A Vision
for
Community Care

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Aged & Community Services • Australia

Alzheimer's Australia
Living with dementia

Australian Association of Gerontology

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Australian Society for Geriatric Medicine

Carers Australia

COTA National Seniors

Mental Health Council of Australia

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Community care will support lifestyle choices to enable people who need support and their carers to live optimally in their own communities.

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- **ACROD**
- **Alzheimer's Australia**
- **Australian Association of Gerontology**
- **Australian Council of Community Nursing Services**
- **Australian Divisions of General Practice**
- **Australian Medical Association**
- **Australian Society for Geriatric Medicine**
- **Carers Australia**
- **COTA National Seniors**
- **Mental Health Council of Australia**

This document presents a Vision for Community Care that is supported by the above organisations. This doesn't commit any of the organisations to a specific position or action on any of the issues contained within.

Introduction

While Australia's community care system has a number of positive features, including its breadth and diversity, it has become confusing for all who use it – consumers, carers and service providers.

There is a growing array of, largely compatible, community programs which have created separate reporting requirements and different eligibility rules. Often the same organisations provide a mix of community care programs and must complete multiple sets of essentially similar information. These different requirements are inhibiting the provision of quality care to individuals while replicating management overhead costs.

Overly prescriptive program guidelines and eligibility rules often impede an effective response to meeting people's needs. Uncoordinated planning does not help people to access the services they need. Clearly the system has reached a point where significant reform is required.

In August 2001 Aged & Community Services Australia (ACSA) released a discussion paper *Community Care Programs: The Future*[1] to assist consideration by industry and consumer representative groups of the shape of reform required. Throughout 2001 there was healthy debate on options for reform based on responses to ACSA's discussion paper. This debate has highlighted the need for the community care sector to have a new vision and for current administrative practices to be improved to support service delivery now and as the system strives to implement a new future.

In 2002 a coalition of professional bodies, consumer groups and disability, aged and community care industry groups came together to build on the work of the ACSA discussion paper and develop *A Vision for Community Care*. The Vision was released for discussion in August 2002.

At much the same time The Myer Foundation (TMF) undertook a project looking at the future of aged care and released a report *2020: A Vision for Aged Care in Australia* in November 2002. The TMF Vision stated that "Australia will need expanded, robust and effective community care to assist the vast majority of older people who need care and want to receive it in their own homes."[2] The Vision outlined the need for substantial reform and increased funding if this was to become a reality.

In response to this work the Federal Minister for Ageing commissioned an internal review of community care programs, resulting in the March 2003 release of *"A New Strategy for Community Care – Consultation Paper."* The paper agrees that reform is needed and focuses on the reform of those funding programs for which the Minister has direct responsibility.

There have also been a number of reports looking at community care from a disability perspective. The Australian Institute of Health and Welfare publication, *Unmet Need for Disability Services*, reports estimates for unmet need in 2001 with 12,500 people needing accommodation and respite services and another 8,200 places needed for community access services.

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[1] A copy of this paper and an analysis of responses to the paper can be found at the Aged & Community Services Australia's website www.agedcare.org.au under Projects & Policy/Community Care Advisory Committee.
[2] The Myer Foundation *2020 A Vision for Aged Care in Australia* can be found at www.myerfoundation.org.au

This report, along with the AIHW study 'Disability and Ageing: Australian population patterns and implications' (2000), highlights the interaction between services for older people and younger people with disabilities and suggests that such interface issues need to be addressed.[3]

The recently released 'Out of Hospital, Out of Mind' (2003) documents the finding of a nationwide review by the Mental Health Council of Australia highlighting that current community based systems are failing to provide adequate services and support recovery from illness or protect against human rights abuses.

The work of all these projects, and reports, highlights the growing demand for community care. There is an agreement on the need for reform – streamlining and simplifying information, access and administration. There are some different ideas and approaches for moving forward.

It is now up to all stakeholders to work together to ensure reform occurs in a way that improves the community care system so it can meet the challenges of future generations.

