

Key Directions for the Commonwealth Home Support Programme Discussion Paper Submission template

Completed submissions are to be sent by 30 June 2014 to:
CHSP@dss.gov.au (preferred method) OR

Home Support Policy Team, Level 6, Sirius Building
Department of Social Services PO BOX 7576
Canberra Business Centre, ACT 2610

Submissions received after Monday 30 June 2014 may not be considered.
Unless otherwise stated, the information and feedback you provide may be used for publishing purposes. Please state if you do not wish for your comments to be published

Instructions for completing the Submission Template

- Download and save a copy of the template to your computer.
- You **do not** need to respond to all of the questions.
- Please keep your answers concise and relevant to the topic being addressed.
- Refer to the **Discussion Paper: Key Directions for the Commonwealth Home Support Programme (Hyperlink)** for context on the questions.

Name (first and surname): Glenn Rees

If submitting on behalf of a company or organisation

Name of organisation: Alzheimer's Australia

Stakeholder category (e.g. service provider, client, peak body, academic): Consumer Organisation

State/Territory: National

Contact email address: samantha.blake@alzheimers.org.au

Alzheimer's Australia welcomes the opportunity to comment on the *Key Directions for the Commonwealth Home Support Programme Discussion Paper*.

Over the last 10 years Alzheimer's Australia has supported a vision of aged care in which consumers are empowered to make choices about the support and care they need and that their rights are respected. The 2012 Aged Care Reforms set the scene for greater choice and flexibility for consumers when it comes to home-based care and support. We support the Aged Care Reforms because they aim to introduce a model of care and support that is more tailored to the needs of the person with dementia instead of promoting a one size fits all model.

There are more than 332,000 Australians living with dementia, and this number is expected to increase by one third to 400,000 in less than ten years. Currently dementia is the third leading cause of death in Australia, and is the single greatest cause of disability in older Australians. With over 100 diseases that can cause dementia and the unique and different symptoms experienced by individuals, the impact of this user group within aged care cannot be underestimated. With over 70% of people with dementia living in the community (more than 230,000 people) there needs to be a concerted effort to address the unique needs of this group of consumers within the new structure of the Home Support Program.

We are concerned that the needs of people with dementia are not being addressed in the proposed transition to the Home Support Program. The discussion paper has two references to dementia neither of great substance and fails to give any confidence that this issue has been addressed in developing new bureaucratic structures

Whilst we support the opportunity a national program represents to achieve national consistency and a more efficient program, we do not believe the generic approach to home support proposed in the discussion paper will deliver the flexibility required to meet the needs of people with dementia in the community. In our view, the new program threatens to become a new bureaucratic straitjacket made more difficult by rationing.

Alzheimer's Australia's concerns are:

1. The proposed model assumes that mainstream services can be all things to all people, which is incorrect in respect of dementia
2. The concept is positive in that it starts with outcomes, but its quick ascent to focus on service types remains overly bureaucratic.
3. There is no obligation on My Aged Care to network with well established, valued and existing services in the community

The benefits of a nationally consistent program need to be balanced by recognition of the different needs of people based not only on their care needs but on geography, preferences and personal history, a flexibility that is not evidenced in the discussion paper.

We believe the proposed model for the home support program will fail consumers because it:

1. Does not recognise the importance of specialised advocacy, client care coordination, information provision and informal counselling for people with dementia and their families and carers from the point of first noticing symptoms, to getting a diagnosis and beyond (discussed in detail under question 12).
2. Does not recognise the importance of capacity building, education and training and networking in the sector to develop the specialised services required by people with dementia to remain living in the community (discussed in detail under question 13).
3. Does not adequately recognise the challenges associated with transitioning to a national program for both providers and consumers.
4. Does not embrace the philosophy of consumer directed care.
5. Does not sufficiently recognise the needs of diverse groups.
6. Does not represent a seamless approach with packages.

A national program that truly meets the needs of people with dementia in the community needs to be modelled on a philosophy of care which focuses on the strengths and capabilities of the person with dementia rather than their impairments.

This approach needs to be supported by a system that understands the needs of people with dementia and their families and carers, through assisting them to understand dementia, as well as what services and support that may be available to them. Support should include not only their care needs, but supporting the person and their carer to understand and respond to the emotional and social impacts of diagnosis.

In turn, it is critical that the sector is supported and up skilled to be more responsive to the needs of people with dementia and that the community is supported in the development of a dementia friendly Australia.

