



**Submission in response  
to the Key Directions for  
Commonwealth Home  
Support Programme  
Discussion Paper**

July 2014

**National Seniors**

Australia

## About National Seniors Australia

National Seniors Australia is a not-for-profit organisation that gives voice to issues that affect Australians aged 50 years and over. It is the largest membership organisation of its type in Australia with more than 200,000 members and is the fourth largest in the world.

**We give our members a voice** – we listen and represent our members' views to governments, business and the community on the issues of concern to the over 50s.

**We keep our members informed** – by providing news and information to our members through our Australia-wide branch network, comprehensive website, forums and meetings, bi-monthly lifestyle magazine and weekly e-newsletter.

**We provide a world of opportunity** – we offer members the chance to use their expertise, skills and life experience to make a difference by volunteering and making a difference to the lives of others.

**We help our members save** – we offer member rewards with discounts from thousands of businesses across Australia. We also offer exclusive travel discounts and more tours designed for the over 50s and provide our members with affordable, quality insurance to suit their needs.

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## Recommendations

### Key Directions

- Specifically commit to link or refer clients to other aged care or non-aged care services for which they are eligible .
- Home Support services should be provided to *older people with a disability* and should specifically include *short-term support to regain independence*.

### Restorative Care

- All support plans must include an assessment of capacity to benefit from restorative care.

### Referral for Assessment

- Clients must be able to be referred for specific assessment if needs for other services emerge once the provider contacts the client, including existing non-CHSP supports.
- A medical practitioner or other health care provider can register a report with My Aged Care for short term services following an injury or minor illness.

### Outcome Groups

- Cooperation and information sharing between service providers will be essential to address overlap between outcome areas and to ensure that clients receive services that are coordinated and prioritised to support their overall aims.
- Goods and Equipment and Home Modifications should be termed **Assistive technologies** to more appropriately reflect the intent of the services and the scope of support available.
- The recommended cap of \$500 should be increased to \$1,000 and the caps on expenditure expressed in a similar way to those provided under home modifications.
- A transport definition should be developed to clarify the range of eligible services which should include transport to local primary health care appointments.
- Consistent national fees for travel services should be developed taking account of variations in cost due to location and delivery options.
- Embedded support available from providers of other transport services should be clarified.
- National nutrition guidelines for older people are urgently required to take account of their specific nutritional needs as they age.

### Transition Issues

- Sector support and development must focus on workforce to build up numbers of staff qualified and experienced in a wellness and reablement approach.
- Clients requiring a higher volume and level of services should be transitioned to the Home Care programme as a priority

## **Carer Support**

- The Home Support programme should include carer support services in addition to the respite services until the Carer Support Networks are established.

## **Additional comments not captured by the questions**

- Remove rationing of services or link the allocation target ratio of places per 1,000 people to age groups that are frequent users eg people aged 80 to 85 rather than 70 and over.
- Development of nationally consistent services and quality standards must include support and re-direction for providers to meet the services and new standards.
- Block funding should be maintained to services where supply is insufficient for competition to flourish, with high capital and infrastructure costs, or which are new and innovative.

## **Capacity building resources**

- Significant improvements in access to Allied Health services will require responses across the tertiary training sector, primary health care referral patterns, costing of individual service types and funding of services.
- Proposed transitional funding to assist providers to establish information technology and administrative systems to charge and collect fees must be available over an extended period of time and beyond the 1 July 2015 deadline.
- A commitment is required to either form a separate volunteer support network or to link with existing volunteer programs, some of which may exist outside of aged care.

## **Assistance with Care and Housing for the Aged Program**

- Assistance with Care and Housing for the Aged should be a separate program which requires a dedicated funding stream and much greater flexibility than proposed for other Home Support services

## **Any other comments?**

- Initiatives must be developed to raise the awareness of older people and their families and carers about the scope and focus of the Home Support programme and how it differs from the long-established HACC programme.

## Response to Key Directions for Commonwealth Home Support Programme Discussion Paper.

### Introduction

National Seniors strongly supports the continuity of aged care services to allow ageing in place and the rationalisation of support services under the HACC Service Group Two to be available across the entire aged care system.

Once the Home Support programme has been implemented and the first three year funding cycle is due for renewal, a move to a five year funding cycle should be considered. This will assist providers to continue to reform their infrastructure systems, linkages to other health and aged care programmes and improve upskilling and retention of staff.

The means testing changes to fees in residential aged care and to a lesser extent in Home Care may have an unintended consequence of exerting downward pressure on access to Home Support services. This will act against the intent of providing a wide range of lower level services to a large group of people.