The Time for Reform

In an environment of agreement on the need for reform a coalition of professional bodies, consumer groups and disability, aged and community care industry groups:

- ACROD
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- Australian Council of Community Nursing Services
- Australian Council of Social Services
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- Australian Medical Association
- Australian Society for Geriatric Medicine
- Carers Australia
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is continuing to drive debate on the need for, and the shape of, reform required in community care.

This paper restates the Vision advanced in August 2002 and highlights where and how the Government and Myer Foundation proposals fit within this broader statement.

The Vision has been updated to reflect the views expressed in the consultation that has occurred since August 2002. The consultation included wide distribution seeking written feedback on the paper as well as presentations at conferences, forums and seminars dedicated to discussion of the Vision.

Support for the proposed Vision was overwhelming with 90% of responses being in full agreement, a further 6% agreed with most aspects of the Vision, while only 4% disagreed outright.

[3] Australian Institute of Health and Welfare, *Unmet Need for Disability Services: Effectiveness of Funding and Remaining Shortfalls*, July 2002.

Background

Significant changes are under way in how people wish to receive aged and community care.

Government-funded residential aged care is now almost half a century old. Overall it has been a great achievement but there are now additional ways of delivering accommodation and support services.

There will continue to be a need for some residential care as people may choose this option or their needs will be such that it may be the only appropriate alternative. Indeed for some older Australians this is their 'community'.

People with disabilities who receive support now tend to do so in their local communities rather than in institutional settings.

Since the mid-1980s, government policies have encouraged older people and people with disabilities to remain in their own homes rather than enter residential care services. People with disabilities now tend to live in smaller group homes in local communities accessing a range of disability specific and generic community services. More people receive support at home than in residential care settings.

However, in aged care more government funding goes to residential than community-based services.

There is increasing recognition that community care programs can no longer be considered separately from the myriad of intersecting service sectors, including residential aged care, disability services and primary and acute health services. Changes in any one of these systems inevitably affect the others, as has been the case with the reduction of length of stay in hospitals increasing the care needs of some community care clients after discharge home. Carers, families and services may have a wider range of caring responsibilities, including management of a more complex care situation.

At the same time, there is a growing recognition that 'community care' is about caring for people in their communities, irrespective of whether that care comes from paid service providers or informal carers. The growth of carers' programs provides evidence of this shift, although more remains to be done.

There is now a strong consensus on the need to reform Australia's community care system.

The Vision

Community care will support lifestyle choices to enable people who need support and their carers to live optimally in their own communities.

Caring is a personal, social and public responsibility, shared by individuals, families, business, community organisations, public institutions and all levels of government.

Our Vision is of a community care system where both formal and informal care are brought together to maximise the capacity of people to enjoy life in the community of their choice.

Our Vision is one of a connected and flexible service. Ideally the mechanisms behind formal service provision should be invisible to the client - they get quality services tailored to meet their own needs to stay in their own community, whatever and wherever that may be.
This will enable people to move through the different parts of the system unimpeded and untroubled by bureaucratic issues of funding sources and governmental demarcations.

The support will be provided in:

- Community settings – "home"
- Retirement living settings
- Sub-acute settings
- Residential care settings

to people of all ages, who require support as a result of a functional disability, and their carers[4]. This is a very diverse group of people. Community care support will need to respond appropriately to:

- People of Culturally and Linguistically Diverse Backgrounds
- Indigenous People
- People in rural and remote areas
- Homeless people
- People with dementia
- People with mental illness.

It is worth noting that there are many older people, people with disabilities and people living with chronic illness who neither need nor seek support.

Those who do need support are best served by programs that enhance their independence, rather than those that might draw them into increasing dependence on others.

The full implementation of such a Vision requires changes to the ways of delivering care and therefore to many of the existing aged, community care and health funding streams. Tinkering at the edges will not be enough. A range of like-minded non-governmental and governmental organisations will need to work together to create a well-connected system of service delivery to support lifestyle choices.

What is Community Care?

Community care encompasses a wide range of programs providing support to all people in society – from maternal and child health programs, through family support to positive ageing programs.