The removal of funding that currently supports such an approach will lead to a homogenous service system that is unable to respond to the diverse needs of people with dementia and their carers. Our response to the discussion paper outlines our concerns in relation to the questions raised by the Department of Social Services and what we believe are crucial changes to the proposed model if we are to ensure that people with dementia are to have access to the support they need come 1 July 2015.

Recommendations:

1. The Commonwealth needs to address the concerns outlined above or else the program will fail.

Question 1: Are there any other key directions that you consider should be pursued in the development of the Commonwealth Home Support Programme from July 2015?

Alzheimer's Australia supports the development of a nationally consistent Home Support Program that will reduce the fragmentation of the current HACC program structure and inconsistencies of assessment and fees currently experienced by consumers, as well as the long term goal of an integrated aged care system that incorporates both home care packages and the home support program.

However, there is no recognition of the value of existing services in respect of client care coordination, counselling, support, information and advocacy. Instead there seems to be the view My Aged care or other agencies can absorb these functions.

The proposed model for the Home Support Program does not go far enough to make the vision for consumer empowerment, outlined in the 2012 Aged Care Reforms, a reality for people accessing support in the home. More flexibility is needed to ensure that consumers needs are at the centre of reforms and the new bureaucratic structures do not impede this opportunity.

In addition the roll out of the Home Support Program should include:

- Change management processes to ensure the sector is supported to understand consumer needs.
- An understanding and response to the barriers and issues for providers in adopting a more consumer focused approach to care delivery.
- The development of tools, training and support for providers to adapt to the new program structure.
- The provision of information to consumers, from both My Aged Care and service providers, to help them better understand their choices.

Alzheimer's Australia has concerns around the description of the proposed home support program as only providing basic level of support and how this will impact both consumers who are currently in receipt of a high level of HACC services and carers who are using NRCP services to provide care for someone with dementia with high level needs. Any existing services for people with dementia who would be out of scope in the new program need to be grandfathered for a minimum of three years to ensure continuity of service provision. Serious concerns exist in respect of younger people with dementia since in most parts of Australia there are no services to transition to.

Recommendations:

2. The Commonwealth recognises that the My Aged Care should draw on the expertise of existing agencies for example in respect of client care coordination, counselling, support, information and advocacy and network with specialist agencies and particularly in respect of dementia.
3. The Commonwealth develop of tools, training and support for providers to adapt to the new program structure.
4. The Commonwealth provide of information to consumers, through My Aged Care and service providers, to help them better understand their choices.

Question 2: How should restorative care be implemented in the new programme?

Alzheimer's Australia supports the move to a wellness and reablement approach though both assessment and service delivery in the Home Support Program. However, there needs to be a recognition that this is not only about physical issues but cognitive capacity and mental health. Further consideration needs to be given to how this will be achieved and integrated across the whole program including in assessment, and service provision.

We note the discussion paper outlines that a wellness and reablement approach will be integrated through utilising the existing investment in allied health and Day Therapy Centres (pg 25). We already know that there is insufficient funding in the current Day Therapy Centre program to support the implementation of this approach across all service users given that there were over 750,000 people supported by the HACC program nationally in 2012-13 and only 48,000 who accessed Day Therapy Centres. Additionally access to Day Therapy centres is limited outside major metropolitan and regional centres.

For people with dementia the option to fully benefit from a reablement and wellness approach will not be realised unless it is achieved in the context of a dementia friendly community. Research shows that restorative care is often over looked for people with dementia in other health settings. The reasons for this can be complex, in hospitals for examples it could include the limited availability of staff and allied health workers more generally, as well as those with an understanding of best practice in dementia care. But we also know that sometimes these services are not offered based on a misconception that a diagnosis of dementia means that people can no longer be engaged in their own health care or that restorative therapies will have no effect.

This stigma extends into the community and we know that from talking to people with dementia that social isolation and stigma are two of the biggest challenges they face everyday. For people with dementia a reablement and wellness approach is extremely important in helping them stay engaged in the community, participate in social activities and improving their relationships and overall quality of life. Alzheimer's Australia believes that promoting active social engagement in the community by people with dementia and their carers is the best way to ensure a better community understanding of dementia and also to dispel some of the myths.

