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Submission

to the

Australian Government's National Disability Strategy Discussion Paper

Prepared by

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for and on behalf of

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Consultation Questions

1. What do you think should be included in the National Disability Strategy?

1.1 About ACiA

Attendant care assists people with disabilities (and their family/Carer), the frail aged, and those recovering from acute health issues, to perform tasks of daily living so as to participate in social, family and community activities in the person's home or their community. It includes personal assistance, nursing, vocational and avocational support, home maintenance and domestic services.

The Attendant Care Industry Association of NSW Inc. (ACiA) is the peak body representing Attendant Care service providers. While it is based in NSW, its focus is National. ACiA's vision is that the Attendant Care industry is known and respected as a provider of quality services. To achieve this vision, ACiA provides education, resources and support to the industry and has now also developed a management systems standard (endorsed by JAS-ANZ) that addresses specific attendant care quality requirements.

As we understand that it is likely that there will be a very large number of responses being submitted, ACiA has elected only to provide feedback on the questions that we believe are most relevant to our members and the people they serve.

1.2 Items for Inclusion

Clearly many of the issues that need to be addressed have already been acknowledged in the National Disability Strategy Discussion Paper. ACiA supports their inclusion. However, given ACiA's focus on supporting those who provide community-based services to persons with a disability, we believe that the Strategy will benefit from the inclusion/further emphasis of the following issues.

1.2.1 Consideration of All People With a Disability

It was pleasing to see that the Discussion Paper acknowledges that a wide range of disabilities affect Australians in a myriad of ways. For good and understandable reasons, much of the focus in the past has been on those with more severe disabilities and perhaps more progress has been made in the areas of intellectual disability and care of the elderly. However, any type or level of disability can have a significant affect on a person's ability to effectively participate in society. Our members consistently tell us that those with chronic physical conditions are still often overlooked in discussions on service user needs. It is important that this is acknowledged and addressed in any National Strategy.

1.2.2 Service Integration

Service provision in the health and community sectors is complicated and complex. The “Current Initiatives’ listed on page 11 of the Discussion Paper alone tell us just how many issues impact on people with a disability and on service delivery. Add to that the number of ‘packages’ that have been introduced to deal with real needs and the picture becomes even more complicated. This complex system is difficult enough for service providers to understand and negotiate. However, for service users it can, at best, add to the frustrations of every day life and, at worst, mean that they never learn about services they need and are entitled to receive.

1.2.3 Consistency of Care Provision Based on Need

Across States and the types of disability, there is a considerable amount of variability in the care that can be provided. For example, currently in NSW if a person is injured in a motor vehicle or work accident or covered under an insurance policy, the amount of care provided usually meets their needs. However, if a person has a degenerative or congenital condition the maximum amount of care currently provided is 35 hours per week. This is often inadequate and leads to enormous stresses being placed on the person with a disability, their carers and the service providers.

It is well understood in the industry that many care units (family, carer, friends) manage to (just) cope (either with no help or with minimal help) with a child or relative with a disability over lengthy periods of time. However, an event precipitates a crisis and they find they can no longer manage. At this point, care becomes complex and a whole suite of services are required to be put in place. Having access to some of those services on a more regular basis and at an earlier stage is likely to either prevent the crisis from occurring or having in place a group who is more able to successfully weather a crisis.

1.2.3 Community/Attendant Care Workforce Issues

The acute shortage and high turnover of staff within the attendant care industry is well recognised and attempts have been made to address these issues in the past and currently. For example the National Workforce Project being conducted by NDS has organisations piloting a range of strategies to try to address this problem. It is acknowledged that workers who come to, and stay in, the sector have a variety of motivators. Past strategies have attempted to find out more about these and build on these factors. However, our members, who are in the constant recruit/train cycle, are keen to see strategies put in place to address these additional issues:

- Rates of pay
The rates of pay for workers in this industry have remained at the lower end of the scale despite the work becoming more complex and demanding.
Hence the knowledge, skills and attitudes required to provide attendant care

services are becoming greater but the remuneration has not kept pace with this shift in demand on workers. While it is only one workforce factor, it is a critical one and one that is consistently ignored by funding bodies when attempting to address the problem of workforce shortages.

- Remuneration reflective of training
Rates of pay also do not consistently address qualifications. For example, a worker can gain a Certificate or Diploma in a relevant field and yet still receive the same pay. This can lead to workers feeling undervalued when they are not rewarded for their efforts or achievements. As a case study of the impact of this, one provider believed they were doing the best for 12 of their workers by sponsoring them to achieve a Certificate IV in Community Services. However, once the workers realised their pay would remain exactly the same despite achieving a qualification, more than half left the organisation and many moved to different industries altogether.
- Training/qualifications and career paths
Building a clear pathway for workers, where they can see how they progress in the industry is essential, as is having more formalised and readily available and integrated training. The Australian Meat Industry is an excellent example of how a whole-of-industry approach is leading to a sustainable, skilled workforce for an industry that had a less than glamorous image.
- Getting the worker to the person with a disability
ACiA clearly supports the provision of care and support in the community. However, getting workers to the client in the community can be a significant problem for the industry and one that is not likely to become less so. The increasing cost of private transport and the scarcity/inconvenience of public transport in so many areas, particularly at non-peak times, adds to the difficulties of workforce participation. Additionally, the inconsistency amongst funding bodies in terms of what they will pay for in terms of travel time and costs means that it is confusing for both service providers and workers and necessarily means that some service programs are more favoured by workers than others. This again leads to difficulty filling shifts.

1.3 In Summary

ACiA believes that in developing the Strategy, FaHCSIA must review all current services and address:

- Coordination and integration of all health and community services
- Availability of care based on need
- How all service stakeholders can readily find out what services are available, to whom and when
- Flexibility in service provision so that not just individual needs are addressed but that these needs can be rapidly responded to
- Emergency/crisis management. We appear to be able to deal with large physical emergencies (floods/bushfires etc) far more efficiently and effectively than we can with an individual's personal crisis

- Workforce issues to ensure there is a sustainable industry to deliver the required care and support.

2 What are the greatest barriers that people with disability face to participating fully within the community and what specific local or national actions could be taken to overcome these barriers?

- Lack of suitable transport at times required for clients with a physical disability
- Lack of real support for carers. For example if they are receiving 35hrs of support this will often only meet their physical needs, not their social needs
- Lack of young care staff entering the industry to care and support our younger clients who want to socialise
- Lack of suitable venues for clients with a combined physical and ABI particularly in some geographic areas. Many activities are geared for clients with an intellectual disability which do not meet the requirements of the group indicated.

3 What areas of research do you think should be a priority to better inform the National Disability Strategy?

Research is needed in a wide range of areas. Priorities include:

2.1 Outcomes of Care

This will include the determination of a set of reliable and useful indicators to measure the outcomes of community care and service delivery. This could include the amount and type of community participation by service users, critical incidents, health outcomes and an agreed quality of life measure.

These could then be used to determine outcomes from various service delivery models and allow more effective cost/benefit service modelling to occur.

2.2 Workforce Participation

As outlined in 1.2.3 above.

2.3 Crisis Prevention and Management

Most people who work in the industry are able to list key events that can lead to a crisis in a variety of situations. However, there is less evidence linking what intervention works best to help persons with a disability and their carers to cope through these life events. This would again provide good evidence to support policy initiatives around flexible, responsive service delivery models.

2.4 Impact of Care Worker

A little is understood about who works in this industry and why. However, little is known about the impact of carer knowledge, skills and attitudes on the care outcomes.