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Tasmanian Council of Social Service submission to: Senate Community Affairs References Committee Inquiry into Aged Care

The Tasmanian Council of Social Service is the peak council for non-government community service organisations in Tasmania, and is an independent member of the Council of Social Service network across Australia. TasCOSS's mission is to provide a voice for Tasmanians affected by poverty and inequality.

One specific role currently played by TasCOSS is the management of the Home and Community Care (HACC) Consumer Consultation Project for Tasmania. TasCOSS consults with actual and prospective HACC consumers to ascertain patterns of need, consumer perspectives on service quality and linkage issues between HACC and a range of other human services. Our consultations feed into an annual report to the Tasmanian Department of Health and Human Services (which funds the Project) as part of that agency's annual planning process.

TasCOSS's submission is based on findings from consultations held during 2003 and 2004, and refers to points (d) and (e) of the Committee's Terms of Reference. Where appropriate, we have included direct quotes from HACC consumers.

(d) the adequacy of Home and Community Care programs in meeting the current and projected needs of the elderly; and

Tasmania is the least urbanised state in Australia, with almost 60% of its population living outside the capital city. Tasmania also has the lowest gross household disposable income per capita — some \$5000 less than the national average. Crucially, Tasmania now has higher proportions of (a) people with a disability, (b) people aged 65 or over, and (c) living as sole-person households than any other state. These factors contribute to the challenges facing community care service delivery and the capacity of individuals to seek home supports from the private sector.

Over the last three years, the TasCOSS HACC Consumer Consultation project has consistently found that many prospective consumers in regional and rural areas have limited or no knowledge of HACC services. Actual consumers have consistently expressed the view that the services they do receive are often insufficient to meet their needs. In particular, consumers reported on the inadequacy of access to community transport, home and garden maintenance, and domestic assistance.

The following excerpts from transcription of 2004 consumer consultations provide examples of some of the issues concerning HACC service provision.

Podiatry at the moment comes from Launceston every six weeks and we pay \$35.00 and I believe that this service is only temporary. There is a free service in Swansea but if you can't drive you can't get there. It would be better if he came to Bicheno than trying to find community transport to get there. Or pay the podiatrist from Launceston to subsidise his fee so pensioners could afford to see him.

Physiotherapy hours are stretched they leave at 2.30pm or before to drive back to Hobart (they live south of Hobart somewhere) would be better to extend hours and stay overnight to cater to demand and perhaps visit once a fortnight for two days. However, this service took a long time to get here and may finish in December. Both Podiatry and physiotherapy are services which keep people moving and mobile and therefore important.

It takes too long to access them i.e. Two weeks ago I hurt my knee and couldn't walk for a few days or do anything around the house and I live alone away from family. To call Burnie and wait for an assessment would take too long and by that time I could probably manage.

[We need] local services, as the response time is too long from major towns. Currently if you become ill you have to wait for a week or more for assessment and longer for services [from Burnie or Devonport].

Accordingly, TasCOSS recommended that the Tasmanian Department of Health and Human Services, in its planning for the coming year, consider “a review of funding and service delivery models to isolated regional areas to ascertain if consumer access to service provision can be improved by more appropriate and flexible funding models or other means”. Specifically, we suggested that such a review would include assessment of the costings associated with service provision to rural areas, including client assessment, travel costs, recruitment processes and the dissemination of information to clients relating to service provision. It is our contention that without such an assessment, it is

difficult for funding bodies to make decisions about which organizations are best placed to provide those services.

It was never intended that the TasCOSS project would provide a quantitative assessment of unmet need for HACC services. The methodology used by TasCOSS does, however, offer insights into the dimensions of unmet need in the small communities targeted in this year's consultations. It was abundantly clear from each of the eight public meetings held across rural and regional Tasmania that individuals are not being provided with sufficient support to ensure that they will not be prematurely forced into residential aged care (or acute care).

Equally clear was the fact that in rural and regional areas where no locally-based services exist, there is far less chance that prospective consumers of HACC services will feature on the formal waiting lists of organisations based in larger centres. As with many other human services sectors, the likelihood that individuals will formally apply for a service is as much a reflection of expectation as of underlying need. Where individuals feel they are unlikely to receive services, they will be reluctant to submit to the formal assessment processes that relate to joining a waiting list. TasCOSS is concerned, therefore, that any attempt to assess unmet need on the basis of existing waiting list figures will consistently understate the real level of need in rural and regional areas.

(e) the effectiveness of current arrangements for the transition of the elderly from acute care settings to aged care settings or back to the community.

The HACC Consumer Consultation Project received a high level of feedback from consumers relating to hospital discharge practices and the coherence of the overall community care 'system'. The following excerpts from transcribed consultations are indicative of the feedback received:

The hospital has discharged old ladies late at night and there has been no nurse to visit afterwards not necessarily in need of terminal care but some help afterwards.

I know of two instances when terminally ill patients have been left without nursing care— sent home from hospital and their partners have had to muddle on without knowing what to do.

The need for a seamless transition for HACC consumers between acute and community care is essential for the maintenance of independent living and is recognised by the community sector as a reform that is long overdue.

In addition to providing feedback to the HACC program, TasCOSS has also raised these concerns in a submission to the State Public and Private Hospital Review in March 2004. In both instances, TasCOSS recommended that the HACC Unit (Department of Health and Human Services) work with the Hospitals and Ambulance Division of that Department to develop formal discharge protocols for the frail elderly and people with disabilities. We noted that this would require an adequately resourced discharge process including a discharge plan and a policy of no evening or Friday discharges for frail aged or persons with a disability who live alone.

I enclose for the information of the Committee a copy of the TasCOSS HACC Consumer Consultation Annual Report for 2004. We urge the Committee to conduct oral hearings on the critically important issues contained in the current reference, and advise that we would be delighted to present further oral evidence, in conjunction with other non-government consumer and service-provider organisations, should such hearings be held in Tasmania.

Mat Rowell
Executive Director
5 August 2004