Additionally this type of program structure requires a higher staff ratio to obtain individualised reablement and wellness outcomes. The draft discussion paper provides limited information on the training and support that will be provided to the sector at the introduction of this new model. In order for those living with dementia to truly benefit from a wellness and reablement approach comprehensive training of assessors is required as well as targeted education and information for both providers and consumers.

Thus, whilst we support the introduction of wellness and reablement into the Home Support Program, this concept will remain rhetoric and will not be achieved for people with dementia unless accompanied by a real commitment to dementia friendly communities, training and support for the sector in understanding dementia and restorative approaches to dementia care, and changing the stigma and social isolation that is associated with dementia.

Recommendations:

5. The reablement and wellness approach includes the recognition of cognitive capacity and mental health.
6. A commitment is made to dementia friendly communities and changing the stigma and social isolation that accompanies dementia
7. Ensure there is sufficient funding through the Day Therapy Centres to support the proposed model.

8. Provide reablement and wellness training to assessors.
9. Ensure providers and consumers are educated and informed about principles of reablement and the goals of this approach.

Question 3: Are these proposed client eligibility criteria appropriate? Should the eligibility criteria specify the level of functional limitation?

Age

Alzheimer's Australia believes that the rigidity with which the proposed aged restrictions of 65 and over are presented augurs badly for current and future NRCP clients.

There are currently more than 5000 individuals in receipt of services through the NRCP who are under 65. The discussion paper (page 48) outlines that those under 65 will be transitioned to either the NDIS or state based health services. However, this assumption of ensuring a smooth transition and maintaining continuity of care for these clients cannot be realised given that the NDIS is not operational in all states across the country. We urge the Department to reconsider implementing the age cut-off until NDIS supports are not only in place in all states but will ensure these carers will indeed be able to receive the same services as part of the NDIS. Consideration must be given to the fact that some clients who currently receive NRCP will not be deemed eligible for NDIS even once it has been rolled out.

Our concerns about the age restrictions also extend to the ACHA program, should it be included as part of the Home Support Program, given that approximately 40% of the programs clients are under the under of 65.

Dementia Specific Care

Alzheimer's Australia would also like to see recognition of the additional services that may be required for a person with dementia or their carer. Whilst dementia is not currently recognised as a special needs group, the additional support and services that are required are recognised in Home Care Packages through the provision of a dementia supplement. This approach should be extended to include the Home Support Program.

Carers

Whilst carers are the target group for NRCP services, they are currently not assessed for services in their own right under the current HACC program. Alzheimer's Australia would like to see carers specially stated as clients within the eligibility criteria and subsequent program guidelines and manuals.

Basic Support

Alzheimer's Australia is concerned about the definition of basic support, particularly in relation to respite care. Services currently provided under NRCP to clients with high care needs may be seen as more than basic and there is no indication of transition arrangements for these clients in the discussion paper.

Additionally, there are inherent difficulties in trying to compare basic and high support needs of people who have dementia to those who don't. Clients who may, for example, need cues to find the toilet or commence a meal may be regarded as needing high support by some providers but if they are receiving dementia specific support from trained staff and through the appropriate model of care this would not be deemed as a high care need.

Low level services

Alzheimer's Australia is also concerned about how a 'low level of support' will be determined and the potential impact this may have on respite services. No detail has been provided in the discussion paper on what determines a low level service or the cut-off point between the Home Support Program and Home Care Packages. Obvious limitations on service levels include limiting a service by hours and/or dollars.

Alzheimer's Australia recognises that having a limit on respite services may help address the current inequity between the supports received by carers. However any limit must be in line with assessed need and should be flexible to respond to the changing carer needs over time. Should a limitation be placed on respite services there are several issues that the Commonwealth needs to consider to ensure consumers have access to the services they require, including:

- A person's level of need for respite may change dramatically over a shorter period of time due to specific circumstances (such as a carer being unwell) that will need to be met by a high intensity of service that would exceed an imposed limit, but would only be needed short term.
- Imposing a limit may increase the demand for emergency respite.
- A client reaching a respite limit may indicate a greater service need and should be a trigger for reassessment, which would be more easily facilitated if carers are recognised and assessed in their own right under the Home Support Program.

Special needs

My Aged Care has developed an Access Strategy for People with Diverse Needs which addresses the issues that may be encountered by individuals who are recognised under the special needs category under the *Aged Care Act* as well as being expanded to include people with cognitive impairment and people with a mental health condition. The Home Support Program must adopt this definition so there is no disconnect between My Aged Care and the Home Support Program.

