. ISSUE:

- Services raised concerns that funding level for grandfathering arrangements won't be enough to cover needs of current clients, much less clients on waiting lists who would still need a service whilst awaiting "alternative" arrangements.

RECOMMENDATION:

- Ensure that grandfathering arrangements are, at least, at current funding levels. Consider growth funding for same services until alternative arrangements are in place. In order to achieve this we recommend appropriate systems in place to monitor the level of need for services among existing clients.

- Due to Home Care Packages' (HCP) close link with CHSP, review the allocation of places for HCP levels, particularly the higher level of need for Levels 3 & 4, vis-a-vis vacancies in Levels 1 & 2 and consequent effect on CHSP.

2. ISSUE:

- Concern that funding and support for adoption of culturally appropriate practices at My Aged Care won't be sufficient. This includes support for translation and interpreter services, employment of Aboriginal workers, etc.

RECOMMENDATION:

- In anticipation of possible increased demand for screening from July 2015, My Aged Care contact centre and Regional Assessment Services should make sufficient provisions in their budgets to ensure culturally appropriate practice. Ensure that access/equity is achieved via monitoring/review. We recommend an emphasis on measuring outcomes linked to client goals and person centred approaches to ensure services are being delivered in a timely and effective manner.
- The only access and equity measures put in place by My Aged Care are using TIS and some information translated in a few languages. We strongly recommend the development of other strategies to ensure CALD clients can access the website.
- There is robust research in relation to access to services that indicates that there are multiple barriers for older people from CALD background accessing services and for the need to have multiple strategies in place to address these barriers. These include: the use of specialised services such as multicultural aged care workers, partnerships between the aged care and community sector, training of community leaders, an integrated service model that links clients to services and coordinates service provision and has trained specialist migrant officers providing direct services to CALD clients, etc.

3. ISSUE:

- Access to Client Portal by clients and carers may be hampered if clients/carers don't have internet access or are not IT literate.

RECOMMENDATION:

- Provide PRINT VIEW function in portals so all stakeholders can print hard copies for clients who can't/ don't have access to internet.
- Overall, older people from CALD backgrounds have lower rates of internet connection at home than older Anglo-Australians, except for those from Asian countries (ABS, 2011)
- Although census data on internet connection can be useful to form a general picture of internet access for the target group, it is important to consider that having an internet connection at home does not necessarily indicate use of the Internet.

Therefore if multiple people are resident in a household it cannot be inferred that the older CALD person is actually using the Internet.

National Fees Policy Consultation Paper

Are there any additional safeguard arrangements that should apply for client financial hardship?

1. ISSUE:

- The implementation of "hardship provision" is left largely to service providers. This allows providers to be flexible in developing their own protocols, procedures, forms and strategies. However, a number of providers would need resources to do this properly.

RECOMMENDATION:

- Include a "Resources" page at the end of the fees policy document; may include web links or templates (based on current good practice) for: sample "fee reduction form" (determining additional expenses related to disability), organisational fees policy, letter to client, etc. It should be emphasised that these are to be used as references/resources, not prescribed standardised tools.
- It was suggested that the Commonwealth also initiate an information campaign or develop a communications strategy to explain to the public the introduction of national standard fees. It may give services flexibility but is not given consumer protection and a uniform national model.

2. ISSUE:

- We believe that applying "hardship provision" instead of setting definite amounts for fee capping is meant to give providers flexibility, given the potential complications of having multiple service providers involved. However, the wording in the fees policy document could be misinterpreted and taken to mean that some form of fees capping or "bulk discounting" for high-volume users may not be done at all even when beneficial or desired.

RECOMMENDATION:

- Review the wording in fees policy regarding "hardship provision" vis-a-vis fee capping. Explain this section more clearly by citing various situations, giving providers the flexibility to build simple "bulk discounting" schemes if desired, especially for multiple services delivered by the same provider.
- Social Support-Groups (Centre-Based Day Care) should be charged per event and not per hour. We strongly support continuing charging one fee for day care as one activity that might include multiple service items (e.g. meals, transport). Day care provides social

interaction to old frail people with limited opportunities to access recreation or social networks. In some cases, this activity is the only opportunity of social interaction participants enjoy. Transport and meals are an essential part of this long proven effective strategy to combat isolation in frail older people. The splitting of fees for different components of this activity is likely to result on a much lower participation and a significant increase of isolation in frail older people.

