

9th Edition – July 2007

A Guide to Community Care in the Sutherland Shire



INFORMATION FOR CARE PROFESSIONALS

Section 1: Community Care in New South Wales



home and community care

A JOINT COMMONWEALTH AND STATE/TERRITORY PROGRAM
PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED

Supported by funding from the Australian & NSW Governments under the HACC Program

About this Guide

*This guide is produced for and about the **community care** services that support Sutherland Shire residents, where appropriate, to remain in the community and live in their own homes, instead of institutions. These **'clients' or 'service users'** include the following individuals:*

- **'Carer'** - provides regular and sustained care to a family member or friend who is frail, has a disability or chronic illness (ie. not a paid worker);
- **'Consumer' or 'frail aged person'** - aged 65 years or over (45 years if indigenous) requiring assistance with daily living tasks;
- **'Consumer' or 'person with a disability'** – person aged under 65 years with moderate to severe disability requiring assistance with daily living tasks.

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WHAT IS COMMUNITY CARE?

The Community Care sector is a group of services that have been established as a support system for frail older people, people with disability and the carers of both groups. These services aim to provide ongoing support to allow people to remain in the community and live in their own homes, as an alternative to institutional or residential care.

Community care services exist across New South Wales, although they have tended to develop differently to meet the particular needs of each region or community. This two part Guide covers the major government funding programs, their eligibility criteria and quality standards (**Section 1**), and a list of the organisations that receive this funding for local residents (**Section 2**). [It should be noted that eligibility relates to each program and then to individual services, so the two Sections must be read together.]

Types of Services Provided

Community care encompasses the following basic types of services, with specifications under each funding program (as described in **Section 1**):

Allied Health Care/Paramedical

Professional health care services (eg, podiatry/foot care, occupational therapy, physiotherapy, speech pathology, social work or dietetics).

Behaviour/specialist intervention

Range of services relating to the management of challenging behaviours, including intensive intervention support, training and education in behaviour management, and consultancy services.

Case Management

A collaborative and person-focussed process for managing support to people with chronic, ongoing or complex conditions or situations.

Centre-Based Day Care

Structured group activities to assist with social interaction which are conducted in a centre-based setting; may include bus trips and outings.

Counselling/Support, Information, Referral and Advocacy

Assistance with understanding and managing situations and relationships associated with the client's need for care and/or their caring responsibilities (eg. one-on-one advice, information, training, assistance in dealing with other agencies; may include support groups).

Domestic Assistance

Assistance with housework and chores (eg. cooking, cleaning, dishwashing, clothes washing and ironing, shopping and bill paying).

Early Childhood Intervention

Support services to assist children up to 6 yrs old with a developmental delay to integrate with peers into pre-schools and the wider community.

Formal Linen Service

The provision and laundering of linen.

Home Maintenance

Assistance with home or yard upkeep and repair to ensure it is a safe place to live (eg. changing light bulbs, carpentry, replacing tap washers and replacing roof guttering).

Home Modifications

Assistance with renovations or alterations to the client's home to help them move safely around the home (eg. installation of handrails, ramps, emergency alarms, removal of shower hobs).

In-home accommodation support

Individual in-home living support and/or developmental programming for people with a disability.

Learning and life skills development

Ongoing day-to-day support to gain greater access and participate in community-based activities: focus on continuing education to develop skills and independence or enjoyment, leisure and social interaction.

Meals

Preparation and delivery of meals to clients which contribute to their daily nutrition requirements and to meet special dietary or cultural needs (eg. Meals on wheels in their homes, either hot and ready-to-eat or with instructions for heating, or in a Community Restaurant centre-based setting).

Nursing Care

Support in the management of particular health problems by a registered or enrolled nurse; in the home or in a centre (eg. diabetes or continence management, changing bandages and administering medication).

Other Food Services

Assistance with meal preparation and cooking in a client's home and provision of advice on nutrition, storage or food preparation.

Personal Care

Assistance with daily self-care tasks (eg. eating, bathing, toileting, dressing, grooming, getting in/out of bed and moving about the house; may also include monitoring medication).

Goods and Equipment

Loan or purchase of goods and equipment that help the client with his/her mobility, communication, personal care or health care (eg. wheelchairs, appliances and continence pads).

Respite Care

Support to carers through the provision of flexible and responsive alternatives to the usual care arrangements (eg. a worker or volunteer going into the recipient's home or with both carer and recipient on an outing).

Social Support

Assistance in the home or community to meet a person's need for social contact and help him/her participate in community life (eg. visiting and telephone monitoring, letter-writing).

Transport

Assistance with travel to/from essential appointments and social activities, either directly (in a car or bus) or indirectly (through a taxi subsidy or voucher); for groups or individuals (eg. medical transport, non-medical transport, shopping buses, social groups).

Packages of more than one of the above

Note:

All providers conduct some form of **assessment**, which involves collection of information about a client's needs to determine eligibility for service, the extent of their needs and information required for the delivery of services. **Development, monitoring and review of case/service plans** for a particular client is also a key component of service delivery.

Australian Community Care Review - *The Way Forward*

The Australian Government's *The Way Forward* builds on the current strengths of the community care system to reduce complexity and achieve greater consistency, as well as simplifying and creating a fairer system for people requiring care to stay at home. *The Way Forward* outlines the development of common arrangements across various aspects of community care service provision (including access, eligibility, quality assurance, fees and planning).

Background

The Australian Minister for Ageing called for review of community care in 2002 and released a consultation paper entitled *A New Strategy for Community Care* in 2003, which produced thirty-four industry submissions. Following advice from the National Reference Group and discussions with the States/Territories about the issues raised in submissions, *A New Strategy for Community Care: The Way Forward* was released in 2004. It outlined five broad areas of action to streamline community care programs and to simplify access to the system for people needing help by adopting common arrangements:

- addressing gaps and overlaps in service delivery;
- providing easier access to services;
- enhancing service management;

- streamlining Australian Government programs; and
- adopting a partnership approach.

Work on the reforms commenced in 2005 and was reinforced by a series of Council of Australian Government (COAG) Decisions in 2006. In addition, \$30m has been allocated by the Australian Government to assist implementation of the common arrangements in the HACC Program.

Key Elements

Projects are underway in the following areas:

- **Access Points:** Access points to operate in a consistent way using agreed assessment approaches with common principles and functions and collection of data;
- **Eligibility:** Consistent eligibility criteria, with tiered model of service provision (basic care, packaged care) and better targeting of those most in need with the most relevant services;
- **Assessment:** A more consistent and less duplicative experience for people accessing services within specific processes and using new tools: Australian Community Care Needs Assessment (ACCNA) and Carer Eligibility and Needs Assessment (CENA);
- **Standards & Quality Assurance:** A quality reporting approach that better aligns the quality reporting process across programs;
- **Consumer Fees:** Simple, transparent fee structure, consistent policy & principles across programs;
- **Financial Reporting:** Simplifying & streamlining financial reporting processes for service providers;
- **Information Management:** Streamlined administration & reporting that supports information sharing between service providers;
- **Co-ordinated Planning:** to meet the needs of older Australians & improve the co-ordination of regional resource allocation.

HOME AND COMMUNITY CARE (HACC) PROGRAM

The Home and Community Care (HACC) Program is a national service program that aims to provide basic, long-term services for frail older people, younger people with disabilities and the carers of both of these groups, so they can live safely and appropriately in the community and in their own homes, rather than institutions, like nursing homes or hostels. The HACC Program came into existence through the *Home and Community Care (HACC) Act, 1985* and is funded in each State by the Commonwealth and State/Territory governments.

In NSW, the Department of Ageing, Disability and Home Care (DADHC) is responsible for the Program, which provides a range of basic maintenance and support services via a range of contracted providers, including local government, community and voluntary organisations, religious and charitable organisations and commercial organisations, as well as State government agencies.

There are many HACC providers to Sutherland Shire residents, including support and information services (see **SECTION 2: Community Care Providers in the Sutherland Shire**).

Target Group

The following people are eligible to receive HACC services:

- older and frail persons with moderate, severe or profound disabilities;
- younger persons with moderate, severe or profound disabilities;
- such other classes of persons as are agreed upon by the Commonwealth and the State Minister; and
- the carers of these people.

The HACC Program also aims to address the unique requirements of special needs groups within the target population, including:

- Aboriginal and Torres Strait Islanders (ATSI);
- People from non-English speaking backgrounds (NESB);
- People living with dementia;
- People experiencing geographical isolation; and
- People experiencing financial disadvantage.

Eligibility and Referrals

Referrals are accepted from any source in the community, including doctors, social workers, hospitals, the Aged Care Assessment Team (ACAT), another HACC service, carers, relatives, friends, neighbours or even the person him/herself. HACC services use a special referral form, called the Client Information and Referral Record (CIARR) (see **Local Service Policy and Protocols**).

It should be noted, however, that a referral does not guarantee service. HACC is not an entitlement service. Access to a HACC service is based on relative need, so that limited resources are allocated to those with the greatest need for support to enable them to stay in their homes. HACC services are required to assess clients to determine their eligibility and priority for service provision, and the extent of need that person has for assistance. Assessments are generally conducted in the applicant's home or over the phone and s/he can request an advocate or interpreter to be present.

The HACC Program subsidises the costs of providing HACC services. HACC service providers are required to have a fees policy, with the flexibility to reduce or waive fees according to the client's financial situation. The fees are discussed with the client prior to delivery of services. A person is never refused access to services due to an inability to pay. Of course, this is subject to the availability of funds in the service to subsidise this amount.

People from Culturally and Linguistically Diverse (CALD) Backgrounds

There are a number of specialist HACC services for people from particular ethnic backgrounds. However, all HACC services are bound to act equitably and ensure easy access for all people requiring help. Under the *Home and Community Care Act, 1985*, no one can be discriminated against for service provision because of their racial background, gender or culture.

Aboriginal and Torres Strait Islanders

The Aboriginal Home and Community Care (HACC) Policy Statement requires culturally-sensitive service assessment and delivery to indigenous clients, including aboriginal service providers, where possible, and ongoing training of generalist workers. In recognition of the different ageing processes of Aboriginal people, a person is eligible for HACC services for 'frail older people' at 45 years.

