

# MACARTHUR HACC FORUM

*c/- Macarthur HACC Development Project,  
P.O. Box 284, Campbelltown. N.S.W. 2560  
Phone: 02 46218425  
hacc@mdservices.com.au*

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The Secretary,  
Standing Committee on Ageing  
Email: [ageing.reps.@aph.gov.au](mailto:ageing.reps.@aph.gov.au)

Dear Sir/Madam,

## RE: INQUIRY INTO LONG-TERM STRATEGIES TO ADDRESS THE AGEING OF THE AUSTRALIAN POPULATION OVER THE NEXT 40 YEARS

The Macarthur HACC Forum is made up of over 95 representatives from Home and Community Care funded projects and other non HACC funded agencies that provide services to people who are frail aged, younger people with disabilities and their carers in the Macarthur area. The aim of the forum is to encourage the exchange of information between different sectors and HACC services to ensure a cohesive and co-operative service provider network within the Macarthur area.

The Forum Action Group is elected annually from Forum Members to formulate correspondence regarding a variety of issues that may impact upon the HACC program.

It is with interest the forum discussed the above inquiry and while we have not had the time to examine all of the issues thoroughly we would like the following issues taken into account regarding:

### Aged Care

It is vital that arrangements be clarified between State and Commonwealth Governments to streamline the administration of programs. The policy makers speak about seamless transition of care but the biggest obstacle to this is not community services on the ground but the complex web caused by State and Federal Governments regarding program administration. At present in the Macarthur Area aged clients are/may be eligible for:

- HACC Services - which have their own target group, administration

- requirements and guidelines (HACC is State and Federally Funded)
- CACP services – which have their own target group, administration requirements and guidelines (CACP's are funded by the Commonwealth but clients can still receive some specific HACC services)
  - Carer Respite Centres – which have their own target group, administration requirements and guidelines (CRC's are funded by the Commonwealth)
  - Reslink – which is a Dementia Care type service which has their own target group, administration requirements and guidelines (Reslink is funded by the Commonwealth)
  - Veterans Home Care – which have their own target group, administration requirements and guidelines (funded through Dept of Veterans Affairs)
  - Seniors Program – which have their own target group, administration requirements and guidelines (funded through the State Government)
  - And there may be more

The Community Sector is sick of programs becoming vote winners and publicity agents for Ministers. CACP's, CRC's, EACH's etc etc could easily be provided under one HACC program which has been in operation since 1985. We admit the program would have to change, grow and adapt to meet different needs but why do we constantly invent new systems instead of fixing the ones we have. From a community point of view it appears that this occurs often for no other reason than for a particular Minister to get their face on promotion.

How we pay for our aged services is an ongoing issue and we believe that Governments should actively consult with peaks such as ACOSS, NCOSS and look at the research done by those organisations.

In these times of Competition, Tendering and For Profit Providers coming into the community sector we must strive to maintain the local focus of services. Already it is becoming apparent that many larger organisations with central offices in other parts of the State can be inherently more inflexible, due to generalist policies designed for the whole organisation, than smaller locally based services. These organisations are not part of local communities also do not have the commitment to local areas issues. We have found at this forum that many of the services based outside the area do not regularly attend the forum and also do not get involved in issues that affect the area. Many of these services are concerned with their own service targets and development but do not take an active part in developing the area and providing input into discussions affecting older people as a whole.

Many more services are going to need to be provided for lower needs clients. The HACC target group has increasingly been absorbed by high needs clients that in days gone by would have been housed in institutions or nursing homes. We do not advocate institutionalisation but resources must be made available to cater to

the growing target group while retaining its preventative focus.

A service recently commented that "HACC used to give you help before you broke your hip - now its after the damage is done". More and more clients with relative low needs are being turned away by services. More high need services should to be funded to enable the core HACC services to also cater to clients with lower needs - therefore preventing them becoming higher needs for a longer period of time.

### Health

The Health System has changed dramatically over the past few years. Gone are the days of "matron will keep me in until I feel safe to go home". Shorter hospital stays mean more need for support services at home. As with deinstitutionalisation and reduction in the admittance to nursing homes the resources have not been allocated to the community to pick up the extra demand. There needs to be a decision regarding where the Health \$\$\$ stops and the Community \$\$\$ picks up - again often the problems is in fighting between governments.

We hope the above will feed the thoughts of the Committee and encourage more consultation with an extended timeframe to the sector to enable true and vigorous debate regarding this important matter.

### Lack of the same service types when entering an Aged Care Facility

Entering an aged care facility is a major life change for clients. Many clients become distressed when they discover not only have they lost their home/neighbourhood they may have lived in all their lives they also are no longer eligible for HACC services they may have been getting for many years. Many clients are particularly distressed by loosing social support type services such as access to day care (where they have made close friends) and access to community transport. This issue needs to be addressed - we suggest that if facilities received core funding for clients socialisation needs but that the funding was flexible enough to allow the client choice whether to use the socialisation services provided by the facilities or continue to use those services provided in the community.

Yours faithfully,

Linda Margrie for and on behalf of the Macarthur Forum Action Group.

*Disclaimer: It should be noted that the opinions/ideas and views contained in this documentation reflect the views of the Macarthur Forum Action Group which is facilitated by the Macarthur HACC Development worker and do not necessarily reflect the opinions/ideas and views of that particular worker.*