In this paper community care is defined more narrowly as it relates to supporting people with functional disability, primarily older people. It includes informal and formal care, GP's, broad community health, allied health, pharmacists, preventative programs and education as well as those programs funded by Commonwealth and State Governments to provide community care – be they for older people, younger people with disabilities, people with mental illness or chronic illness, or the carers' programs. Hospitals also play a role in community care – for example, rehabilitation and discharge planning – and this is also considered in the Vision.

[4] Of all ages includes older people, younger people with disabilities, people with (or recovering from) illnesses or medical conditions. This list is not meant to be exclusive of any group who might genuinely require support.

While the intention of this Vision is to encompass community care for people with functional disabilities, the practical suggestions for reform focus on identified community care programs funded by Commonwealth & State Governments.
These programs are at the heart of the support system and link with all of the other vital services individuals may need to access. This paper also addresses interfaces with the aged care, disability and health sectors without necessarily making specific recommendations for reform within these sectors.

The Minister's Strategy paper focuses solely on the community care funding programs of the Department of Health & Ageing and explicitly excludes interface issues on the basis that the "first priority must be to improve the internal workings of the community care system. From this point of consolidation, the community care program will be better placed to influence and improve the interface with related programs."[5]

In contrast, the Myer Foundation report directly addresses the issue of interfaces between aged community care and other related services as a fundamental component in any vision for community care. The provision of high quality, flexible and affordable care into the future will require the development of an aged care industry plan that progresses integration across the community, residential and hospital sectors and expands the role and scope of the community care sector. The links or interfaces between community care and other related services such as acute health, housing and disability are essential to the development of a national, comprehensive community care program. The Myer Foundation report advocates reform of Australia's aged care system in order for older people to access care and support when and where they need it through an integrated network of services.[6]

Community care must be considered at this broad level, as this is the way in which individual consumers and carers want to experience the system. It is also reflective of the system service providers must work within to deliver care. Interface issues have a major impact on the continuity of care for individuals and in the effective use of resources for support.

Philosophy of Care

The Vision for community care is underpinned by a philosophy of care that places the client, and where applicable their carer, and their needs at the centre of decision-making and the care provided. This requires services to be flexible and individually tailored to the person requiring support, enabling culturally and age appropriate care to be provided. This means that there is no one correct approach to the provision of social and supportive care – and there has been no definitive or conclusive research that identifies a particular best practice approach to this type of care. However for medical and rehabilitative care there is often an evidence-based or good practice approach to guide delivery and this will be identified and implemented to provide the best outcome for the individual.

Consumer, carer and service provider experience tells us that the quality of care is likely to be high if the philosophy of person centred care is reflected at all levels of an organisation.

Organisations practising this philosophy of care would be characterised by:

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[5] Commonwealth Department of Health and Ageing "*A New Strategy for Community Care – Consultation Paper*" March 2003
[6] The Myer Foundation, *2020: A Vision for Aged Care in Australia*, November 2002, available at www.myerfoundation.org.au.

- strong leadership committed to the flexible practices necessary to respond to individual needs, including special needs; and
- staff who work in partnership with carers, family and friends.

Nature of Service Delivery (Support for Lifestyle Choices)

First and foremost, community care service delivery in the future will be client centred. With an aim of supporting lifestyle choices that enable people to remain in their own communities, there will be an emphasis on flexible service delivery. In particular, the current distinctions between residential care and community care will become less relevant. People should be able to access whatever services they need whenever and wherever they need them.

Community care of the future will emphasise the knowledge, skills and capacities of people needing support and their carers and families. This is in contrast to an approach to service delivery focussed on the deficits of those receiving formal care services and will result in greater attention to rehabilitation and greater involvement of the person and their carers in decision making. There will be a focus on a continuum of care, varying according to the needs of people at different stages of their life cycles.

What, then, would a connected, flexible service look like?

Key characteristics of a connected, flexible service

Access

- Simple and reliable access to information about services
- Affordable quality services available as needed.