Residents of Retirement Villages

A HACC service can be provided to residents of retirement villages except where a resident's tenancy contract includes the provision of the particular service. This includes independent living, or self care units within aged care complexes.

Veterans

HACC services can be provided to recipients of Veteran's Affairs pensions and entitlements regardless of their eligibility for Veteran's Home Care (VHC) (see also **Veterans' Home Care**). It is a veteran's right to continue receiving HACC services if they prefer; although if a client uses VHC for the service types covered by this program, they cannot also access HACC. VHC does not include Social Support, Non-Medical Transport, Centre-Based Day Care, Case Management or Home Modifications or Home or Garden Maintenance on a regular basis, so these service types can be provided to veterans regardless of VHC usage. A referral for HACC service provision from a VHC assessment agency is equivalent to a referral from an Aged Care Assessment Team (ACAT).

Clients with a Mental Illness

The assessment of eligibility is not diagnosis driven and must reflect the level of maintenance/support required, the extent of capacity to undertake tasks of daily living and the level of risk of inappropriate long term residential care. Clients with a mental illness cannot be excluded from consideration for eligibility unless the request for service:

- relates to an acute or post acute episode only;
- is for service or support more appropriately provided through the Mental Health or Disability Services Program (including case management, medical monitoring or management of behavioural intervention programs);
- where the need for services would be reduced through alternative management of their illness by their doctor or Mental Health service.

State Wards

A State Ward and his/her carer/s are not eligible for HACC services at the subsidised rate. Whilst someone is in the care of the State all responsibility for service and care needs must be met by the State. (see Full Cost Recovery, below)

Children Under 6 Years of Age

HACC services are only provided where the specific service or support cannot be provided by the person, a carer and/or other support person or through government funding (see also **DSP**).

Workers Compensation

If a person is receiving a compensation pay-out to meet ongoing service support needs, these can be provided on a full cost basis only. For services provided prior to conclusion of settlement action, this requires a signed arrangement with the client that the service will lodge with the client's solicitor a claim for the difference between fees received and the full service costs to be paid from any settlement received.

Residency/Medicare Status

Eligibility for HACC services does not require proof of residency status, or entitlement to a Medicare Card.

Palliative Care

Palliative care services for a person in the terminal stages of illness are provided by the health system and are not provided by HACC services. However, eligible HACC clients will continue to receive basic support services from HACC to assist them with tasks of daily living while receiving palliative care from the health system.

Service Exclusions

These services are excluded or "out of scope" as service types that can be funded by HACC, because funding for these services is directly provided through other government programs:

- Accommodation Services - rehousing, supported accommodation and aged care homes, disability group homes and programs which are designed as providing accommodation level of support, such as the Attendant Care Program, Community Aged Care Packages, Extended Aged Care in the Home and the Ventilator-Dependent Quadriplegic Program.
- Direct treatment for acute illness, including Post-Acute Care - except where for basic maintenance and support for people within the target group following an acute episode ie. the client would be able to carry out all their own tasks of daily living following a period of rehabilitation.

Full Cost Recovery

All services available under the HACC program may be provided to any member of the community in any living situation on a full cost recovery basis and where the service has capacity to provide the service without reducing capacity to meet HACC client needs. Persons receiving full cost services are not considered HACC clients.

Key Concepts

Client Information and Referral Record (ClARR)

Mandatory for use by all HACC services, ClARR is a common form for gathering essential information from service users. A ClARR form is completed by the first service a consumer accesses and, with their permission, used to make referrals to other services (see **Local Service Policy and Protocols**). There are three sections:

Part A - the general form completed by all services.

Part B (service specific) - designed by individual services to collect information they need that is not contained in Part A.

Part C (Carer Profile) - information about the carer's needs.

A copy of the form is inserted into a yellow folder/booklet that remains in the client's home. A computerised ClARR incorporates **HACC Minimum Data Set (MDS)**.

Department of Ageing, Disability and Home Care (DADHC)

DADHC plans, funds, **monitors** and evaluates services funded under the HACC Program, CSTDA Disability Services and some other aged services. Together with St George, Eastern Sydney, Inner West and South Western Sydney, Sutherland Shire is a part of Metropolitan South Regional office of DADHC. A series of **Project Officers** to support and monitor services in each region tel: 9334 3700 or www.dadhc.nsw.gov.au.

Duty of Care

Whether a volunteer or a paid worker, every HACC service provider is employed in a 'professional capacity', with a legal obligation to take reasonable care of a client and avoid injury that can reasonably be foreseen.

Expression of Interest Process (Eoi)

HACC funding is allocated by expression of interest, selective tendering or direct allocation. Determining appropriate purchasing methods depends on factors such as: the amount of funding available; the range of current service provision by identified service type in the identified area; DADHC's understanding of the scope, capacity and nature of the market; the capacity of known providers to deliver the required services efficiently and within the requirements of the service specifications; and the need for continuity of care for clients.

- **Expressions of Interest (EOIs)** occur when proposals are sought from organisations to deliver services in accordance with a detailed service specification. An EOI is conducted in an open, competitive environment that encourages organisations to demonstrate how they can deliver the highest possible standard of services for a competitive price.
- **Selective Tenders** occur when DADHC selectively invites organisations which demonstrate an ability to provide high quality cost effective services that are responsive to the needs of service users, maintain effective relations with service users, their families and carers and fulfil obligations under the DADHC Funding Agreement.
- **Direct Allocations** occur when it can be clearly demonstrated that there is a sound, evidence-based reason for not testing the market for the best available provider. DADHC looks for organisations which demonstrate an ability to provide high quality cost effective services that are responsive to the needs of service users, maintain effective relations with service users, their families and carers and fulfil obligations under the DADHC Funding Agreement.

Principles for determining funding priorities include:

- Is the service type a NSW HACC planning priority?
- Does the issue relate to one or more of the special needs groups?
- Is it supported by population data (current and projected)?
- Has the issue been identified in Council Social Plans and/or by Council Aged and Disability Workers?
- Has the issue been identified in stakeholder forums?
- Has the service type been funded in the local government area/s in the last two years?
- What does the HACC MDS data indicate; and
- Evidence from reports/projects.

Funding Agreement

All organisations funded under the HACC Program sign one-on-one contracts with DADHC for their funding, which can be recurrent (continues every year) or non-recurrent (for a fixed period of time). These contracts specify the services to be provided in measurable outputs and agencies are required to comply with departmental accounting standards and operate within HACC policies, HACC National Standards and guidelines for service types.

HACC Development Officer (HACC DO)

Funded as HACC services, there are HACC DOs in most regions of NSW to assist HACC service providers and users through community development and support activities (see www.nswhaccdos.org.au). These include information and advice to HACC services about government policy, organising the regular meetings of HACC services (HACC Forums) and representing the local network on local, regional and statewide committees.

Sutherland Shire HACC DO is employed by a community-based organisation, Sutherland Shire Community Care Network and can be contacted via tel: 9542 6244, fax: 9542 6291, www.ssccl.org.au or www.ssccln.org.au.

HACC Minimum Data Set (MDS)

MDS is a client-centred data set developed by the Commonwealth for use in planning, policy making, and analysis at regional, State and National levels. It includes all the information required to be recorded and reported by HACC-funded agencies about their HACC clients. Agencies are required to submit this data four times a year.

Monitoring

DADHC uses the Integrated Monitoring Framework (IMF) to monitor and review how well funded services are performing against funding requirements and against standards of safety and quality. The framework comprises:

- Service Provider Annual Return;
- Service Reviews – including a 3 yearly review and service visit by DADHC staff;
- Reporting Requirements such as the Minimum Data Set;
- External reports arising from agencies such as the Ombudsman's Office.

Regional Planning

HACC service expansion funding is about allocating additional recurrent funding (with additional outputs) to address identified gaps in service delivery. Funding allocations for minor capital and service redevelopment are addressed separately. The HACC planning process involves both central office and regional DADHC staff. Central office undertakes state-wide planning, coordinates the NSW HACC Annual Plan and manages negotiations with the Australian Government. Regions are responsible for managing the regional consultation process and for the development of the service expansion plan.

DADHC Local Planning Areas (LPAs) are the geographic basis for planning, allocation and reporting of funding for the NSW HACC Program. There are three LPAs in Metro South Region:

- South East Sydney LPA comprising Sydney, Waverley, Woollahra, Randwick, Botany, Rockdale, Hurstville, Kogarah and Sutherland local government areas (LGAs);
- Inner West LPA comprising Ashfield, Burwood, Strathfield, Canada Bay, Leichhardt, Canterbury and Marrickville LGAs; and
- South West Sydney LPA comprising Bankstown, Liverpool, Fairfield, Camden, Campbelltown, Wollondilly and Wingecarribee LGAs.

Funding for each LPA will be allocated in accordance with each LPA's share of the HACC target population.

To inform the HACC planning process the Australian Government Department of Health and Ageing provides data about the HACC target population which is defined as persons living in the community who are at risk of inappropriate or premature admission to residential care, including older and frail people with a moderate, severe or profound disability and younger people with a moderate, severe or profound disability.

HACC planning in Metro South Region is based on identification of present and emerging areas of potential need, areas of increasing demand, gaps in current service provision, and changes in the mix of demand for service.

Information is obtained and analysed from a range of sources including:

- Regional consultations (service providers, clients and other stakeholders);
- Meetings with other government departments (Ministry of Transport, South Eastern Sydney & Illawarra and Sydney South West Area Health Services, Local Governments, Department of Veterans Affairs and the Department of Housing);
- Minimum Data Set (MDS) and population data;
- Evidence from current research and evaluations;
- Information from the three regional teams at DADHC: Performance Quality and Improvement Team, Purchasing and Funding Team and Information, Referral and Intake Team;
- Complementary programs, such as those funded by the Office For Ageing and the Australian Department of Health and Ageing; and
- Information from service reviews, council social plans and other relevant reports.

Information raised in consultations is recorded by service type and supported by evidence. The evidence can be a combination of "expressed needs" by clients (ie. unmet demand and waiting lists) and supporting documentation from service providers. Evidence can include the following:

- Number of people on waiting lists and registers of unmet need;
- Expected time before the service could respond;
- Examples of service providers' responses to the people on the waiting list;
- Service providers' management of waiting lists (eg closing their books for a while);
- Explanation why referrals have increased (eg recent closure of another service).

