

Sub # 7



*To us, it's personal.*

11-1-3-2

Committee Secretary  
Health and Community Services Committee  
Parliament House  
Brisbane QLD 4000

## **Palliative Care and Home and Community Care Services Inquiry**

### **Introduction**

#### **WHO**

Home Instead Senior Care is a private non-medical (non-clinical) provider of home care and companionship services for older people.

An international network of over 900 offices, Home Instead Senior Care commenced its wholly Australian owned operations in Brisbane in March 2005. Currently there are 19 Home Instead franchise offices across Australia with 5 Home Instead offices located in South-East Queensland delivering services in an area that stretches from Noosa to Coolangatta. Home Instead Senior Care is an ISO 9001:2008 Quality Certified organisation.

#### **WHAT**

Home Instead CAREGivers provide companionship and assistance with activities of daily living including personal care services such as showering and dressing, eating, mobility, communication, and escorting to appointments. In addition they provide assistance with instrumental activities of daily living including meal preparation and housekeeping tasks, such as cleaning, laundry, ironing, assistance with shopping, and incidental transport.

Home Instead offers client-centred and client-directed services that allow clients to choose the type, frequency and length of services to meet their daily needs up to 24 hours, 7 days a week. These services and schedules are flexible and can be changed by clients as their needs change. No assessment is needed and services can start immediately – within two hours if necessary. Our office is contactable 24/7.

The majority of Home Instead's services are delivered in private homes. However, for many people "home" may be a leased apartment, independent living facility/retirement village, serviced apartment, or even a low/high care aged care home.

#### **HOW**

Home Instead Senior Care has grown its business through the provision of services directly to 'private' clients, to satisfy an unmet demand by primarily older Queenslanders and adult Queenslanders with disabilities, chronic or terminal illnesses or short term care needs, under the age of 65 years who either are:

- not eligible for government funded care services,



- have an *immediate* need for care services and can't wait to reach the top of a waiting list,
- or have a need for *additional* services over and above the government packaged services that they currently access.

Home Instead offices do not receive any direct or continuous government funding through aged care or disability programmes to deliver services. Home Instead clients engage our services directly on a fee for service basis and are referred to Home Instead by hospitals, health and community care organisations.

Home Instead offices also work closely with government funded community care service providers and deliver 'brokered' services on their behalf to their clients. Home Instead private clients who are also eligible for government funded services can have the continuity of a Home Instead CAREGiver for all their needs – and vice versa. This is an important and effective component to providing consistency of quality care services however, this is a small component of our business.

Home Instead Senior Care is on the preferred provider panel for Queensland Health's Transition Care program. Transition Care provides short term support (maximum of 12 weeks) for older people following hospital discharge. The hospital arranges an assessment. Transition Care aims to assist people to set goals to help them return to previous levels of functioning. Home Instead is engaged on an ad hoc basis by the Transition Care team to assist individuals at home and does not receive any continuous funding through this program.

All Home Instead CAREGivers are employees of a Home Instead office. Each CAREGiver is thoroughly screened, trained and fully insured. All CAREGivers undertake a comprehensive in-house training program which is unique to Home Instead Senior Care and incorporates all modules of the Certificate III in Home and Community Care with a specific focus on manual handling techniques, dementia and palliative care and common chronic diseases.

Home Instead has a partnership arrangement with Alzheimer's Australia (QLD) who have developed Home Instead's unique CAREGiver Dementia Training Program. Home Instead also partners with Kings Unitech on the Gold Coast as its registered training organisation.

## **WHY**

Home Instead Senior Care has been at the forefront of innovative quality care services with a highly responsive, efficient and effective business model which meets the needs of the key stakeholders – clients, client families and CAREGivers and is the fail safe service provider for other government funded not for profit providers.

We believe a real opportunity exists to address the needs of the Queensland Government in the consideration of future service provision.

The growth of Home Instead offices in Queensland over the last seven years clearly demonstrates a growing demand for *quality* and *reputable* in-home care, *responsive* to client's needs to support them to live independently and retain their quality of life. We know this pent up demand places significant pressure on the State and Federal Government's resources.

We recognise the community care industry in Queensland has developed through the support and dedication of religious, charitable and not for profit organisations. Now, many of these organisations are struggling to meet the level of consumer directed care that clients and their families now demand - in fact they rely on us to fill the gap of their less flexible and agile services.

**We strongly assert that a sustainable programme of community care will never be met without inclusion and recognition of the integral role that the private sector market plays.**

There is a lingering myth that for profit organisations cannot provide the same quality of care and that their focus is on generating profits thus compromising quality.