- Home care services need to have a cap that it is fair and protects pensioners for further financial disadvantage.
- A number of studies have shown that in comparison to older people from English speaking backgrounds, older people from CALD backgrounds have higher levels of disadvantage and vulnerabilities, as well as higher risk factors for some health conditions. In addition to language and cultural barriers, older migrants from CALD backgrounds:
 - have an increased risk of poverty;
 - have less superannuation savings;
 - are less likely to be in paid work;
 - have lower rates of volunteering;
 - have lower levels of education;
 - have lower rates of access to services; and
 - have lower rates of use of information technology. (Blue Print for an Ageing Australia, 2014:16)
- Some research indicated that people from CALD backgrounds who migrate to Australia at an older age and refugees have higher rates of adverse health and social outcomes. (CALD migrants and Employment, Ethnic Communities Council, 2013:8)
- All of these issues need to be considered when developing national policies that are based on mainstream population data.

What barriers or opportunities do you see in applying the proposed fee policy and standard fee schedule?

1. ISSUE:

- In areas where financial disadvantage is more significant, "hardship provision" is likely to be used more frequently, resulting in fewer fees collected and less ability for the service to reinvest funds for service provision. This would create inequities across areas, may lead to "cherry picking" of clients who are able to pay full or higher fees, and may mean a disincentive to support disadvantaged clients.

RECOMMENDATION:

- In future growth funding rounds, consider providing an option for providers to apply for "area of high financial disadvantage" supplement

2. ISSUE:

- We agree that the initial assessment for pensioner status should be done at the My Aged Care level. We also believe that an introduction to fees is inevitable at this

stage as clients would most likely ask about this early on. A number of clients could and would be discouraged when learning of fee levels.

RECOMMENDATION:

- Information on "hardship provisions" should also be given at the My Aged Care level ("no one who genuinely needs a service will be denied a service due to inability to pay"). Therefore we recommend that every single instance of information provision on fees includes the hardship provision policy and the assurance that "no one who genuinely needs a service will be denied a service due to inability to pay" (National Fees Policy, DSS, pg.9)

3. ISSUE:

- Administering and reviewing client contracts/agreements for hardship provision would be an additional administrative burden, especially for providers in financially disadvantaged areas. In some areas, this could mean a significant proportion of clients would fall under "hardship provision"/unable to meet new fees. They would all need to go through the process.

RECOMMENDATION:

- Simple templates in a Resources page might ease this administrative burden.

Do you currently charge more (or LESS) than the rates proposed in the fees schedule attached to the consultation paper?

1. ISSUE:

- Some Social Support services currently do not charge fees as these are delivered by volunteers. Food Services/ meal delivery/ preparation are also done by volunteers. Average fee in our region is about \$7.50 per meal pack, all inclusive. There is no delineation between "production cost" and "cost of ingredients"--it is one flat fee that most number of clients could afford.
- Introducing (new or higher) fees to these services would be problematic and difficult to explain to community members who are aware and are grateful for the big role of volunteers. These are also vital and basic services-- client drop out due to introduction of fees may lead to a slow but sure slide towards health deterioration.

RECOMMENDATIONS:

- For volunteer-based individual Social Support services should continue at "NIL fee" level.
- For Social Support-Groups, a flat fee per event should be charged.
- The majority of older people chose a meal and not a meal pack when the choice is available to them. The recommendation should be about the cost of a meal and the average for that is \$5.00.

- Most people need meals 5 to 7 days a week and are happy to get those meals delivered to them once a week. For some people because of their particular health needs they may need their meals to be delivered on a daily bases. Therefore we recommend flexibility in the delivery of meals and changes to the fee structure to reflect the cost of a single delivery.

Thank you for the opportunity to provide our response to these papers.

Beatriz Cardona, HACCCDO

Bankstown Area Multicultural Network.

On behalf of the SWS Aged and Disabilities Forum

April 14th 2015