Service Standards

It is a requirement of HACC funding that service agencies meet the HACC Standards, which are reflected in their operational policy and procedures.

Home and Community Care (HACC) National Service Standards

1. Access to services

Each consumer's access to a service is decided only on the basis of relative need.

2. Information and consultation

Each consumer is informed about his/her rights and responsibilities and the services available, and consulted about any changes required.

3. Efficient and effective management

Consumers receive the benefit of well-planned, efficient and accountable service management.

4. Co-ordinated, planned and reliable service delivery

Each consumer receives co-ordinated services that are planned, reliable and meet his/her specific ongoing needs.

5. Privacy, confidentiality and access to personal information

Each consumer's rights to privacy and confidentiality are respected, and he/she has access to personal information held by the agency.

6. Complaints and disputes

Each consumer has access to fair and equitable procedures for dealing with complaints and disputes.

7. Access to an advocate

Each consumer has access to an advocate of his/her choice.

Statement of Rights and Responsibilities for HACC Service Users

This Statement recognises that:

- *The Program assists people who are at risk of premature or inappropriate long term residential care and their carers;*
- *The Program aims to enhance the quality of life and independence of those 'at risk' people;*
- *The Program is administered within available resources and in accordance with the principles and goals set out in the HACC Agreements;*
- *Users of HACC services retain their status as members of Australian society and enjoy the rights and responsibilities consistent with this status; and*
- *Providers of HACC operate under the constraints of relevant law.*

Service User Rights

- *The right to respect for their human worth, dignity and privacy.*
- *The right to be assessed for access to services without discrimination.*
- *The right to be informed about available services.*
- *The right to choose from available alternatives.*
- *The right to pursue any complaint about service provision without retribution.*
- *The right to involve an advocate of their choice.*

Service User Responsibilities

- *To respect the human worth and dignity of the service provider staff and other consumers.*
- *To accept responsibility for the results of any decisions they make.*
- *To play their part in helping the service provider to provide them with services.*

Service Provider Responsibilities

- *To enhance and respect the independence and dignity of the consumer.*
- *To ensure that the consumer's access to a service is decided only on the basis of need and the capacity of the service to meet that need.*
- *To inform the consumer about any options for HACC support.*
- *To inform the consumer of his or her rights and responsibilities in relation to HACC services.*
- *To involve the frail elderly person or younger person with a disability and his or her carer in the decisions about the assessment and service delivery plan.*
- *To negotiate with the consumer before a change is made to the service being provided.*
- *To be responsive to the diverse social, cultural and physical experiences and needs of consumers.*
- *To recognise the role of the carer and to be responsive to his or her need for support.*
- *To inform the consumer about the details of the service to be delivered and any fees to be charged.*
- *To inform the consumer of the standards to expect in relation to services he or she may receive.*
- *To ensure that the consumer continues to receive services agreed upon with the provider, taking the consumer's changing needs into account.*
- *To respect the privacy and confidentiality of the consumer.*
- *To allow the consumer access to information about him or her held by the provider.*
- *To allow the carer access to information held by the service provider about a frail elderly person or younger person with a disability where the carer is the legal guardian or has been so authorised.*
- *To deliver services to the consumer in a safe manner.*
- *To respect a consumer's refusal of a service and to ensure any future attempt by the consumer to access a HACC service is not prejudiced because of that refusal.*
- *To deal with a consumer's complaint fairly and promptly and without retribution.*
- *To mediate and attempt to negotiate a solution if conflict about a service arises between the carer and the frail elderly person or younger person with a disability.*
- *To accept the consumer's choice and involvement of an advocate to represent his or her interests.*
- *To take into account the consumer's views when planning, managing and evaluating HACC service provision.*

FOR MORE INFORMATION: www.dadhc.nsw.gov.au & www.health.gov.au

VETERANS HOME CARE (VHC)

The Australian Government, through the Department of Veterans' Affairs (DVA), introduced the Veterans' Home Care (VHC) in the May 2000 Budget program to enable veterans and war widows/widowers to live independently in the community by maintaining optimal health and well-being. The VHC program comprises three service delivery functions:

- regional assessment;
- regional coordination; and
- delivery of home care services to eligible veterans.

DVA has contracted a Regional Assessment and Coordination Agency in each VHC region and has separate contracts with service provider/s in each region to provide home care services (see **SECTION 2: Community Care Providers in the Sutherland Shire**).

Target Group

Access to VHC is not automatic. VHC is a cash-limited program and as such, is very different from other entitlement-based programs funded by DVA. To be eligible for a VHC assessment a person must be:

- a veteran of the Australian defence forces; or
- a defence or war widow/widower of a veteran of the Australian defence forces or an Australian mariner; and have
- a Repatriation Health Card - for all conditions (Gold Card); or
- a Repatriation Health Card - for specific conditions (White Card).

Partners and carers are not eligible for Veterans' Home Care services, unless they have their own Gold or White Card. However, partners and carers of Commonwealth and Allied veterans with a White Card are eligible for in-home respite care where the care provided relates to their accepted war caused disabilities. Partners and carers may be eligible for home support services through the Home and Community Care (HACC) program (see **HACC** section).

Veterans' Home Care extends the range of home support services provided by DVA to veterans and war widows/widowers to include:

- Domestic Assistance (assistance with domestic tasks such as household cleaning, dishwashing, clothes washing and ironing, shopping for the veteran and bill paying);
- Personal Care (includes assistance with daily self-care tasks, such as eating, bathing, toileting, dressing, grooming, getting in and out of bed and moving about the house);
- Home and Garden Maintenance (one-off provision of minor repairs to minimise environmental hazards such as replacing light bulbs and tap washers);
- Respite Care (temporary in-home, residential and emergency relief to the carer).

HACC services, such as Meals on Wheels, are provided through special arrangements with State and Territory Governments. DVA already provides community nursing, medical transport, home modifications and other allied health services to eligible members of the veteran community. Veterans can choose whether to use HACC or VHC.

Eligibility and Referrals

To be assessed for Veterans' Home Care services, veterans and war widows/widowers can be referred to, or they can ring, their Veterans' Home Care Assessment Agency on 1300 550 450 (but mobile calls cannot be connected). Following an assessment, the agency contacts a relevant DVA contracted service provider/s and authorises delivery of VHC services under contractual arrangements, DVA pays the agency an annual fee per veteran for assessment/coordination and pays the service providers on a fee for service basis.

Veterans and war widows/widowers will be asked to pay a fee for services other than respite care as follows:

- personal care: \$5 per hour, up to a maximum of \$10 per week
- domestic assistance: \$5 per hour, up to a maximum of \$5 per week
- home and garden maintenance: \$5 per hour for each hour of service

There will be no co-payment for in-home and emergency respite care. Veterans and war widows/widowers who are transferring from a HACC service will pay no more for the same service.

Other DVA Services

The Australian Government Department of Veterans' Affairs produces a range of publications that outline what services can be accessed at no charge by Gold and White Card holders. These include:

- Local Medical Officer (LMO) and Specialist Medical Consultations
- Access to hospitals through the Repatriation Private Patient Scheme
- Home Modifications and Equipment
- Community Nursing
- Allied Health Services, including chiropractic, physiotherapy, optical, dental, hearing, occupational therapy, podiatry and footwear
- Pharmaceutical through the Repatriation Pharmaceutical Benefits Scheme
- Transport services for medical treatment
- Funeral Benefits and bereavement payments
- Various other supports, such as counseling

For more information or to order DVA publications, call the DVA general inquiry line on 133 254, Veterans' Home Care Regional Agency on 1300 550 450 or the website at www.dva.gov.au.

Service Standards

DVA has adopted HACC National Service Standards as a basis for VHC Standards, following agreement with the Australian Government to ensure a nationally consistent approach to the delivery of service quality. All data collected from the program will be generally compatible with the HACC Minimum Data Set.

Veterans Home Care (VHC) National Service Standards

Objective 1: Access To Services

To ensure that each eligible veteran's access to services is determined on the basis of assessed need in accordance with the overarching aims of VHC.

Objective 2: Information And Consultation

To ensure that each eligible veteran is informed about VHC assistance available and consulted about any necessary arrangements.

Objective 3: Efficient And Effective Management

To ensure that eligible veterans receive the benefit of well-planned, efficient and accountable service management.

Objective 4: Coordinated, Planned And Reliable Service Delivery

To ensure that each eligible veteran who is assessed as needing home support receives coordinated services that are planned, reliable and meet his/her specific ongoing needs.

Objective 5: Privacy, Confidentiality And Access To Personal Information

To ensure that each eligible veteran's right to privacy and confidentiality is respected, and he/she has access to personal information held by the agency.

Objective 6: Complaints And Disputes

To ensure that eligible veterans and other stakeholders are aware of the policy and procedures to provide feedback and deal with disputes.

Objective 7: Advocacy

To ensure that each eligible veteran has access to an advocate of his/her choice.

VHC Principles Relating to Veterans' Rights

VHC contracted service providers jointly administer a program with DVA and are therefore expected to behave in a manner that maintains both the dignity and independence of veterans and respect their rights. Specifically (and in line with the DVA Service Charter) the right to:

- expect openness and honesty in all dealings with DVA, delegates of the Repatriation Commission or those contracted to DVA to provide services on its behalf;
- privacy and to expect their personal information will be kept confidential unless they have given consent to disclose it;
- view and, where appropriate, amend any such personal information;
- have someone else represent them if they wish;
- be advised of their rights of review;
- have decisions reviewed; and
- be informed and participate in decision-making processes concerning their care.

The VHC Standards define the minimum standard of service expected of VHC assessors, coordinators and service providers. Those involved in the delivery of VHC services should aim to exceed these standards and focus on continuously improving the level of service provided to veterans. The VHC Standards have been developed in accordance with the following overarching VHC program aims:

- to enhance the independence of eligible veterans;
- to administer the program within available resources;
- to assist eligible veterans who are at risk of premature admission to or inappropriate long term residential care;
- to acknowledge that service provision is not the only factor influencing whether the service standards are met for individual veterans or carers, eg. most VHC services are delivered in the veteran's home and this environment is outside the control of the agency; and
- to recognise that providers of VHC services operate under the constraints of relevant law.