Assessment

- Assessment for need and eligibility
  - screening undertaken by all service providers
  - comprehensive and integrated assessment undertaken by a few identified providers
  - recognised across all providers
  - taking account of the full care situation, including the needs of carers
- Self identification of capacities and needs
- Regular review and, where necessary, reassessment
- Case management available for people with complex needs (the provider of case management will vary according to client needs).

Client & Carer Involvement and Participation

- Carer and client directed decision-making
- Recognition of client and carer rights, choices and opportunities
- Recognition of and appropriate links to informal community networks and supports.

Services' Responses Available

- Rehabilitation available in the right place for optimal recovery (in some cases it will need to be provided in hospital or sub-acute settings with lower level follow up at home or in community settings)
- Short term interventions to enable independence

- Effective support to carers and their families, including availability of an appropriate range of respite/substitute care

- Services responsive to special needs groups
- Use of technology to support clients at home
- Prevention and health promotion are integral components of the system.

Organisational Features

- Collaboration with other providers
- Multidisciplinary team approach to assessment and care
- Resources at organisation level are directed to individual and family needs rather than to particular service models
- Evidence based policy and practice.

Relationship with primary health care and hospitals

- Single health record (electronic) used across primary health, acute, residential and community care settings, with clear and stringent privacy safeguards
- Effectively linked with the acute and primary health care sectors
- Effectively linked with ACAT's, Geriatric medicine and Community Health Services
- Discharge plans sent to community providers and community care plans sent to hospitals.

Staffing

- Staff are valued and supported to provide optimal care
- Competency based training at all levels of care
- A minimum standard of training required for all care workers
- A best practice employment culture, including education and continuing professional development, that attracts and retains care workers and professionals
- Care workers trained to observe and report signs that indicate a need for reassessment
- Appropriate support for workers, particularly in extreme situations (eg abuse)
- Wages and conditions comparable with other care systems.

The Minister for Ageing's Community Care Strategy has a shorter set of Guiding Principles that are compatible with these key characteristics.

Place of service delivery

Supporting people in their own communities effectively requires strong local communities with good quality housing and environmental design. It is recognised that a number of the desired components require significant and long-term social change.

Key components in the future will include:

Accessible & Strong Communities

- Effective and accessible environmental design, ensuring communities are age and disability friendly
- Accessible transport, allowing people to participate in their communities and access essential services such as shops, banks and medical care

- Development of social capital and community capacity.

Housing choice

- Adaptable housing, able to be changed to meet the needs of people as they age or develop disabilities
- Affordable housing, with options available for people who are homeless or unable to purchase or rent properties privately
- Retirement living options, including a range of community living options with access to on-site support services as required to enable ageing-in-place
- Supported accommodation services for people with disabilities or older people, particularly those requiring nursing, medical, attendant or personal care services.

With a greater focus on accessible communities, adaptable and affordable housing and flexible community care services, there should be a reduction in the proportion of people using supported accommodation services. However, these options will remain an important part of the service system for those with complex medical conditions or support needs requiring around-the-clock care, support or supervision.

Some supported accommodation services must focus on palliative care services for people at the end of their life or short-term interventions such as convalescence or rehabilitation aimed to return people to their own homes. Close integration with local health services will be critical for these services. Other supported accommodation services will retain a focus on long-term care for those in need of substantial support.

Local Government has a key role to play with its responsibility for local planning and development. Local Governments should be encouraged to address the needs of ageing people and people with disabilities in design and development so that people are able to remain at home for as long as possible.

Accessible communities and housing can be more difficult to achieve in rural and remote Australia. In addition to problems accessing specialist and accommodation services due to distance, people in rural and remote areas face different issues to those in metropolitan areas. Building costs are often higher, while property values are generally much lower. Adaptable housing can be a lower priority in remote areas due to the smaller size of urban centres and the perceived extra costs.

It is critical to build social capital and community capacity. The focus of community capacity building is to improve the abilities of communities, often through building networks and relationships, to enhance their quality of life and assist disadvantaged groups to participate in community life. Strong and sustainable communities are more likely to be able to provide support locally and overcome issues that may exclude clients and carers from being able to remain in the local community.