Recommendations:

10. The Commonwealth provide in the new program that people under the age of 65 continue to have access to the services and supports they need and are not disadvantaged by the transition of NRCP into the Home Support Program.
11. The Commonwealth ensures continuity of service for current respite recipients who have high care needs in the community, and avoid imposing service limits in respect of respite.
12. The additional supports required by people with dementia are recognised and a dementia supplement is provided to clients in the Home Support Program
13. Carers to be recognised as clients within the eligibility criteria for the Home Support Program (to ensure they can receive services in circumstances were the person they are caring for does not want to undergo assessment)

The Home Support Program recognises the needs of Diverse Groups in a consistent manner with the definition used by My Aged Care.

Question 4: Are the circumstances for direct referral from screening to service provision appropriate?

Alzheimer's Australia supports the circumstances outlined in which direct referral to service occurs after screening and without a face to face assessment.

However, in situation where a direct referral has been provided due to an emergency situation, we feel there is still a need for a face to face assessment (to take place when practical) to identify why the emergency has arisen and if there are any other unmet care needs.

Question 5: Are there particular service types that it would be appropriate to access without face to face assessment?

Direct referral should be based on an individual need and not the type of service. Whilst we acknowledge there may be some circumstances where direct referral is appropriate, the value of a face to face assessment would be relevant across all service types proposed in the new structure.

Evidence shows that consumers or family members may not provide the correct or breadth of information required at the point of referral and their needs may be greater or different when they present to a service provider. In addition, accessing a service without a face to face assessment would be a lost opportunity for the client to benefit for a wellness and reablement approach and to build relationships

Recommendations:

14. Face to face assessment should be standard practice across all service types and related to the needs of the individual.

Question 6: Are there any other specific triggers that would mean an older person would require a face to face assessment?

Alzheimer's Australia supports the proposed design in which all assessments are conducted face to face. This is particularly important for people with dementia who may be unable to conduct an assessment over the phone.

In addition to face to face assessment, the option for face to face eligibility screening should be available to clients who are unable to complete this step over the phone. The contact centre staff will need to be suitably trained to recognise the triggers that could indicate this need. Clients that may require face to face screening include those who identify with one of the special needs groups; have communication, speech or hearing difficulties in taking part in this process over phone; have a cognitive impairment or mental illness; or do not have a carer.

Alzheimer's Australia understands the design of the assessment service is still ongoing but would like to reiterate to need to ensure the system of regional assessment services allows the flexibility to employ relevant staff to provide face to face assessments in rural or regional areas, by either accommodating the travel requirements or contracting to local service providers, GPs or other health professionals to undertake the assessments.

Recommendation:

15. Face to face assessment is standard for all clients with dementia entering the home support program.

16. Face to face eligibility screening is available when required.

Question 7: Are there better ways to group outcomes?

Alzheimer's Australia is opposed to the grouping of counselling services and the removal of services provided under Service Group 2 (Service Group 2 concerns are discussed more in detail under Question 12).

There was indication at the sector briefings that the funding currently provided through Service Group 2 for counselling would be reallocated to Day Therapy Centres or to one organisation, who would then provide this service to a large number of aged care clients.

If funding is moved to a single provider clients may no longer be able to access a counsellor who may specialise in a particular health condition or disease and only receive generic information. In addition, by accessing a qualified counsellor who specialises in a particular condition the client gets linked into advocacy and Information services that can provide management and strategies related to the person's current situation.

Alzheimer's Australia has concerns that grouping counselling with other Day Therapy Centre services will limit the availability of face to face counselling for consumers. If current counselling services are relocated and provided from Day Therapy Centres, without an expansion of this program, it would restrict consumers to the existing 150 Centres, which are limited in regional and rural areas and who may or may not have the expertise to relate to people with dementia and their family carers. It is unacceptable that in circumstances where resources are so constrained that there is no recognition of the need for My Age Care services to relate to and draw on other services better positioned to provide support. Decisions are needed at the local level to make the most efficient use of rationed resources not by an artificial program structure.

Recommendation:

17. Counselling services are provided at a local level where the services are needed and not restricted to Day Therapy Centre outlets.

18. Funding for counselling is not moved to one central organisation.

Question 8: Are there specific transition issues to consider?