### Our Position

#### Key Directions

**Question 1: Are there any other key directions that you consider should be pursued in the development of the Commonwealth Home Support Programme from July 2015?**

Recommendation 1: Link or refer clients to other aged care or non-aged care services for which they are eligible eg Home Care, residential care and the MBS Chronic Disease Management Plan.

The first direction is not specific about excluding clients who require higher levels of care and referring them to Home Care or residential aged care. It also does not highlight the capacity through *My Aged Care* to refer clients to other services. Therefore the comment that people requiring higher levels of care would be eligible for other services needs to be supported by the following recommendation:

Recommendation 2: Home Support services should be provided to *older people with a disability* and should specifically include *short-term support to regain independence*.

The directions should capture those clients who do not fit the category of frail older people and their carers but who would benefit from time limited restorative or ongoing basic CHSP services. This is particularly important given the exclusion of people aged 65 and older with a disability from the NDIS and state based disability programmes.

In particular client eligibility should address the following shortfalls:

- the description of frail elderly does not allow much scope for the restorative focus for people requiring short term support to return to their previous independence or those with a disability
- the need for aged care to provide services to people aged 65 and older with a disability and who are no longer eligible for state-based disability support services. This is assuming that clients who would meet the NDIS criteria would require far higher level of services than are available through the CHSP.

National Seniors suggests that the following changes are included:

- Provide timely basic home support services to frail older people, **older people with a disability** and their carers, to help them remain living independently in the community.

The wellness and reablement philosophy also needs to have a specific commitment to:

- Provide specific short-term support that is not provided or available through other programmes to enable clients to regain their previous level of independence

Consumer choice should be offered through staged implementation as consumers' aged care literacy improves. This will require a focus on an aged care literacy programme and upskilling staff to support consumer literacy.

Streamlined reporting has capacity to significantly reduce the administrative burden on providers and review of existing financial accountability and service reporting arrangements is strongly supported.

The streamline direction could include streamlined occupational therapy screening as a thorough assessment can be >\$1,000. Opportunities to upskill staff in basic functional assessment and suitable responses to improve independence should be explored.

## Restorative Care

### Question 2: How should restorative care be implemented in the new programme?

Recommendation 3: All support plans must include an assessment of capacity to benefit from restorative care.

Clients should be encouraged to exercise individual responsibility where this is possible or beneficial for restoration or maintenance of their independence.

Although the creation of a network of restorative services utilising the existing investment in allied health and Day Therapy Centres is supported, the current level of resources particularly in allied health may limit the ability of all providers to fund and/or provide sufficient services to meet the restorative goals. Lack of experienced allied health providers in rural and remote areas is a particular challenge to implementation of restorative care.

The Day Therapy Centre Program is very limited in terms of clients assisted with AH services (48,000 in 2012-13 of the 486,000 in HACC (756,000 including Vic and WA))

Therefore the programme needs to ensure linkage to existing supports to reduce impost on CHSP eg MBS chronic disease management plan – five Allied Health visits per year.

## Eligibility Criteria

**Question 3: Are these proposed client eligibility criteria appropriate? Should the eligibility criteria specify the level of functional limitation?**

Frail older people may not capture those who require short-term restorative services – see comments under Question 2.

Full cost recovery from Home Care clients' individualised budgets seems appropriate where clients are assessed as having capacity to pay for or contribute towards the cost of their services.

In an environment of rationed services, there is capacity for Home Care clients awaiting access to services to access Home Support services as an interim arrangement. This will be very difficult to terminate if no Home Care services become available or if there are insufficient providers able to provide specific services in the client's location.

The intent of the Home Support programme is to provide lower level assistance with daily living. Therefore the Home Care programme is the more appropriate location for specifying levels of functional limitation.

Where resources are limited or services are experiencing pressure to provide Home Support services to clients who are unable to access Home Care services, the temptation would arise to assign a hierarchy to levels of functional limitation to prioritise clients access, but this goes against the primary intent of the Home Support programme to provide a wide range of low level services to a large number of people.

## Referral for Assessment

**Question 4: Are the circumstances for direct referral from screening to service provision appropriate?**

Recommendation 4: Clients must be able to be referred for specific assessment if needs for other services emerge once the provider makes contact with the client

While direct referral will have significant benefits in the circumstances outlined, it is essential that clients are able to be referred for specific assessment if needs for other services emerge once the provider makes contact with the client.

Straight forward circumstances such as the need for meals or transport or specialised assessment which can be provided by particular service providers seem appropriate.

Clients in need of episodic care may also require face to face assessment to confirm their required level of care and to set goals which determine the length of their episodic care.

**Question 5: Are there particular service types that it would be appropriate to access without face to face assessment?**

Home cleaning and home maintenance, simple assistive technologies, transport and meals. However it is hard to see how such approaches would be prioritised if demand exceeded supply of services.