FOR MORE INFORMATION: www.dva.gov.au

COMMUNITY AGED CARE PACKAGES (CACPS)

Community Aged Care Packages (CACPs) is a national program funded by the Australian Government under the *Aged Care Act 1997*, which also covers nursing homes and hostels. CACPs provide an intensive home-based care program (incorporating a co-ordination component and case management) to frail aged clients in order to assist them to remain in their own homes through an approved service provider. They are administered by the Australian Government Department of Health and Ageing.

Target Group

CACPs are targeted to those older people living in the community who have:

- Complex care needs arising from interacting physical/medical, social and psychological needs;
- A need for a skilled assessment and comprehensive management of service delivery;
- A need for services that are not provided/available from other community services;
- A preference to remain living at home with appropriate and reliable supports;
- A need for ongoing monitoring and review of their changing care needs.

CACPs are intended to provide personal care services and other personal assistance (see also ***What is Community Care?***) at the level provided in a hostel while allowing the client to remain in their own home. Assistance may be provided for all activities of daily living:

- Bathing, showering and personal hygiene;
- Toileting;
- Dressing or undressing and grooming;
- Psycho-social support and socialisation;
- Transport, Appointments, shopping etc;
- Mobility and transfer;
- Preparing and eating meals;
- Sensory communication or fitting of sensory aids;
- Laundry and domestic assistance;
- Gardening.

There are also ethno-specific CACPs available in some areas for people from culturally and linguistically diverse populations. (For current CACP providers to Sutherland residents, see ***SECTION 2: Community Care Providers in the Sutherland Shire***)

Eligibility and Referrals

An ACAT assessment and approval is required before people can access residential aged care, and therefore Community Aged Care Packages (CACPs).

The relationship between CACPs and HACC

CACP clients are supposed to receive personal care, temporary respite in the home, home maintenance and modification and transport services as a part of their package. In instances when CACP providers do not provide these services, they may purchase them from a HACC provider, who, generally speaking, may charge the CACP provider on a full cost recovery basis or, where there is no disadvantage to other HACC clients, at the normal fee to the client. For instance, centre-based day respite is included in a CACP package, and so may be paid for by the CACP provider. Community nursing is not included in CACPs and, in order to access these services through HACC, CACP clients must be assessed and can be allocated HACC services on the basis of their relative need, and pay the usual HACC fee.

Residents of nursing homes and hostels

Persons living permanently in Australian Government-funded nursing homes and hostels may not also receive a CACP.

People on residential care lists

CACPs are not intended to be used as a crisis management tool for people requiring temporary care, but if a person is on a residential care list because they believe it to be their only option, and they would prefer to remain at home, they should be told about CACPs.

Key Concepts

Approved Provider

In order to be selected for CACP funding through a selective tendering process, organisations must be “Approved Providers” under the *Aged Care Act*. This involves applying for Approved Provider status and being incorporated. Some organisations, like Local Councils and Government Authorities are automatically approved.

Service Standards

The provision of CACP services are governed by the *Aged Care Act 1997*, the Aged Care Principles, and the Payment Agreement made between the Australian Government and the Approved Provider. The Standards deal with the following issues:

CACP Service Standards

Part 1 - Information And Consultation

Each care recipient and prospective care recipient (or their representative) is to have access to information to assist in making an informed choice about available community care services.

Part 2 - Identifying Care Needs

Each care recipient is to receive quality services that meet their assessed needs.

Part 3 - Coordinated, Planned And Reliable Service Delivery

Each care recipient (or their representative) is enabled to take part in the development of a package of services that meets the care recipient's needs.

Part 4 - Social Independence

Each care recipient should be enabled where possible, and encouraged, to exercise their preferred level of social independence.

Part 5 - Privacy, Dignity, Confidentiality And Access To Personal Information

The dignity and privacy of each care recipient are to be respected, and each care recipient (or their representative) will have access to their personal information held by the provider.

Part 6 - Complaints and Disputes

Each care recipient (or their representative) has access to fair and effective procedures for dealing with complaints and disputes.

Part 7 - Advocacy

Each Care recipient will have access to an advocate of their choice.

Statement of Rights and Responsibilities for CACP Service Users

Service Provider Responsibilities

Under the User Rights Principles of the Aged Care Act, a service provider is required to offer an agreement with each care recipient, which the recipient or representative can choose to enter into, before commencing provision. The care recipient agreement should be written in plain English, be readily understandable and comply with specified requirements regarding:

- *the provision of information about charges payable;*
- *the start date for service provision;*
- *conditions for termination;*
- *services assessed as necessary;*
- *confidentiality safeguards; and*
- *the availability of a complaints mechanism.*

The approved provider must not act in a way inconsistent with the care recipient's right to enter into a community care agreement with the provider. Before confirmation of the date for the start of the service, a CACP provider must give written advice to a prospective care recipient, or the care recipient's representative, about the rights, responsibilities and entitlements of the care recipient and provider, including the care recipient's rights and responsibilities about payment of community care charges.

User Rights

Division 1—Security of tenure

This Division specifies the arrangements for providing security of tenure for a care recipient's place in a community care service.

Division 2—Access by advocates

This Division specifies the arrangements for allowing people acting for authorised bodies to assist a care recipient to have access to an approved provider's community care service

Division 3—Consistency with rights and responsibilities

This Division specifies the rights and responsibilities of care recipients who are receiving community care. A care recipient has the following rights:

- *to be involved in deciding the community care most appropriate for his/her needs;*
- *to be given enough information to make an informed choice;*
- *to choose, from the community care available, the community care that best meets his/her needs;*
- *to be given a written community care plan of the community care that he or she will receive;*
- *to receive community care that takes account of his or her lifestyle and cultural, linguistic and religious preferences;*
- *to be able to take part in social activities and community life as he or she wishes;*
- *to be treated with dignity, with his/her privacy respected;*
- *to complain about the community care being received, without fear of losing the care or being disadvantaged in any other way;*
- *to choose a person to speak on his or her behalf for any purpose*

FOR MORE CACP INFORMATION: www.health.gov.au

EXTENDED AGED CARE AT HOME (EACH)

Extended Aged Care at Home (EACH) is a national program funded by the Australian Government under the *Aged Care Act 1997*, which also covers nursing homes and hostels. EACH provide an intensive home-based care program (incorporating a co-ordination component and case management) to frail aged clients in order to assist them to remain in their own homes through an approved service provider. They are administered by the Australian Government Department of Health and Ageing.

The Extended Aged Care at Home (EACH) program is a very small, limited capacity program which enables frail aged people to remain in their homes, supported by high level care, which may include:

- Clinical care by a registered nurse, or under the direct or indirect supervision of a registered nurse or other professional appropriate to the service eg. pain management, naso-gastric tubes, urinary catheter care, complex wound management; oxygen therapy, assistance with medication management; and on-call access to nursing services, if required;
- Referral to appropriate health specialists and other service providers in accordance with needs and preferences and assistance to attend appointments whether the care provider, care recipient (or his or her representative), relatives or carer make the arrangements;
- Personal assistance with activities of daily living, including individual attention, support, supervision and physical assistance with:
 - bathing, showering, personal hygiene and grooming, dressing and undressing;
 - communication including assistance to address difficulties arising from impaired hearing, sight or speech, or lack of common language, and assistance with the fitting of sensory communication aids;
 - assistance with shopping and transport to and from appointments and support with performing household tasks including house cleaning, removal of household waste, ironing, laundry;
 - nutrition, hydration and meal preparation.
- Emotional support, including encouragement to take part in social and community activities that promote and protect the care recipient's lifestyle, interests and wellbeing;
- On-going support in adjusting to a lifestyle involving increased dependency and assistance for the care recipient, and carer if appropriate;
- Therapy services, including Maintenance therapy, such as diversional, recreational or speech therapy, podiatry, occupational, physiotherapy services, designed to minimise deterioration in function;
- 24-hour on-call access to at least one responsible person or agency located reasonably near, which will organise emergency assistance when required;
- Maintenance of the care recipient's home, gardens and yard to provide for function, safety and adequate security;
- Minor modifications, if required, eg, easy access taps, shower hose, bath rails.

EXTENDED AGED CARE AT HOME DEMENTIA (EACH D)

The EACH Dementia Program (known as EACH Dementia) provide coordinated and managed packages of care to frail older people with dementia who experience behaviours of concern. These packages provide the same full range of services that 'general purpose' EACH packages provide. However, EACH Dementia packages will be able to offer service approaches and strategies to meet the specific needs of care recipients with dementia who experience behaviours of concern. A key feature of EACH Dementia is the provision of individually tailored packages of care to approved care recipients that are planned and managed by an Approved Provider. Services, service approaches and strategies can include, but are not limited to, the following:

- linkages to specialists to assist in management of behaviours of concern relating to dementia;
- additional assistance during periods of specific need, for example with "sundowning";
- innovation, flexibility and responsiveness in meeting the changing needs of care recipients;
- personal care, including continence care;
- specialist nursing care;
- additional supports to assist with activities of daily living associated with cognitive deficits;
- assistance with meals; and
- home help and maintenance.

Eligibility and Referrals

An ACAT assessment and approval is required before people can access an EACH. EACH packages are targeted to those older people living in the community who have:

- Complex care needs arising from interacting physical/medical, social and psychological needs
- A need for a skilled assessment and comprehensive management of service delivery
- A need for services that are not provided/available from other community services
- A preference to remain living at home with appropriate and reliable supports
- A need for ongoing monitoring and review of their changing care needs

EACH Dementia-eligible care recipients must have complex high care needs associated with their dementia, require high level residential care, but have expressed a preference to live at home and are able to do so. Eligibility has been targeted to people with dementia and behaviours of concern, as the care needs of this group of people often require specific strategies and supports to assist them to live independently in the community.

Service Standards

The provision of EACH services are governed by the *Aged Care Act 1997*, the Aged Care Principles, and the Payment Agreement made between the Australian Government and the EACH Approved Provider. The Standards are based on those for CACPs.