Funding System

The funding system needs to be considered on two levels: (1) sources of funding for the community care system (eg. governments, clients or others) and (2) how the funding flows to service providers and/or clients.

Sources of Funding

Currently, there is significant reliance on government funding for the full range of health, disability, aged care and community care services in Australia.
Federal, State, Territory and Local Government spend approximately $1.7 billion per annum on identified community care programs. This figure does not include the significant funding made available through the health system and Medicare for community care services.

The reliance on government funding for a substantial proportion of community care will continue. It is possible there will be greater pressure on State and Territory Governments to increase their proportion of funding for these services, particularly as the anticipated revenue stream from the Goods and Services Tax (GST) takes effect.

While not the case currently, we envisage a greater interest from, and role for, private health insurance in funding elements of community care provision, largely as an extension of their current limited funding of post-hospitalisation services.

Some funding for community care services comes from direct payments by clients or carers. There is an emerging private market for full-fee services. We anticipate governments will continue to require contributions by those who can afford to pay.

Everything we know about community care suggests that there will need to be a greater investment, from all sources, in the future if the system is to be able to respond effectively to people's needs.

In the coming years Australia will need to consider in detail a range of funding options from social insurance schemes (similar to that currently operating in Japan) to more market driven approaches. The Federal Government's Intergenerational Report[7] suggests a doubling of effort in community care will be required over the next forty years. This Treasury estimate is an extremely conservative one.

However the funding of the future must ensure that services remain affordable for all.

Levels of Government

The question of which level of government should administer community care programs is a separate issue. There is an argument, strongly supported by many consulted in 2001 and 2002, that one level of government administering community care would resolve a range of issues currently experienced within the community care system.

However, until the interfaces between community care, general practice medical care and acute hospital care are supported by a single, rational funding system with built in incentives for efficient and effective use of resources, adopting a single level of government funding for community care will provide only part of the answer.

Even now where one Government Department has responsibility for a range of intersecting programs, there is no guarantee that coordinated and systematic planning and funding approaches exist.

[7] Commonwealth of Australia "Intergenerational Report 2002 –03 Budget Paper No 5" May 2002

At present, the funding systems for hospitals, GP's and community services contain significant disincentives for co-ordinated care. Legislative impediments to integrated care may need to be removed. Good client outcomes occur in spite of the system, not because of it.

Governments and service providers will need to work in collaboration to ensure a quality system of community care is available for those who require support.

Funding According to the Needs of the Client and Care Situation

Meeting Needs Across the Spectrum

Community care of the future will recognise the value of providing support for people at all levels of need and their carers. The funding system will be modified so not only those with high care needs receive support but those with less intensive and/or immediate needs can also be supported to prevent further functional decline avoiding the need for high intensity community, hospital or residential care.

There should be some overall definition of the proportion of clients and share of resources at the complex and basic needs level to ensure this does not occur. Care effectiveness, as well as cost effectiveness, needs to be taken into account to ensure effective support for the client and carer's independence. The aim should be to facilitate access to basic services with additional levels of service provided on the basis of careful assessment.

Clients with Complex Needs

There is strong support for the development of a comprehensive funding-package 'stream' for clients with complex needs and those who require multiple services, which will:

- incorporate current models such as Extended Aged Care in the Home (EACH), Community Aged Care Packages (CACPs), Community Options (Linkages) and some disability services programs.
- incorporate related developments such as new palliative care packages.
- integrate with primary health care funding mechanisms such as the Enhanced Primary Care Medical Benefit Schedule care coordination items.
- enable direct client funding models for some clients (particularly some younger people with disabilities).
- be regularly reviewed to meet changing needs for assistance.

Funding models that promote and enable individualised service responses must be underpinned by a policy and practice framework which is facilitative and coherent.