In our experience the reverse happens. Clients (and their families) with the freedom to control their destiny choose the provider they wish for and have high expectations of quality and value. If services do not meet their needs or they are not receiving the quality of care that they require, they will choose to end the services and opt for a provider that will meet and deliver care according to their requirements. This is normal consumer behaviour in a competitive market and leads directly to improvements in quality and value.

### **Our experience in Palliative and Home and Community Care Services**

The experience of Home Instead Senior Care offices in providing services to clients and their families is as follows:

Wants:

- The adult population in Queensland has high expectations and demands a *choice* of community care services to suit their individual needs.
- They want the freedom to *choose* where their care services are provided.
- They want to direct and personalize care services to meet their own personal circumstances, preferences and *rapidly* changing needs.
- They want *access* to *flexible, responsive* care services which may include services provided during the evening, overnight or at weekends.
- A generic standard package of care services is not what a client wants or needs.
- Many clients especially those with disabilities, chronic diseases or in palliative care require services outside the standard government funded community care service provider delivery times of between 8am to 4pm.

Expectations:

- Clients and their families expect the government to support those who cannot afford to pay for services.
- Clients and/or their families are willing to fund/supplement their own care services to obtain the quality of care and flexibility of care that they expect and want.

Planning and support:

- A planned approach to help people manage their chronic disease, co-morbidities and or end of life care is very important and requires a multi-disciplinary team that is willing to identify and work with a variety of care service providers.
- Friends, family and neighbours provide some or all of these services in the short term; however, this can severely impact their lives and places great stress on them. They need support, information and access to respite to help them cope and manage the situation and care for their loved one.
- Appropriately trained professional caregivers play a vital role providing respite and support to family and friends to reduce the burden of stress and allow them quality time with their loved one.
- The primary care needs required by someone living at home with a disability, chronic disease or terminal illness are assistance with their daily and instrumental living activities, all of which can be met by a trained professional CAREGiver.
- It is rare that a client needs complex medical equipment to support them to live at home or a clinician to attend to their needs 24 hours a day, 7 days a week
- Clients require on call access to clinical advice and may require daily or regular visits by clinicians to review and manage pain relief and attend to other clinical issues.
- Some clients can communicate and make their own decisions about their needs however, others get to a point where they are unable to make decisions or communicate and it is important that appropriate directions are in place with an authorized and trusted person to make decisions when needed.

Home Instead Senior Care has consistently advocated for clients to have greater choice over the care they receive. We support the concept of consumer directed care and believe clients should be empowered to have a stronger say in how the budgets allocated by government for their care are spent. Our experience of delivering services to privately funded clients and 'brokered' government funded clients, clearly demonstrates that when clients have a greater responsibility and understanding of the cost of services they place a greater value on it and respond accordingly.

The contribution of an effective and efficient for profit business model in Queensland, will address the increasing demands for community care services for people with chronic diseases, disabilities or those who require palliative care to continue to live independently at home. We assert that recognising this innovative model will assist the Government to maximise the return on their funding for this sector.

## Our recommendations to Government

Home Instead Senior Care makes the following recommendations to the Queensland Government.

1. Choice
  - a. Introduce a means tested assessment process that determines a client's eligibility for community care services based on their needs and ability to pay for care.
  - b. Allocate individual budgets to clients to address their needs – ie fund the client not the provider.
  - c. Empower clients and or their families to have a say in how their budget is spent and facilitate this process for them so that it is not a burden.
  - d. Remove the inefficient and costly resources required by the complex and intensive government tendering processes required for providers to obtain funding to deliver disability care and community care services
  - e. Empower the client to select a provider of choice from an approved provider list.
  
2. Encourage and facilitate the development of a private home care service market that provides quality care services meeting the service provision requirements as set by the Community Care Common Standards.
  - a. Specifically the Queensland Government could consider establishing a register of private home care providers who have been approved by the Queensland State Government as meeting the following requirements:
    - i. Appropriate screening and training of staff delivering care services in the home.
    - ii. Hold appropriate levels of public liability and professional indemnity insurance and are registered with Work Cover.
    - iii. Have quality care standards in place to ensure that there is appropriate risk management and that quality care services are consistently delivered.
  
3. Establish and fund an easy access independent central referral point for people to obtain information and advice about care service options. This service should be supported by people with appropriate assessment and case management skills and should be a free personalised service provided by telephone, email or face to face interview as preferred by the client. Clinicians and community health professionals to also use this as their central referral source for community care services.

## Conclusion

In Queensland, the government funding of community care services is complex and under pressure. Currently there are no incentives for consumers to play a role in relieving this pressure. Many people are at home without appropriate care services as they are not aware of the help that may be available to them.

We assert that the private sector can play a leadership role in reshaping the community care services available to Queenslanders and positively influence the sector in developing an efficient, effective and client focused culture. This would result in maximising service delivery into the sector and prudent for government expenditure.

END

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