



Government
of South Australia

Department of Human Services

Home and Community Care Reform – Consultation Summary

Overview

Home and Community Care (HACC) is a 35-year-old legacy program that currently funds a range of services across South Australia to support people under 65 years who live with a functional disability. The program's original purpose was to provide low level support to help individuals avoid living in care facilities and to remain in their homes.

The introduction of the National Disability Insurance Scheme (NDIS), My Aged Care and the National Carer Gateway has resulted in a large number of HACC clients transferring to national care, prompting a review of the role and scope of HACC.

The review revealed a range of key considerations for the development of a new program, including a service gap for people who are not eligible for federal disability programs, as well as the greatest common risk factor: social isolation and disconnection from services and communities.

Methodology

In April 2020 DHS engaged an external consultant from The Australian Alliance for Social Enterprise (TAASE) of the University of South Australia to lead an independent consultation with sector providers and peak organisations to develop options for a new South Australian program.

The strategic parameters for the new program were determined through application of the draft social impact framework that TAASE developed in partnership with DHS. A detailed analysis of service data and feedback from stakeholders and peak organisations was undertaken utilising the social impact framework.

In reviewing the role a new program can provide in the future, DHS and TAASE was informed by:

- Data and analysis of the current program, its clients, services and providers;
- Similar program reforms in other jurisdictions;

- Research into optimal approaches for generating social impact through program design;
- One-on-one engagement with all HACC providers throughout April and May 2020 on emerging program and client needs and transition barriers;
- Targeted focus groups and forums;
- A survey of HACC providers; and
- Consultation with peak community services organisations.

Key themes

Throughout the consultation process, a number of key themes emerged:

Social isolation

Providers advised that the HACC program currently supports people facing a range of complex and interrelated issues and who face heightened vulnerability because they are socially isolated.

Social isolation and disconnection (28.9%) was rated the highest risk factor for clients in the provider survey and discussions, followed by mental health issues (24.8%), chronic illness (16.8%), poverty/unemployment (12.1%), and low level/episodic disability (6%).

Many services and programs address a particular need (i.e. focusing on specific cohorts) and overlook the underlying issue which is that people are seeking assistance in the first instance because they are isolated from support and have no pathways into the community.

Peak organisations highlighted the need for outreach service models to identify and support people who are socially isolated. It was emphasised that this approach requires dedicated staff or volunteers who are highly skilled at engaging, listening and supporting others to build their capacity.

‘Social isolation arises because individuals do not have a social network to connect with or seek help from’

Service gap

It was reported that there is a continuing service gap for people who are not eligible for or unable to access other systems, such as NDIS or aged care support.

Support through the My Aged Care system is only available to people aged over 65 whereas nearly 60% of HACC clients are aged between 55-64, with 35% on the cusp of eligibility for My Aged Care.

For people aged under 65 with a functional disability, providers advised of the barriers and challenges associated with accessing the NDIS. In one-on-one consultation meetings:

- 42% of providers indicated that system complexity was a barrier to clients accessing the NDIS;



- 33% of providers indicated the NDIS was unsuitable for their clients, particularly for clients living with mental health issues; and
- 25% cited the episodic nature of a client's disability as the reason for ineligibility.

Providers reported a lack of government-funded services, particularly in regional and remote areas, for clients who are ineligible for NDIS. It was noted that sometimes no suitable alternative services exist, and where they do, they are often at maximum capacity.

Due to this gap, 57% of providers indicated there is a sustained demand for the services they provide under the HACC program. However, 31% did note some success in transitioning clients to the NDIS or My Aged Care, and 12% did not provide comment on this.

Client outcomes

Providers advised there is currently an overemphasis on service outputs rather than client outcomes. As HACC providers are currently required to report primarily in terms of the hours or number of services delivered by unit, providers expressed the need to measure the short- and long-term outcomes achieved for their clients, e.g. quality of life/wellbeing.