EACH Service Standards

Part 1 - Information And Consultation

Each care recipient and prospective care recipient (or their representative) is to have access to information to assist in making an informed choice about available community care services.

Part 2 - Identifying Care Needs

Each care recipient is to receive quality services that meet their assessed needs.

Part 3 - Coordinated, Planned And Reliable Service Delivery

Each care recipient (or their representative) is enabled to take part in the development of a package of services that meets the care recipient's needs.

Part 4 - Social Independence

Each care recipient should be enabled where possible, and encouraged, to exercise their preferred level of social independence.

Part 5 - Privacy, Dignity, Confidentiality And Access To Personal Information

The dignity and privacy of each care recipient are to be respected, and each care recipient (or their representative) will have access to their personal information held by the provider.

Part 6 - Complaints and Disputes

Each care recipient (or their representative) has access to fair and effective procedures for dealing with complaints and disputes.

Part 7 - Advocacy

Each Care recipient will have access to an advocate of their choice.

Statement of Rights and Responsibilities for EACH Service Users

Service Provider Responsibilities

Under the User Rights Principles of the Aged Care Act, a service provider is required to offer an agreement with each care recipient, which the recipient or representative can choose to enter into, before commencing provision. The care recipient agreement should be written in plain English, be readily understandable and comply with specified requirements regarding:

- *the provision of information about charges payable;*
- *the start date for service provision;*
- *conditions for termination;*
- *services assessed as necessary;*
- *confidentiality safeguards; and*
- *the availability of a complaints mechanism.*

The approved provider must not act in a way inconsistent with the care recipient's right to enter into a community care agreement with the provider. Before confirmation of the date for the start of the service, a CACP provider must give written advice to a prospective care recipient, or the care recipient's representative, about the rights, responsibilities and entitlements of the care recipient and provider, including the care recipient's rights and responsibilities about payment of community care charges.

User Rights

Division 1—Security of tenure

This Division specifies the arrangements for providing security of tenure for a care recipient's place in a community care service.

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- *to be involved in deciding the community care most appropriate for his/her needs;*
- *to be given enough information to make an informed choice;*
- *to choose, from the community care available, the community care that best meets his/her needs;*
- *to be given a written community care plan of the community care that he or she will receive;*
- *to receive community care that takes account of his or her lifestyle and cultural, linguistic and religious preferences;*
- *to be able to take part in social activities and community life as he or she wishes;*
- *to be treated with dignity, with his/her privacy respected;*
- *to complain about the community care being received, without fear of losing the care or being disadvantaged in any other way;*
- *to choose a person to speak on his or her behalf for any purpose*

FOR MORE EACH INFORMATION: www.health.gov.au

NATIONAL RESPITE FOR CARERS PROGRAM (NRCP)

Respite care is residential or community care to assist frail older people and others with care needs to continue living in the community. It also gives carers a break from their usual care arrangements. The key objective of providing support for carers of people in these target groups is to assist them to continue in their caring role and thus enable the care recipients to remain in their homes for as long as possible. The Australian Government gives respite support through the residential care program under the *Aged Care Act 1997*, through the National Respite for Carers Program.

Target Group

The National Respite for Carers Program (NRCP) is designed to support and assist relatives and friends caring at home for people who are unable to care for themselves because frailty, chronic illness, or disability. It aims to contribute to the support and maintenance of caring relationships between carers and their dependent family members or friends by facilitating access to information, respite care and other support appropriate to their individual needs and circumstances, and those of the persons for whom they care.

The NRCP definition of a carer:

A carer is defined as a person, such as a family member, friend or neighbour, who provides regular and sustained care and assistance to another person without payment for their caring role other than a pension or benefit. The focus of the NRCP is on supporting the primary carer, defined as the person who provides the most informal assistance to the care recipient. This can include carers in employment and carers assisting someone in palliative care.

The NRCP has several key components:

Commonwealth Carer Respite Centres (CRCs)

CCRCs can help when carers need to take a break from caring by arranging respite. They can provide information, **emergency or short term respite** and link carers with providers of regular respite. The centres also work closely with existing community care services to identify carers' support needs and improve access to services. Examples of respite care assistance include:

- in-home respite care, including overnight respite
- residential respite care
- flexible respite in a variety of settings

The Commonwealth Carer Respite Centres across Australia can be contacted on freecall **1800 059 059** (mobile phones incur charges).

The client target groups for Commonwealth Carer Respite Centres (CCRCs) are the carers of:

- frail older Australians (ie. 65 years and over, 50 years and over if indigenous)
- people with dementia
- people with dementia and challenging behaviour
- people with a terminal illness in need of palliative care
- younger people with moderate, severe or profound disabilities who are living at home

Commonwealth Carelink Centres (CCCs)

- CCCs are funded by the Australian Government to assist individuals and services to effectively navigate through health, community aged care, disability and other support services in the community, acting as a single point to obtain up-to-date information about:
- the range of service providers in a region and how to contact them (including community care services, aged care homes, local health and allied health care professionals)
- eligibility criteria for accessing services
- costs associated with receiving services

There is a Carelink Centre for each HACC region, but calls can be made from anywhere in the country for local Centres on freecall **1800 052 222** or www.commcarelink.health.gov.au.

CCCs were co-located with CCRCs in streamlined arrangements in 2005. The co-located centres:

- Provide a single point of access for information for the general public, carers, service providers, general practitioners and other health professionals
- Hold a data base of service providers and information on a wide range of community, aged and disability services offered in a local region, including types of assistance available, from personal care and domestic assistance to accommodation in nursing homes and hostels

- Can arrange respite for carers through existing services and have a pool of brokerage funds to be used to purchase or subsidise emergency and short-term respite care. Centres can also link carers to appropriate respite services including residential respite.

Respite Services

Various community-based agencies receive NRCP funding to deliver respite care to carers and the people for whom they care in a variety of settings that best meet their needs, such as:

- day care centres which provide respite for a half or full day;
- in-home respite services, including overnight care and personal care services;
- activity programs;
- respite for carers of people with dementia and challenging behaviour;
- flexible respite in community settings.; and
- group respite in other settings, such as outings.

Eligibility and Referrals

Anyone can refer to NRCP services, although Carelink & Carer Respite Centres provide good access information for each region. (For current NRCP providers to Sutherland Shire residents, see **SECTION 2: Community Care Providers in the Sutherland Shire**)

Service Standards

The NRCP Service Standards are based on the HACC National Service Standards.

National Respite for Carers Program (NRCP) National Service Standards

1) Access To Services

To ensure that each carer's access to a service is decided only on the basis of relative need.

2) Information And Consultation

To ensure that each carer is informed about his or her rights and responsibilities and the services available, and consulted about any changes required.

3) Efficient And Effective Management

To ensure that each carer and the person(s) for whom they care receive the benefit of well-planned, efficient and accountable service management.

4) Co-Ordinated, Planned And Reliable Service Delivery

To ensure that each carer and the person for whom they care receives coordinated services that are planned, reliable and meet his or her ongoing specific needs.

5) Privacy, Confidentiality And Access To Personal Information

To ensure that the rights to privacy and confidentiality of each carer and the person for whom they care are respected, and that the carer and person cared for have access to personal information held by the agency providing the respite service.

6) Complaints And Disputes

To ensure that each carer and person cared for have access to fair and equitable procedures for dealing with complaints and disputes.

7) Advocacy

To ensure that each carer has access to an advocate of his or her choice.

Statement of Rights and Responsibilities for NRCP Service Users

Service Provider Responsibilities

The Statement of Rights and Responsibilities is based on a consumer rights strategy agreed and developed for the HACCP Program. The strategy recognises that, for the program to be effective, services must respond to the needs of each individual consumer and consumers must be able to exercise their rights and responsibilities.

In respect of respite services funded through the National Respite for Carers Program, the 'consumer' of a respite service is the carer and the care recipient. The needs of both must be met in the provision of a service.

In providing services, service providers have a responsibility to:

- enhance and respect the independence and dignity of the carer and person for whom they care;*
- ensure that the carer's access to a service is decided only on the basis of need and the capacity of the service to meet that need;*
- inform the carer about any options for support open to him or her;*
- inform the carer and person cared for of his or her rights and responsibilities in relation to National Respite for Carers Program respite services;*
- involve the carer and persons for whom they care in decisions about the assessment and service delivery plan;*
- negotiate with the carer before a change is made to the service being provided;*
- be responsive to the diverse social, cultural and physical experiences and needs of carers and the persons for whom they care;*
- inform the carer and the person cared for about the details of the service to be delivered and any fees to be charged;*
- inform the carer and the person cared for of the standards to expect in relation to services he or she receives;*
- ensure that the carer continues to receive services agreed upon with the provider, taking the carer's changing needs into account as well as the changing needs of the person being cared for;*
- respect the privacy and confidentiality of the carer and the person(s) for whom they care;*
- allow the carer, and the person cared for, access to information about him or her held by the service;*
- allow the carer access to information held by the service provider about a person being cared for where the carer is the legal guardian or has been so authorised by the person receiving care;*
- deliver services to the carer and the person cared for in a safe manner;*
- respect a carer's refusal or care recipient's refusal of a service and to ensure any future attempt by the carer to access a service under the National Respite for Carers Program is not prejudiced because of that refusal;*
- deal with a carer's complaints fairly and promptly and without retribution;*
- mediate and attempt to negotiate a solution if conflict about a service arises between the carer and the person being cared for;*
- accept the carer's choice and involvement of an advocate to represent his or her interests;*
- take into account carers' views when planning, managing and evaluating service provision.*

Consumer Responsibilities

Consistent with their status as members of the Australian society, carers and those for whom they care have a responsibility to:

- treat staff with respect and courtesy;*
- take responsibility for the results of any decisions which are jointly made with staff about care arrangements; and*
- provide a safe work environment for staff and help them to provide the carer and person for whom they care with services.*

FOR MORE NRCP INFORMATION: www.health.gov.au

DISABILITY SERVICES PROGRAM (DSP)

The *Disability Services Act 1993* provides for the funding of disability services for persons with disabilities. The objects of this Act are:

- the provision of services to enable persons with disabilities to achieve their maximum potential as members of the community
- to ensure the provision of services that further their integration in the community and complement services available generally, enable them to achieve positive outcomes and promote in the community a positive image of persons with disabilities and enhance their self esteem
- services are funded in consideration of the outcomes achieved by persons with disabilities using them
- to encourage innovation in the provision of services for persons with disabilities
- to achieve positive outcomes, such as increased independence, employment opportunities and integration in the community, for persons with disabilities
- to ensure that designated services for persons with disabilities are developed and reviewed on a periodic basis through the use of forward plans

Reflecting the principles of the NSW Disability Services Act, and with funding from the Australian Government through the Commonwealth-State/Territories Disability Agreement (CSTDA), the Disability Services Program (DSP) is a State service program that aims to support younger people with disabilities and their families. There are a number of key components to the program, which is administered by NSW Ageing, Disability and Home Care Department (DADHC). These services are provided either directly by DADHC staff or through funded providers:

- Information and referral
- Learning and life skills development
- Behaviour/specialist intervention
- Early Childhood Intervention
- Other community access
- Flexible/combination respite
- Centre-based respite
- In-home accommodation

DADHC also funds accommodation services through group homes.