**Recommendation 5:** A medical practitioner or other health care provider can register a report with My Aged Care for short term services following an injury or minor illness.

If a medical practitioner or other health care provider can register a report with My Aged Care especially for short term need following an injury or minor illness, that could confirm the type of care required. As an example, it is well documented that older people with urinary tract infections or a musculo-skeletal injury can require support and assistance to maintain their normal self-care routines until they achieve full recovery from the short-term condition.

**Question 6: Are there any other specific triggers that would mean an older person would require a face to face assessment?**

Where the older person appears to have limited health literacy, cultural reluctance to discuss personal issues or “does not want to be a trouble” because they may underestimate their needs. Not all potential clients will have a carer who can give an accurate description of the person’s care needs.

There is a very high risk that many older people will not be aware of the wellness and reablement approach and may assume their functional capacity cannot be improved.

The call operators will need to be very well trained and culturally sensitive to elicit the actual situation. Developing an individually tailored support plan and establishing capacity for reablement may require a face to face assessment once the client commences the assigned service.

## Outcome Groups

**Question 7: Are there better ways to group outcomes?**

**Recommendation 6:** Cooperation and information sharing between service providers will be essential to address overlap between outcome areas and to ensure that clients receive services that are coordinated and prioritised to support their overall aims.

The outcomes are grouped logically and inter-dependency with services under other outcomes is acknowledged. Overlap will occur across many services as in the following examples:

- meal services under Nutrition and support such as under Care Relationships and Social Participation,
- the centre based day care in Social participation and respite to give carers a break under Care Relationships, and
- social support under Social Participation and Transport under Access to the Community.

Therefore cooperation and information sharing between service providers will be essential to ensure that clients receive services that are coordinated and prioritised to support their overall aims. This will be especially challenging if different service providers are delivering services under different outcomes to the same client.

#### Increased Independence - Goods and Equipment and Home Modifications

Recommendation 7: Goods and Equipment and Home Modifications should be termed Assistive technologies to more appropriately reflect the intent of the services and the scope of support available.

Recommendation 8: The recommended cap of \$500 should be increased to \$1,000 and the caps on expenditure expressed in a similar way to those provided under home modifications.

The ability for providers of other service types to use a small proportion of their funds such as \$200 to purchase an item that improves client independence is also strongly supported.

The location of goods and equipment under the outcome of Increased Independence is strongly supported as this highlights the importance of such support to overall achievement of the clients' goals. However this category should be termed **Assistive technologies**, which more appropriately reflects the intent of the services and the scope of support available.

In addition, the recommended cap of \$500 should be increased to \$1,000 and the caps on expenditure expressed in a similar way to those under home modifications. This is especially important for clients who are vision or mobility impaired and cannot access assistive technologies that cost \$500 - \$1,000 through other programs. The text could read:

- *Assistive technologies purchased under Increased Independence for clients who are unable to purchase the item/s independently should focus on simple, lower cost technologies with the vast majority having a Commonwealth contribution of up to \$500, with scope to purchase higher cost assistive technologies up to a Commonwealth contribution of \$1,000 where it can be demonstrated that this technology will deliver significant contributions to the client's independence.*

The ability for providers of other service types to use a small proportion of their funds to purchase an item that improves client independence is also strongly supported. This could come with a limit, such as \$200. If higher cost assistive technologies are required then these should be identified through the client assessment and render clients eligible for services under the Increased Independence outcome.

Improved data collection from July 2015 regarding the types of home modifications performed at various costs would be of benefit to future planning and evaluation of the impact on client outcome of Increased Independence.

### Access to the Community - Transport

Recommendation 9: A transport definition should be developed to clarify the range of eligible services which should include transport to local primary health care appointments.

Recommendation 10: Consistent national fees for travel services should be developed taking account of variations in cost due to location and delivery options.

Recommendation 11: Embedded support available from providers of other transport services should be clarified.

Consumers report difficulty in understanding their eligibility for transport services and the range of services available. There is considerable overlap between transport programs funded by the three levels of government and community, and services provided by volunteers. Synergies could be explored to improve efficiency and consistency of services. Therefore National Seniors supports:

- the development of a transport definition to clarify the range of services (trip purposes) that are eligible;
- consistent national fees for the above range of services taking account of variations in cost due to location and delivery options;
- the inclusion of transport to local primary health care appointments (eg medical appointments, audiology and optometry); and
- urgent discussions with providers of a range of other services which have transport implications to clarify embedded support available from these services. Examples include taxi vouchers available under State and local Government programs, patients attending State and Territory Government funded non-emergency medical services such as hospital out-patient appointments and medical treatments and community health appointments; disability services; and other aged care services.