Alzheimer's Australia has identified a number of transition issues:

- As mentioned previously there are concerns about what transition arrangements will be put in place for current NRCP recipients who are under 65 as well as the removal of services under Service Groups 2 (this will be discussed further under Question 12)
- The discussion paper outlines that clients who are waiting for a Home Care Package may be supported by the Home Support Program but only as an interim arrangement

and at the level of basic support. This approach does not account for the fact that a Home Care Package may not be available for an extended period of time and the basic level of care available in the Home Support Program may not meet their clients assessed needs.

- Clear rules need to be established around grandfathering and/or transition arrangements for those currently in receipt of high level HACC services, especially where the option to exit to a Home Care Packages is not available. Existing HACC and NRCP with higher care needs, beyond the to-be-defined 'basic' level of services are grandfathered for at least three years.
- A further commitment to wellness and reablement training is required for assessors if this is to be effectively implemented. As part of this there should be a comprehensive assessment of training needs for the workforce undertaken to ensure any workforce development strategy is informed by current capabilities of staff in the sector.

Recommendation:

19. Transition arrangements include a three year grandfathering period for current clients deemed to be above the 'basic' level of services after 1 July 2015. .

Question 9: How are supports for carers (other than respite services) best offered? For example, should these be separate to or part of the Commonwealth Home Support Programme?

Alzheimer's Australia welcomes the inclusion in the discussion paper that a trial of cashing out of respite funds may be considered as part of the new funding arrangements. It is important too that carers have access to a range of supports and services, in addition to respite, to support them in their caring role. Thus we believe carer supports should remain as part of the Home Support Program as removing them further fragments service provision and limits the ability to provide a holistic care and support plan for the carer.

There are a number of concerns with the information provided on support for carers:

- Currently a carer cannot be assessed as eligible for services under HACC; only the person they are caring for is assessed. Subsequently carers may not be able to access services they require (e.g. counselling) and we recommend that carers are eligible for the Home Support Program in their own right, regardless of whether or not the person they are caring for has been assessed.
- Respite services are currently delivered based on a reactive model and the future design of the Home Support Program should ensure respite services are proactive and focus on early intervention and support from carers to avoid a crisis from occurring and to ease the pressure on limited emergency respite services.
- Alzheimer's Australia would also like to reiterate their support for the removal of respite funding from residential care and for its inclusion in the Home Support Program to make more effective use of the funding, and allow people access to overnight respite in the community as this is the preference of the majority of respite users.

- Currently the NRCP offers a high level of flexibility and whilst further streamlining is supported it needs to ensure the flexibility remains.
- Carers can currently received support through both HACC and NRCP and continuity of service provision should remain once the programs combine under Home Support.

Without the design of Carer Support Centres being known it is difficult to comment in more detail on where carer supports are best placed. However, we support a combined approach for the Carer Support Centres which provide services for both carers of people over and under 65.

Recommendation:

20. Respite services to focus on early intervention and ongoing support.

21. The Carer Support Centres provide services for carers supporting those over and under 65 years of age.

Question 10: What capacity building resources are needed to assist with the sector's transition to the Commonwealth Home Support Programme?

Empowerment and choice in the aged care system will not happen without building capacity in both the consumer and the provider. This is true regardless of whether a person has dementia or not, however Alzheimer's Australia believes that any capacity building resources needs to reflect the different needs of people with dementia and their carers as well as other diverse groups if their needs are to be met.

There are a number of activities that need to be in place for both consumers and providers in the transition to the Home Support Program:

- Consumer should be supported to navigate the new system and understand the changes, particularly around the approach to wellness and reablement.
- Consumers need be supported and empowered to make choices about their care. Without support consumers are unlikely to know what options to consider beyond traditional services.
- Training of service providers and staff on working with consumers to develop care plans that support the person to achieve their goals in both the context of care and social needs.
- Providers need to be supported through information, education and training to understand how the changes will impact their services and the impact on the clients they are currently providing services to.
- A focus on workforce development that is not limited to accredited online training options but also face to face non-accredited programs which help to shift the workforce to have different attitudes, approaches and skills involved in a wellness reablement approach to service provision.

Question 11: How should the current Assistance with Care and Housing for the Aged Program be positioned into the future?

Should the ACHA program be positioned in the Home Support Program then the program eligibility needs to change or adequate transition processes be put in place to ensure the continuity of service for the large number of current clients under the age of 65.

Question 12: Are there any other issues that need to be considered in transitioning functions from the current HACC Service Group Two to My Aged Care?