Target Group

According to the Disability Services Act, a person is in the target group if the person has a disability (however arising and whether or not of a chronic episodic nature):

- that is attributable to an intellectual, psychiatric, sensory, physical or like impairment or to a combination of such impairments, and
- that is permanent or is likely to be permanent, and
- that results in
 - a significantly reduced capacity in one or more major life activities, such as communication, learning, mobility, decision making or self-care, and
 - the need for support, whether or not of an ongoing nature.

Eligibility and Referrals

The **Regional Intake Panel** is responsible for determining the eligibility status of a person requesting entry and access to disability services provided by DADHC. A potential client must meet the following eligibility criteria in order to receive DADHC disability services:

- be a permanent resident of Australia and reside in New South Wales; and
- have an intellectual disability or multiple disabilities where an intellectual disability is also present
 - ie. intellectual functioning is measured at two or more standard deviations below the mean for the Full-Scale score on a recognised test of intelligence, the person has significant deficits in adaptive functioning in two or more areas and these deficits in cognitive and adaptive functioning are manifest prior to 18 years of age; or
 - There is a specific diagnosis of a syndrome strongly associated with significant intellectual disability made in a written report by a health professional or Diagnostic and Assessment Service.
- if under 6 years, demonstrate features that are consistent with a global developmental delay or demonstrate specific areas of delay in at least two areas of functioning.

(NB – All other non-government service providers can provide service to people with a disability other than an intellectual disability.)

Services Provided by DADHC

The following are some specific services provided through **DADHC Community Access**:

Information, Referral & Intake

This provides information on services in the Metro South East Region, refers people to appropriate services as necessary, receives referrals for DADHC Disability Services and is the initial contact point for funded accommodation requests. People with disabilities, their families and service providers can contact:

Information Referral and Intake, DADHC Metro South
Level 3, 52-56 Railway Pde BURWOOD NSW 2134
Ph 9334 3700, Fax 9334 3708

Community Support Teams

These consist of:

- **Early Intervention Service** – target client group is children under six years of age with a global developmental delay and up to seven years with an intellectual disability and deficits in two or more areas of adaptive functioning.
- **School Age Service** - target client group is school aged clients ranging in age from seven to twenty one with an intellectual disability and deficits in two or more areas of adaptive functioning.
- **Adult Disability Service** – target client group is clients from twenty one years of age on with an intellectual disability and deficits in two or more areas of adaptive functioning.
- Each of the services is a multidisciplinary team and may consist of community nurses, community workers, social workers, psychologists, speech pathologists, occupational therapists and physiotherapists.
- The type of services that teams may provide include; information and referral; assessment; service coordination; family support; behavior intervention; assistance with disability related health issues; assistance with seating and positioning; communication programs; assistance with eating and drinking problems.
- Before accessing the above services, eligibility for DADHC Disability Services needs to be determined.
- Due to demand for DADHC Disability Services, access to services is prioritised according to need.

Service Access System - interim funding may be available for support services where a person has an immediate need and all other options for support.

DADHC Funded Programs

These are the programs under which DADHC provides funding to non government organisations to deliver DSP services. The providers can change from year to year. (see detailed listings in **SECTION 2: Community Care Providers in the Sutherland Shire**)

Community Participation and Transition to Work

These Post School programs were re-formed as two streams in 2005 to help school leavers to make the transition from school to adult life in the community. They aim to improve the links with jobs, employment assistance programs and vocational training by providing pathways that help people with disabilities to access education and employment opportunities at times that best suit their needs.

Placement of each person occurs through a set process: each final year student's school will first make recommendations regarding a program, then a further assessment based on the information provided by the teacher is conducted by Wollongong University to determine the appropriate stream for the student to enter and his or her and needs level. The actual provider is chosen by the parent (although they may not always get their first preference) through an annual allocation. DADHC has a vacancy management process to facilitate any movement between providers.

Eligibility Criteria

To be eligible to apply to enter the post-school programs, the school leaver must:

- Have a disability and receive the Disability Support Pension or be eligible for the Disability Support Pension;
- Be in year 12 and leaving school and/or be a part of the priority target group (see below);
- Not be intending to attend university.

Priority Group

- Young people who have not completed year 12 can be considered if they:
- are from a culturally and linguistically diverse background;
- are from an Aboriginal or Torres Strait Islander background;
- have an ageing carer; or
- have been involved with or have potential involvement with the justice system.

Successful applicants can choose the day program that best suits their needs from the Approved Providers in each region; the level of support provided by programs may vary. DADHC directly provides support services to assist school leavers make an informed decision when choosing a service by producing Regional Approved Service Provider Booklets. The Booklets provide a description of the types of services offered in each Region, contact information and details of hours of operation.

Advocacy and Information Services

DADHC funds advocacy and information organisations to provide free services to people with a disability, their families and carers (this program is currently under review.)

- **Information services** provide information and knowledge to people with a disability that can help them to participate in the community and to make choices about the services they receive.
- **Advocacy services** helps people with a disability to participate in community life and to get their rights. Some people with a disability are able to speak up for themselves, others get help from their family and friends and some go to advocacy organisations that help people with a disability get their rights and have their voices heard.

Day Programs

These services aims to provide meaningful day activities that are based on a person's individual care plan and promote learning, skill development and enable access, participation and integration in their local community, primarily in a group setting. Day Program services are offered on a long term basis for clients to attend for a minimum of 0.5 days per week for an extended, predictable length of time.

Day Programs aim to provide an opportunity for clients to develop their skills and interests, interact with a range of people and access their local community, while also having a break from families and carers. Supervision, behaviour intervention and support and personal care are also part of the service.

There are four areas of activity in Day Programs:

- **Skills Development** - daily living, social skills, independent living development, pre vocational
- **Community Access** - peer support, participation in the community and its activities
- **Adult Education**
- **Leisure and Recreation** - creative expression, passive recreation, retirement, vacation/holiday program, music, massage

Vocational activities and therapy is only offered in some limited circumstances where these activities are not available elsewhere.

Day Programs are opened to clients forty-eight weeks of the year from Monday to Friday, excluding closures between Christmas and New Year and six to twelve client free days for planning and staff development. Some provide transport both to and from Day Programs. They have either a Centre as a primary base (although services may be offered in a range of other settings) or provide services across a range of settings.

Day Program Eligibility Criteria

- Persons with an intellectual disability with moderate to high support needs from 18 – 65 years of age.
- Our Primary clients are those people who have an intellectual disability or multiple disabilities where an intellectual disability is also present. We define intellectual disability using the international definition as:
 - an IQ of two standard deviations below the mean;
 - with significant deficits in adaptive behaviour skills;
 - as manifest in the developmental period prior to 18 years.
- People with an intellectual disability between the ages of 16 to 18 may attend a Day Program only after negotiation and with the endorsement of the Director, Disability Services.
- People over the age of 65 may attend a Day Program if it has been identified as meeting their individual needs.
- Person must have an independent assessment, which has determined their level of support needs.

Priority Group

- Persons with high and complex multiple needs.
- Persons with assessed complex challenging behaviour.
- Persons who are at risk of entering a more restrictive option and/or whose carer is likely to be at risk unless entry into the service is facilitated.
- Persons who are currently in a government accommodation service
- Persons living with an aged or sole carer who are not accessing other support services
- Persons who have no or limited access to other services for reasons of social isolation, geographic location and lack of peer support networks.

Respite Services

DADHC provides and funds respite services to provide planned short-term and time-limited breaks for families and other unpaid care givers of children with a developmental delay and adults with an intellectual disability. Respite aims to support and maintain the primary care-giving relationship between the young person and their carer, while also providing an opportunity for the person with an intellectual disability to mix with other people before returning to their carer. Respite is not long term accommodation or crisis accommodation.

Respite eligibility criteria:

- Persons with an intellectual disability with moderate to high support needs;
- Person must have a needs assessment to guide service prioritisation and must be reviewed through the central intake system;
- People over the age of 6 years who have an intellectual disability or multiple disabilities where an intellectual disability is also present (intellectual disability is defined using an IQ of two standard deviations below the mean, with significant deficits in adaptive behaviour skills and manifest in the developmental period prior to 18 years); and
- People under the age of 6 years with a developmental delay (at 6 years they will be reassessed).

Priority of access for respite:

- Persons living with a sole carer;
- Persons living with an aged carer;
- Persons with fragile health and complex multiple support needs;
- Persons with assessed complex challenging/assaultive behaviour;
- Persons with forensic issues;
- Persons who have no or limited access to other services.

There are four types of respite:

- **Centre-based** is when a person can stay for a day, overnight or longer in a general respite centre, which provides respite services for people with an intellectual disability. Some centre based respite may have a specialised focus or may dedicate periods of time for a specialist focus, such as a particular age group.
- **Home based** is respite provided in a client's home.
Host Family respite is when a person receives respite from a designated (host) family, who has been matched to the age, interests and background of the individual and their carers
- **Community-based** are group respite services, when a group of people is supported to access common activities such as a teenagers group, camps or weekends away.