Flexibility

HACC providers are each currently contracted to deliver a set of distinct service types which restricts the ability to flexibly tailor services to each client. Providers advised of the need to design supports that are person-centric and responsive to clients' individual needs, preferences and circumstances, and of how critical this flexibility has been in responding effectively to the COVID-19 pandemic.

Integration and collaboration

Analysis of service data indicated that in early 2020, 25% of HACC providers had less than 20 clients and 70% of providers supported under 100 clients.

Providers are contracted for different services and are often unaware of what other providers offer, indicating minimal integration across the program.

Peak organisations stressed the importance of an integrated system with a 'no wrong door' approach, particularly for clients with high and complex needs.

Providers emphasised the need for community development approaches based on collaboration, such as by working closely with local community centres (e.g. utilising space for events), working with Aboriginal and

'[There is a] need for better understanding of who other Providers in region are to develop network of support and work together'



Torres Strait Islander/culturally and linguistically diverse (CALD) leaders, holding cultural events, connecting to churches, schools and community organisations. This was echoed by peak organisations who highlighted the importance of a place-based focus involving collaboration across a range of community organisations within a region.

Carers

Providers reported the highly valued role unpaid carers play in providing direct support to vulnerable people within a stretched system, as well as their unique barriers and potential service gaps:

- Carers are often socially isolated, have health issues themselves, and receive minimal income;
- Carers face unique challenges in rural and regional areas, including high rates of suicide and mental health issues, and low rates of help-seeking; and
- The recent roll-out of the federal Carers Gateway and RDP has presented a number of challenges, including:
 - Limited support and advocacy to help carers access an unfamiliar system and overcome barriers such as digital literacy;
 - A need for local, known and trusted organisations within the community; and
 - A need for support to develop the capacity for connection with other carers, such as through peer support networks, and to target specific groups like young carers.

Volunteers

Providers advised of the crucial role volunteers play in the delivery of the HACC program by assisting in the delivery of transport and social support services (e.g. taking people shopping). 73% of survey respondents indicated that they engage with volunteers in support of this program. Peak organisations suggested community organisations should focus on building the organisational capacity and procedures to encourage and support volunteers.

Young people

Providers reported difficulty in meeting the emerging needs of younger people within the parameters of the current service model. Peak organisations highlighted young people as a primary intervention point for preventative support and noted that this cohort has been particularly impacted by the COVID-19 pandemic and may continue to be impacted by the resulting economic recession.

Culturally and linguistically diverse (CALD) and new and emerging communities (NEC)



Providers and peaks reported on the need for flexibility to support the diverse needs of multicultural communities. Emphasis was placed on the importance of multicultural or culturally-specific services that support wellbeing, independence and quality of life for CALD and NEC clients. For example, client care coordination was noted as particularly important as language can serve as an additional barrier to navigating an already complex service system.

Aboriginal and/or Torres Strait Islander communities

Peak organisations emphasised that supports for Aboriginal and Torres Strait Islander people need to be embedded in the community as current staff are trusted, connected to people, and able to identify emerging issues and needs, which are constantly changing.

Both providers and peak organisations highlighted the unique issues faced by Aboriginal and Torres Strait Islander communities including the higher cost of delivering services in remote communities, a high reliance on transport services due to many Aboriginal elders not having access to transport, an earlier average onset of chronic health issues, and concerns around elder abuse.

Consultation outcomes

The findings of the review have informed the development of the new program – Community Connections – which seeks to remove duplications with federal systems and better match services with greatest need by connecting people with communities, social networks and services.

The program and its draft guidelines will be further reviewed by program partners ahead of its commencement on 1 April 2021.

DHS has also engaged an external consultant to undertake an independent consultation with existing HACC clients to gather feedback and ideas on how to improve service approaches in the new program and help guide the practical implementation of Community Connections.

A separate targeted engagement process with Aboriginal community controlled organisations and Aboriginal community controlled health organisations will also be carried out in November 2020.

‘Bringing people together in a culturally safe environment where people are able to share story, cultural activities and feel connected has reduced isolation for participants who live alone and supported their improved sense of belonging to a community that shares their history, values and beliefs’