Clients with Basic Level Needs

Conversely, we recommend use of flexible block funding, based on measured improvements in the quality of life of the client, to service providers for clients and carers with basic needs which will:

- provide incentives to respond more flexibly to changing clients' needs.
- assist maintenance of a service infrastructure, particularly in rural and remote areas.
- introduce greater independence through ability for the individual to independently purchase some professional services (such as podiatry).

The current focus on output funding has proved to be counterproductive in practice. It is inflexible and creates an incentive to focus on counting products rather than focussing on the needs of clients and their carers.

This will be a conflict with the new philosophy of care, proposed in this paper, which places the client and their needs at the centre of decision making about the care situation and care rather than the type of support that is able to be provided.
It is important that funding models are designed to reflect the philosophy of community care and encourage innovation and efficiency in service provision. In an innovative world a social support activity group may substitute an hour of care.

Level of Funding for Community Care

The demand for community care will continue to grow. The Minister's Strategy estimates, based on current service use patterns, that the number of people across all age groups who rely on community care services will rise from approximately 650,000 people in 2002 to nearly 970,000 people in the year 2019.[8]

This will require additional resources to all of the community care system. As The Myer Foundation points out, to function effectively the community care system needs to be appropriately resourced. Modelling undertaken as part of that project suggests that the costs of providing aged care could rise by almost 60% by 2020[9].

While funding for community care has increased in recent years it has not been adequately indexed which means that it is effectively falling behind the real cost of providing care. In addition to this there are insufficient funds to meet the current demand, let alone the anticipated growth in the coming years.

Restructuring and streamlining will help the system to more effectively meet the needs of people requiring support. It will not address the issue of insufficient funding being available to provide quality care to those who require it.

Key Considerations

There are a number of components[10] that need to be identified in a revised single funding system, each of which should be clearly budgeted for:

- Assessment

There is a strong argument to fund a comprehensive and integrated assessment system. Mechanisms to fund reassessment and monitoring of clients' changing needs must be addressed.

- Shifting the Focus

[8] Commonwealth Department of Health and Ageing "A New Strategy for Community Care – Consultation Paper", March 2003.
[9] The Myer Foundation *2020: A Vision for Aged Care in Australia*
[10] These considerations reflect current specific community care issues. These issues will change over time and the community care system needs to be able to identify and adjust to new areas requiring special attention as they arise.

The community care system needs to be viewed in its entirity to work effectively. The value of short-term interventions and rehabilitation needs to be acknowledged with appropriate funding to support its delivery.

Similarly prevention and health promotion – delaying and reducing the need for ongoing services – must also be acknowledged as an integral component of community care service with funding being available to support their delivery.

Services from different sectors (health, aged care, disability) should be able to access each others' particular skills to provide such support effectively.

- Equipment & Home Modification

Acknowledgment and funding is required for equipment and home modifications to support people of all ages. The timely provision of some equipment and modification can significantly enhance an individual's independence and delay the need for ongoing service provision.

- Indexation

An effective indexation mechanism will be critical to the success of any funding model operating in the community. One of the most significant problems with current community care funding systems has been indexation mechanisms failing to match industry-specific cost increases.

- Quality

In the future, the industry, in cooperation with consumers, will drive excellence in service provision. All community care services will have an effective quality assurance process in place that ensures high quality, flexible services for clients and provides flexibility and choice for providers. Quality assurance will be undertaken in a way that is reflective of the nature and complexity of the service provided and/or the organisation providing it. Organisations with a capacity to do so will undergo an external accreditation process. Rationalisation of the current multitude of quality requirements, and avoiding excessive monitoring and compliance costs, will have an immediate saving of resources for service providers operating multiple funding programs. It will also assist the development of a strong culture of quality management.

- Reflecting a Changing Society

Changes to our society need to be able to be recognised easily within the funding system, enabling services to respond to individual needs. In recent times the growing numbers of homeless people and of people with long standing disability who are ageing have challenged programs and services. The funding system should ensure that providers are able to respond to such needs without having to create separate funding programs.