The typical or ideal stay is of four to seven days in the school aged (6 – 18 years) and adult groups (over 18 years). Alternative lengths of stay may include planned extended respite to accommodate carer needs, such as a holiday or medical issues, or client needs, such as monitoring changes in medication or behaviour changes. Emergency respite of less than ninety-six hours is occasionally provided for carers who are unable to provide care due to an unforeseen crisis, but with the assumption that s/he will assume their role in the near future.

However, the law states that children and young people (0 – 18 years) should not be in respite for twenty-one consecutive days or twenty-eight days in any twelve month period without a restoration or care plan being submitted to the Children's Guardian. If an adult client exceeds sixty-three days per financial year in one or more centre based respite service, DADHC requires an assessment of the client/carer needs to determine if the individual requires more than respite support. A plan will be developed to meet those needs.

Service Standards

NSW DISABILITY SERVICES STANDARDS

Standard 1: Service Access

Each service user seeking a service has access to a service on the basis of relative need and available resources

Standard 2: Individual Needs

Each person with a disability receives a service which is designed to meet, in the least restrictive way, his/her individual needs

Standard 3: Decision Making and Choice

Each person with a disability has the opportunity to participate as fully as possible in making decisions about the events and activities of his/her daily life in relation to the services he/she receives

Standard 4: Privacy, Dignity and Confidentiality

Each service user's right to privacy, dignity and confidentiality in all aspects of his/her life is recognised and respected

Standard 5: Participation and Integration

Each person with a disability is supported and encouraged to participate and be involved in the life of the community

Standard 6: Valued Status

Each person with a disability has the opportunity to develop and maintain skills to participate in activities that enable him/her to achieve valued roles in the community

Standard 7: Complaints and Disputes

Each service user is free to raise and have resolved, any complaints and dispute he/she may have regarding the agency or the service

Standard 8: Service Management

Each Agency adopts sound management practices which maximise outcomes for service users

Standard 9: Family Relationships

Each person with a disability receives a service which recognises the importance of preserving family relationships, informal social networks and is sensitive to their cultural and linguistic environments

Standard 10: Protection of Human Rights and Freedom from Abuse

The Agency ensures that the legal and human rights of people with a disability are upheld in relation to the prevention of sexual, physical, and emotional abuse within the service

FOR MORE DSP INFORMATION: www.dadhc.nsw.gov.au

ATTENDANT CARE PROGRAM (ACP)

The Attendant Care Program (ACP) was established in the context of the 1986-87 Federal Budget to enable people with severe physical disabilities to move out of the restricted institutional setting of nursing homes and to live in their own homes in the community. The ACP was transferred to the State Disability Services Program in 1991 under the terms of the Commonwealth State/Territory Disability Agreement and organisations are now funded under Section 6 of the *NSW Disability Services Act 1993*. The ACP is administered according to the *Attendant Care Program Guidelines and Procedures* (March 2007).

The ACP aims to enhance the abilities of people with a physical disability to live as independently as they are able. By helping people to be more independent at home and in the community, the ACP aims to prevent their premature admission to long-term and restrictive institutional environments. There are expected to be over 600 Attendant Care places across New South Wales by 2011, due to additional funding through the NSW Government's 10 year Disability Plan, *Stronger Together: A new direction for disability services in NSW 2006-2016*.

Target Group

Attendant Care services are designed to target people, aged 16 to 65 years, who have a physical disability, who have the capacity to manage their own environment and direct their own carers, and who require more than fifteen hours but less than thirty-five hours of personal care support in a week. ACP recipients are eligible for other programs, like HACC, for service types not included in ACP.

The target group includes but is not limited to people with a physical disability caused by spinal cord injury, cerebral palsy, limb injury/amputee, stroke/CVA, multiple sclerosis, muscular dystrophy, polio and spina bifida. Clients may also have sensory or mental impairments. However, clients must be able to exercise control over their environment and to direct and supervise their attendant carers. Where the disability presents difficulties such as severe speech impairment, the client may use a friend or advocate to direct attendants if they wish.

Service is provided in the client's home. Where appropriate the service user may negotiate within the approved hours for personal assistance to be provided in other locations, such as at a holiday or work/study location. Activities include, but are not limited to, assistance with (or supervision) of:

- bathing, showering or sponging;
- dressing and undressing;
- shaving, hair care and grooming;
- mobility (in bed and out of bed) such as to sit up, turn, stand and walk, sit, to transfer to commode, wheelchair, chair or vehicle;
- toileting;
- exercise or therapy programs;
- fitting and use of appliances such as splints and callipers or hoists;
- hearing aids and communication devices;
- basic day-to-day cleaning and laundry;
- eating, drinking and meal preparation;
- banking and use of computer for essential shopping;
- monitoring self medication;
- meal preparation; and
- limited nail care, following appropriate professional assessment.

The service activities do not include home maintenance. Clients may apply for specific one-off funding to purchase approved equipment.

Eligibility and Referrals

DADHC has a single entry point for high-level in-home personal care services. These services are provided through the ACP or the High Needs Pool. In order to determine eligibility for the Attendant Care Program all applicants must first lodge an application form, then undergo an assessment process by an assessor appointed by the Attendant Care and Physical Disability Unit of NSW Department of Ageing, Disability and Home Care (DADHC) (tel: 9374 3638). The purpose of the assessment is to determine the applicant's general eligibility and the number of attendant care hours the applicant would require if accepted onto the Program. The process also includes identification of any other needs the applicant might have to assist transition from a nursing home, hostel or hospital to community living, including equipment and household goods. If accepted, the client goes on a waiting list until a place becomes available. There is no guarantee of service and no set timelines for entry.

To be eligible for the Attendant Care Program:

- The applicant will be living in a nursing home, hostel or long-term hospital bed or living at home, and residence in a nursing home, hostel or hospital as a nursing home type patient is their only long-term living option.
- The applicant will be between 16 and 65 years of age.
- The applicant will have a physical disability requiring up to 34 hours per week of attendant care. (The person may require more than 34 hours per week of attendant care if the person can arrange additional hours themselves).
- The applicant's health/medical problems must be able to be managed in the community by a local doctor, specialist, outpatients department in a hospital or community nurse.
- The applicant must be willing and able to manage their attendants.

Service Standards

There are a number of approved service providers who receive funding to deliver ACP services (see detailed listings in **SECTION 2: Community Care Providers in the Sutherland Shire**). An approved applicant discusses their service provision needs with one or more eligible providers, chooses one and notifies DADHC of their choice. The chosen provider then negotiates service delivery, administration arrangements and recruitment and training of staff with the client.

Attendant Care services must be delivered in accordance with the standards of performance prescribed by the Disability Services Standards (see previous section).

Responsibilities of Clients and Providers

The Service User:

- As a recipient of Attendant Care, uphold any agreements made with the service provider, the carers and the Department, and generally cooperate in the provision of the service;
- Provide clear direction to carers in respect of their duties, using assistance with communication if necessary;
- Manage allocated hours and account for the use of these hours in a manner that will permit the service provider to account to the Department.

Service Organisations:

- Be eligible under Section 6 of the DSA NSW and accredited by the Department as eligible to provide ACP services;
- Provide support for service users in a manner consistent with the aims of the ACP and the philosophy of the DSA as expressed in its Objects, Principles and Objectives;
- Facilitate service user involvement in matters relating to choice, individual development and to the assumption of control of their attendant care arrangements where appropriate;
- Provide a system of emergency back-up and support to service users;
- Be responsible for training of carers in consultation with service users;
- Meet requirements of the Occupational Health and Safety, Privacy, and other related legislation;
- Provide service users with information on other special and generic services that may enhance and support their life in the community and, where required, assist them to gain access to these services;
- Provide service users with information on how to access advocacy and peer support networks; and
- Account to the Department for ACP funds provided and for negotiated client outcomes, as required under Section 6 of the DSA NSW.

FOR MORE INFORMATION: www.dadhc.nsw.gov.au

KEY STATEWIDE NETWORKS

NSW Aged Care Alliance

The Alliance comprises representatives of statewide organisations of older people and aged care service provider peaks, statewide organisations, universities and professional organisation meet together to progress the issues and policies concerning older people and aged care in NSW. It is convened on a bi-monthly basis by the Council of Social Service of NSW (NCOSS) with the secretariat provided by the NCOSS Senior Policy Officer for older people. One of their activities is the NSW Aged Care Alliance State Election Issues Kit, which sets out priorities for older people in NSW and is available on the NCOSS website www.ncoss.org.au (Tel: 9211 2599).

Attendant Care Industry Association

ACIA NSW is the peak for attendant care providers and includes representatives of service providers and allied health organisations who aim to raise the profile of attendant care, promote information exchange and best practice and advocate for quality of care for clients and legislative and program development. A voluntary committee meets quarterly (Tel: 9845 6906).

Community Care Industry Council (CCIC)

CCIC is a coalition of peak organisations representing over 80% of community care service providers in NSW and undertakes joint research, lobbying and projects. CCIC work includes:

- Agreeing upon a range of policy positions on NSW or ACT-specific community care issues, such as recurrent funding (including growth, indexation and viability), reform of community care programs, training, workers compensation, staff shortages, benchmarking, quality, accreditation, industrial relations and information technology
- Developing an agreed lobbying and media campaign prior to Federal and State elections.
- Undertaking or supporting research projects into relevant industry issues eg. Managing Change in Community Organisations
- Exploring opportunities for closer cooperation, such as joint seminars, conferences, publications, products or services.

CCIC can be contacted through any of its members, including: Aged & Community Services Association of NSW & ACT (ACS); Community Options NSW; Interchange Respite Care NSW; NSW Meals on Wheels Association; NSW Neighbour Aid Association; NSW HACC DOs Network.

Human Services Network (HS-Net)

HSNet is a website that aims to help people working in the human services sector across the state to share ideas and information. HSNet initially went live in 2001 and was an initiative of the Human Services CEO's Forum. HSNet is a platform for sharing information across government and non-government agencies and delivering a range of products or tools, such as electronic client referral, to assist workers in the sector. It provides a state-wide service directory and links to other regional directories. After joining HSNet, members are able to access its resources twenty-four hours a day, seven days a week from work or home (www.hsnet.nsw.gov.au).