Alzheimer's Australia considers that the proposed changes to Service Group 2 will mean that services needed by people living with dementia (provided under client care coordination, advocacy, informal counselling and information) will not be met by My Aged Care or the National Aged Care Advocacy Program and will leave clients without access to the services they need and may currently receive through Alzheimer's Australia or other agencies.

Current services provided under service group two include:

- Psycho-social support and counselling around the emotional impact of the dementia diagnosis; dealing with feelings of grief, loss, stress, anger; helping to resolve conflicts within families. Includes facilitating peer support options. This emotional support is highly valued by clients.
- Support through one-to-one training, education or advice to assist with coping both post diagnosis and beyond, including; training for carers on communication strategies or managing challenging behaviours of a person with dementia; how to facilitate meaningful engagement for the person with dementia; supporting carers to maintain social networks; personal wellbeing plans and advance planning for the person with dementia and/or their carer.
- Advocating on behalf of the people with dementia or their carers with other service providers (this includes providing advice and support to other service providers to help them be more responsive to the needs of the person with dementia and their carer)
- Information provision to assist the individual and their family to understand dementia; to know about relevant services and how to access them.
- Support clients in the application for administration and guardianship
- Co-ordinating social support groups

In order to ensure that people with dementia have access to the support they require there is a need for services that have a specific level of understanding and training in dementia and dementia care. It is not realistic to expect the contact centre staff to have if these services are transferred to My Aged Care. In addition the capacity building component of the information provision and the local level advocacy could not be replicated by My Aged Care. Given that this support is provided through the journey of the client and/or their carer it would also appear unrealistic that this role could be taken on by the local assessment team past the point of initial assessment and referral. In addition, splitting out these components of Service Group 2 negates the objective of providing a holistic service response to which these supports are integral.

To remove this funding would risk losing the extensive networks and dementia specialists that currently exists. Ongoing funding of services under service group two should be assessed on case by case basis and moved to the social support stream, with a recognition of the special needs of people with dementia and carers, and others with specialised care needs to ensure the continuity of essential services remain.

Recommendation:

22. Dementia specific services provided under Service Group 2 are assessed on a case by case basis to be funded through the social support stream and not moved to My Aged Care.

Question 13: Is there anything else you want to raise to help with the development of the Commonwealth Home Support Programme?

Sector support and development

Alzheimer's Australia state and territory organisations currently receive funding under Service System Development. Through this funding Alzheimer's Australia provides:

- Education for family carers on dementia.
- Assisting providers to develop dementia responsive services by providing education and training to community workers, aged care staff, medical students, hospital staff, GPs, health professionals, nurses, on what dementia is, how to manage it, how to effectively communicate with people with dementia and how to understand and manage behavioural changes.
- Promotion of best practice in dementia care.
- Provision of information, resources and lending libraries.
- Culture change consultancy services.
- Education and awareness raising in the wider community
- Sector wide capacity building events (symposiums, lectures, online resources)
- Training for volunteers.
- education and training programs to facilitate the person centred support and care services that accord with Montessori principles for people living with dementia;
- education, training and promotional programs promoting the concept of dementia friendly environments
- Course design, development, implementation, evaluation and continuous improvement of teaching and learning materials utilised in the provision of dementia related education and training based best practice.

A system wide approach to sector development under the Sector Support and Development stream cannot replicate the current specialised role undertaken by Alzheimer's Australia to develop service responsive in local providers to meet the needs of people with dementia.

Alzheimer's Australia queries how the Commonwealth will determine which 'non-outputs' are moved to the Sector Support and Development and which are better placed under another service type. We would welcome the opportunity to discuss current funding arrangements further with the Commonwealth to help determine which services are better placed under another stream to ensure continuity of essential activities.

Should all funding under the Service System Development be moved to Sector Support and Development, we recommend a specific grant that focuses on sector support and dementia be established as part of the Aged Care Service Improvement and Healthy Ageing Grants Fund which is offered as a restricted or direct tender.

Additionally, there are several broad issues that the Commonwealth must consider to ensure the current resources, activities and models under this stream are not lost:

- Rationalising funds into a range of education programs would create more demand for same funds and potentially limit the ability of organisations providing the services to meet the needs of special needs groups.
- The future of sector support and development which incorporates education and support services provided to home care workers has been clearly identified as falling outside the scope of the program and will be captured under broader aged care workforce funds and service improvement. However, it is not clear what this will look like and whether these existing funds will be increased in size to accommodate the larger workforce and also consider funding non accredited education for professionals employed in this area.