- People with Dementia

With the ageing of the population, the number of people living with dementia will increase significantly. This increase in numbers will represent a significant driver in the growing demand for additional community care services. While some people with dementia will need support from specialist services, the bulk of the support will need to come from mainstream community care services that will need to build their skills to meet this demand.

- People with Mental Illness

With predicted increases in the rates of mental illness and the psychological impact of recent world events, new pressures on Australia's mental health system will emerge. Action is now required to combat the current crisis, improve the spectrum of available services and promote genuine recovery. Additionally, we must invest in the long-term sustainability of a mentally healthy community. Therefore, mental health promotion, prevention and early intervention strategies should be prioritised along with genuine community partnerships that increase illness awareness as well as our national capacity to respond to the millions of Australians whose lives are touched by the impacts of mental illness.

- Services to Indigenous People

Indigenous people have a much poorer health status and die at a younger age than the rest of the Australian population. Funding for community care services for indigenous people must address this basic issue. Services to indigenous people will need to be funded in a fashion which enables community ownership of programs and achievement of client outcomes appropriate to the community, probably using a community of interest model in many cases.

- Services to Culturally and Linguistically Diverse People

People from culturally and linguistically diverse backgrounds often experience barriers in accessing community care services. The barriers may be a result of lack of culturally appropriate information but may also relate to service models which do not cater to cultural and language requirements. Services to culturally and linguistically diverse people will need to be funded in a fashion, which enables community ownership of programs and achievement of client outcomes appropriate to the community, probably using a community of interest model in many cases.

- Rural and Remote Services

Rural, remote and isolated area services require funding that adequately recognises the viability and logistical service delivery issues faced, such as the provision of specialist care services (eg therapies such as podiatry and speech therapy), and travel time. There is now widespread acceptance that health care models that work well in metropolitan areas cannot simply be replicated in country areas.[11] Funding needs to be provided flexibly so that services can be specifically designed and implemented locally to meet the needs of rural communities.

- Workforce

The community care industry is currently facing workforce shortages – nurses, GP's and personal care workers. This issue needs to be addressed through appropriate workforce planning and through provision of resources to ensure that community care is an attractive career option. The workforce providing care to special population groups (eg people with mental illness) experience stigma and challenging working environments/conditions which impact on job satisfaction and retention of staff. These issues must be considered if the current workforce crisis is to be addressed.

Implications for Providers

[11] Healthy Horizons – A Framework for Improving the Health of Rural and Remote Australians – Summary of progress across Australia 2002

The new future has major implications for community care providers. Increasingly, some providers will move to deliver a range of services, including residential care, disability services and health services as well as traditional community care services. There may be a trend to increasing industry consolidation.

Conversely, others will develop a 'niche' service, perhaps based on their current service type or target group.

Undoubtedly, there will be more cross-sector partnerships and potentially less competition. The connected, flexible service of the future will demand this.

All providers will have to change management and service delivery practices to respond to technological, economical and social changes. For example, the introduction of a single electronic health record and greater use of technology in the delivery of care will require significant changes by service providers.

However, the future we envisage will see governments committed to work in partnership with providers to manage these changes. This active support will see a continuation and expansion of community and service development assistance. There will be a greater emphasis on provision of training for staff and volunteers.

Conclusion

The time for community care reform has come. The Federal Government has acknowledged this and stakeholders and interested parties must ensure meaningful reform now occurs. For reform to be of real benefit to consumers, carers and providers, the focus must be broad – not restricted to specific programs or services.

This Vision paper is intended to assist in this process and keep a broader focus than explicitly recognised and funded community care programs.

The achievement of a streamlined and effective community care system can not be done purely within existing resources. The provision of locally accessible quality services, based on a client and carer centred philosophy, will require additional resources and new approaches.

However if a system as envisioned here operated effectively it would have benefits and savings for the higher intensity services such as hospitals and residential care. This is the importance of acknowledging the interfaces inherent in a system that supports individuals.

Community care is what consumers and carers now, and those of the future, are telling us they want. It is in the interests of the Australian community to develop, resource and implement a system which supports lifestyle choices to enable people who need support and their carers to live optimally in the community.