NSW Forum of Non Government Agencies (FONGA)

FONGA is a bi-monthly meeting of peak State level NSW human services NGOs, regional human services NGOs and the major, State-wide NGO human services providers and consumer representative groups who are also members of NCOSS. The purposes of FONGA are:

- To be a vehicle for information exchange, discussion, consultation and advocacy about key policy, program and service delivery issues affecting the non government human services sector at a state-wide level;
- To be a conduit for information flow from the state to the regional, sub-regional and local levels of the NSW non government human services sector;
- To negotiate with the NSW Government and others on key policy, program, service delivery and sector development initiatives; and
- To inform the Council of Social Service of NSW (NCOSS) of issues pertinent to the non government human services sector in NSW.

FONGA is the representative signatory to the **Compact** between the NSW Government and NGOs that sets out the ways in which community-based organisations and the Government can work better together. FONGA is convened by NCOSS (Tel: 9211 2599).

NSW HACC Issues Forum

The NSW HACC Issues Forum pools information, identifies issues and monitors and responds to policies relating to the HACC and other community care programs. Forum membership consists of representatives of statewide consumer and service provider organisations, Statewide local government organisations and regional HACC Development and local government workers. Meetings are held on a bi-monthly basis at the Council of Social Services of NSW (NCOSS). Members share chairing of meetings, which are resourced by NCOSS' Senior Policy Officer for Community Care (Tel: 9211 2599).

Other Specialist Networks

These are statewide forums and working groups that focus on a specific community care industry target group:

- NSW Multicultural Access Projects (MAPs) Network
- NSW HACC Development Officers (HACC DOs) Network
- NSW Aboriginal Community Care Gathering Committee
- Disability Peaks
- Carers Coalition (supported by Carers NSW)
- NSW Disability Information and Advocacy Forum [responding to the ongoing Reform process and comprising non-government peaks and providers of disability advocacy and information services]
- Supported Living Forum [non-government peak organisations and advocacy bodies working towards appropriate supported accommodation and support services for people with disabilities]
- CASA [concerning the needs and rights of people with disabilities in Boarding Houses]

Ministerial Advisory Committees

Membership is by Ministerial appointment only to these bodies, which make recommendations directly to the Australian Government and State Ministers for Ageing and Disability:

- Disability Council of NSW
- HACC State Advisory Committee (HACC SAC)
- Ministerial Advisory Committee on Ageing

ACRONYMS USED IN COMMUNITY CARE

AAT	Administrative Appeals Tribunal
ABS	Australian Bureau of Statistics
ACAR	Aged Care Assessment Record
ACAT	Aged Care Assessment Team
ACHA	Australian Community Health Association
ACON	AIDS Council of NSW
ACOSS	Australian Council of Social Services
ACP	Attendant Care Program
ACSA	Aged and Community Services Association
ADL	Activities of Daily Living
AIHW	Australian Institute of Health and Welfare
AGM	Annual General Meeting
ATLAS	Adult Training Learning and Support
ATSIC	Aboriginal and Torres Strait Islander Commission
CA	Comprehensive Assessment
CAS	Comprehensive Assessment Service
CACP	Community Aged Care Package
CALDB	Culturally and Linguistically Diverse Background
CEO	Chief Executive Officer
CHASP	Community Health Accreditation Standards Project
CHC	Community Health Centre
CIARR	Client Information and Referral Record
CID	Council for Intellectual Disability
COAG	Council of Australian Governments
COPS	Community Options Projects
COTA	Council on the Ageing
CP	Community Participation (Program)
CPI	Consumer Price Index
CPSA	Combined Pensioners and Superannuants Association
CRC	Commonwealth Respite for Carers or Carer Respite Centre
CRS	Commonwealth Rehabilitation Service
CRT	Community Resource Team
CSTDA	Commonwealth State/Territory Disability Agreement
CSGP	Community Services Grants Program
CTO	Community Transport Organisation
DA	Development Application
DADHC	Dept of Ageing, Disability and Home Care (NSW)
DHAC	Department of Health and Ageing (Australian Government)
DOCS	Department of Community Services (NSW)
DOH	Department of Housing (NSW)
DSP	Disability Services Program
DVA	Dept of Veterans Affairs (Australian Government)
EACH	Extended Aged Care at Home
ECC	Ethnic Communities Council of NSW
EEO	Equal Employment Opportunity
EOI	Expression of Interest
EPA	Enduring Power of Attorney
EPC	Enhanced Primary Care
EQUIP	Evaluation Quality Improvement Program
FACSIA	Department of Family and Community Services & Indigenous Affairs (Australian Government)
FOI	Freedom of Information
GP	General Practitioner
HACC	Home and Community Care (Program)
HACC DO	HACC Development Officer
HCS	Home Care Service (of NSW)
HREOC	Human Rights and Equal Opportunity Commission
IMF	Integrated Monitoring Framework
JOG	Joint Officers Group
ITAB	Industry Training Advisory Board
LCSA	Local Community Services Association

LGA	Local Government Area
LCSA	Local Community Services Association
LGSA	Local Government and Shires Association
LOTE	Language other than English
MDS	Minimum Data Set
MOT	Ministry of Transport (NSW)
MOW	Meals on Wheels
MRC	Migrant Resource Centre
MSO	Multi Service Outlet
NA	Neighbour Aid
NASSA	NSW Neighbour Aid & Social Support Assoc.
NCOSS	NSW Council of Social Services
NDS	National Disability Service (formerly ACROD)
NESB	Non English Speaking Background
NGO	Non Government Organisation
NPP	National Privacy Principal
NRCP	National Respite for Carers Program
OH&S	Occupational Health & Safety
PGP	Population Group Planning
PLWHA	Person living with HIV/AIDS
PIMS	Program Information Management System
PO	Project Officer (DADHC staff)
POA	Power of Attorney
PSO	Post School Options
PWD	People/Person with a Disability
SAAP	Supported Accommodation Assistance Program
SACS	Social and Community Services (State Award)
SDS	Service Description Schedule
SPRC	Social Policy Research Centre
SSDO	Service Support Development Officer (DADHC staff)
TTW	Transition to Work (Program)
VHC	Veterans Home Care (Program)
YPWD	Younger Person with a Disability

Summary Table of Community Care in the Sutherland Shire (2007)

See detailed listings in **SECTION 2: Community Care Providers in the Sutherland Shire**

SERVICE TYPE (primary service aim)	PROVIDER ORGANISATION
Allied Health Care/Paramedical (eg, podiatry, but not nursing)	Anglicare: Chesalon, Southcare
Assessment (specialist)	Southcare
Behaviour/specialist intervention	Disability Services Australia
Case Management (specialist)	Benevolent Society, Learning Links, Southcare, Supported Living
Centre-Based Day Care (incl Multicultural)	Anglicare: Chesalon, Coptic Orthodox Church, Gymea Community Aid, Kurranulla Aboriginal Corporation, Southcare, Menai District Neighbourhood Services
Counselling/Support, Information, Referral and Advocacy (and Community Development)	Alzheimer's Australia, Benevolent Society, Centacare, Kurranulla Aboriginal Corporation, (St George Community Services), St George MRC, Suth. Shire Community Care Network, (Sutherland Shire Council)
Domestic Assistance	Baptist Community Services, Dept of Ageing, Disability and Home Care, Kincare
Early Childhood Intervention	Dept of Ageing, Disability and Home Care
Home Maintenance (Low level only)	Sutherland Shire Home Modification and Maintenance Service (Suth Shire Neighbour Aid Network: Cronulla, Engadine, Gymea, Jannali, Menai, Miranda, St George Community Services)
Home Modifications	Sutherland Shire Home Modification and Maintenance Service
Learning and Life Skills Development (incl PSO, ATLAS, Transition to Work & Community Participation)	Caringbah Craft Centre, Civic Services, Disability Services Australia, Sylvanvale, New Era, St George & Sutherland Community College, Uniting Care/Wesley Mission
Meals	Karimbla Restaurant, Sutherland Food Services
Nursing Care	Southcare, Southern Cross
Personal Care	Anglicare, Baptist Community Services, Dept of Ageing, Disability and Home Care, Southern Cross
Provision of Goods and Equipment	Benevolent Society, Southcare
Respite Care (incl Flexible Respite & Overnight Respite) (Emergency & afterhours)	Baptist Community Services, Benevolent Society, Civic Services, Dept of Ageing, Disability & Home Care, Kincare, Sylvanvale, Southern Sydney Therapy Centre, St Vincent de Paul Society, Uniting Care, Wesley (Anglicare: Chesalon, Benevolent Society, Pole Depot)
Social Support (Dementia Monitoring) (Peer support & recreation)	Sutherland Shire Neighbour Aid Network: Caringbah, Cronulla, Engadine, Gymea, Jannali, Menai, Miranda, Anglicare: Chesalon (Anglicare Chesalon, Southcare) (Benevolent Society, Parent-to-Parent Association, Southern Sydney Therapy Centre)
Transport	Menai District Neighbourhood Services, St George Community Transport, Sutherland Shire Community Transport
Packages of more than one of the above (ACP) Packages of more than one of the above (CACPs, EACH & EACH Dementia) Packages of more than one of the above (VHC)	Allowance Inc, Australian Home Care, Care Works, Civic Services, Kincare, LifeCare, Paraquad, Southern Cross, Paraquad, Tina's Home Care Services Abel Tasman Village Association, Anglican Retirement Villages, Anglicare: Chesalon, Baptist Community Services, Chinese Australian Services Society, Co-As-It, Hammond Care, John Paul Village, Our Lady of the Myrtles, St George MRC, Tripoli & Mena Fraternal Society, Uniting Care/Wesley Mission Anglican Retirement Villages, Australian Home Care, Australian Nursing Home Foundation, Calvary, Dept of Ageing, Disability & Home Care, Hendercare, Illawarra Retirement Trust, Nextt Health, Stanhope

This Guide is produced & distributed by **SUTHERLAND SHIRE HACC DEVELOPMENT OFFICER**

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A project of Sutherland Shire Community Care Network funded by the Home & Community Care (HACC) Program