As the intended focus of the Home Support Program is on direct service provision that places greater emphasis on targeting sector support and development through the Aged Care Workforce Fund and the Aged Care Service Improvement and Healthy Ageing Grants Fund it is vital that:

- Funding is adequately increased to facilitate the development of a growing aged care workforce who, by necessity, require specialised skills to meet the increasing demand for dementia care in an aging population;
- A sector wide approach to areas such as workforce development is informed by the existing HACC workforce to ensure that local demographics are recognised and serviced.

Home Support Development Officers

It is unclear how development officers will identify and promulgate specialised models of best practice that respond to the multitude of issues and barriers faced by people with dementia and their carers, and how they would develop and coordinate staff and volunteer training in this area. Alzheimer's Australia would recommend redirecting this funding back to the Aged Care Service Improvement and Healthy Ageing Grants Fund and allowing providers and organisations with the existing expertise, especially in relation to special needs groups, to undertake this role.

Interface between Home Care Packages and the Home Support Program

It is unclear where the cut-off for transitioning from the Home Support Program to a Home Care Package, and what level package this will equate to. Given the limit on the number of packages available, and the low level of services that can be received through a level one package, Alzheimer's Australia supports a transition point that is at least equal to, if not above, a level two package.

Assessment and Referral

We have learnt from the experiences of those with younger onset dementia the impact a disjointed assessment system can have on those who are already coping with a multitude of issues that come with the diagnosis of dementia. The experience of those with younger onset dementia in trying to access services is to be 'bounced' between aged care and disability services with little regard for the impact the process is having on the person. There is a lack of understanding of the needs of people with dementia in these situations and who is best placed to provide the care. Apart from the direct implications of inadequate care the anxiety associated with this process can intensify the distress on the person living with younger onset dementia and their carer(s), thereby increasing demand on care services.

Our concerns are people with dementia and carers will be adversely impacted if:

- They are bounced between the two assessment processes for home support and home care as a consequence of the lack of clarity around the definition of basic services.
- There is insufficient communication and differing processes between the two assessment workforces.
- There is a lack of understanding from the assessment teams about the unique and differing need of people with dementia and their carers.
- The initial eligibility screening process is not completed correctly.

The integration of the two assessment teams should occur as soon as possible.

Given the need to have an integrated and local assessment service network there is a concern that a contested process will impede integration and set back the development of assessment services, systems and processes unnecessarily. There is also a concern this process will result in in-house referrals by the service provider contracted to provide the assessment service; to the detriment of a person with dementia and their carer who may have been able to receive a more specialised or appropriate service through another provider.

Selection of service providers

Alzheimer's Australia is also concerned about the impact on smaller providers under the proposed funding arrangements in which funds are allocated through a contestable process. We feel that this approach threatens smaller providers as well as rural and regional providers who have either a small client group or provide a specialised service (such as dementia specific respite). A contestable process that focuses on value for money and moving away from allowing minimally funded services to operate does not take into account the high cost of providing a service in a rural area (e.g. cost of transport and wages for travel time) or a specialised service. If these services are removed from existing providers there is a risk clients may be left without access to services if there are not alternate providers in the area or they do not have the skill and expertise to provide the same service.

Interface between aged care and disability

Alzheimer's Australia is concerned that clients who will no longer be eligible for the Home Support Program cannot be successfully transition to equivalent disability services because the NDIS is not fully operational. In addition, many recipients of NDIS services in the trial sites are existing disability service recipients so there is no guarantee that a person currently in receipt services will be able to successfully pick up the equivalent support and services under the NDIS.

Transition Care

Considering the significant national contribution the Transition Care program on wellness, reablement and assisting people to return to their home following a hospital admission there is little information provided on the interface with this program.

Recommendations:

23. The Commonwealth continue to fund dementia specific services currently funded under the Service System Development through a restricted or direct grants process.
24. Redirect the funding for the Development Officers into the Aged Care Service Improvement and Healthy Ageing Grants Fund.

25. The transition between home support and home care packages is at least equal to, if not above, a level two package.
26. The integration of the two assessment teams to occur as soon as possible.
27. The transition of clients out of home support into disability services does not occur until the NDIS is fully operational and it is clear they will be eligible and able to receive equivalent services under the NDIS.