### Nutrition

Recommendation 12: National nutrition guidelines for older people are urgently required to take account of their specific nutritional needs as they age.

National nutrition guidelines for older people are urgently required to take account of the specific nutritional needs of people as they age, changes to digestion and absorption, specific medical conditions and the range of foods required to ensure balanced nutrition. It would also be beneficial to link with private enterprise to explore marketing options for packaging of food and recipes suitable for one or two older people in supermarkets, particularly for those who are unfamiliar with food preparation.

This could along similar lines to:

- Maggie Beer's Foundation which is promoting nutritionally attractive food preparation for people in aged care facilities at: <http://www.maggibeerfoundation.org.au/>

- She has also promoted recipes suitable for older people through her Australian Age Agenda and recipes for carers to prepare for older people with dementia. <http://www.australianageingagenda.com.au/2014/05/07/game-changer-food-aged-care/>
- The Lantern Project which aims to address the fact that between 50-80% of aged care residents in Australia are malnourished at <http://thelanternproject.com.au/>

## Transition Issues

### Question 8: Are there specific transition issues to consider?

#### Resourcing of wellness and reablement approach

Recommendation 13: Sector support and development must focus on workforce to build up numbers of staff qualified and experienced in a wellness and reablement approach.

Recommendation 14: Clients requiring a higher volume and level of services should be transitioned to the Home Care programme as a priority

This shift in focus will place additional requirements on providers and their staff in terms of time and staffing resources as well as sufficient funding. Therefore sector support and development must focus on workforce development to keep pace with the changes to the programme and build up numbers of staff qualified and experienced to assess for and deliver services reflective of the shift to a wellness and reablement approach.

The main issues for consideration for transition are the:

- significant time required to transition to the new arrangements
- risks to sustainability of smaller and/or niche providers
- support required to providers and workers to implement the huge changes in practice eg wellness and reablement focus in service plans and the nationally consistent assessment and fees and charges;
- significant infrastructure eg technology required to implement a nationally consistent sharing of information and update accounting systems which will be a major cost for smaller providers;
- training of staff providing basic housekeeping and meals support to identify the need for higher level services and refer clients for further assessment;
- current shortfall in number of (and resourcing for) allied health providers to meet the restorative focus; and
- need to transition clients requiring a higher volume and level of services to the Home Care programme as a priority. This has capacity to cause significant service block.

## Carer Support

**Question 9: How are supports for carers (other than respite services) best offered? For example, should these be separate to or part of the Commonwealth Home Support Programme?**

**Recommendation 15:** The Home Support programme should include carer support services in addition to the respite services until the Carer Support Networks are established.

Establishment of the Carer Support Networks has been delayed and the range of support services available to carers is not clear. It is essential that a quarantined carer support program is clearly available. Therefore the Home Support programme should include carer support services such as referral and counselling services in addition to the respite services that will be included under Home Support. Once the Carer Support Networks are established, it would be preferable for carer support to be offered across all eligible aged care programs and this additional support can be removed from Home Support.

## Additional comments not captured by the questions

### Tightening of eligibility for and access to Home Support services

The exclusion of recipients of aged care packages under Home Care or residential aged care from access to Home Support services is supported. However this intent hinges on clients being able to access sufficient packages when they require them and does not acknowledge the significant rationing of services that is currently in place. The capacity to charge clients outside of the Home Support programme fees for such access is also supported while acknowledging that this would exclude all fully supported clients who one would assume are unable to afford to pay for any additional aged care services.

### Rationing of aged care services

**Recommendation 16:** Remove rationing of services or link the allocation target ratio of places per 1,000 people to age groups that are frequent users eg people aged 80 to 85 rather than 70 and over.

A more appropriate level of service funding would be ensured by the removal of rationing of services or at the very least an allocation target ratio that is linked to the numbers of people in age groups that are the most frequent users of services eg people aged 80 – 85 for Home Care and residential aged care allocations rather than allocations linked to places per 1,000 people aged 70 and over. This is at odds with current discussions regarding extending the age of eligibility for the age pension towards 70 years of age.

### Quality assurance and national consistency under the Home Support Programme

**Recommendation 17:** Development of nationally consistent services and quality standards must include support and re-direction for providers to meet the services and new standards.

National Seniors supports the range of quality issues to be addressed by the newly formed Australian Aged Care Quality Agency which will monitor and oversight an expanded range of services. In particular the shift to delivery of nationally consistent services and quality standards. Consistent fee structures and reporting requirements are also long overdue.

However these changes will require considerable time to flow through to all services and the focus must be on support and re-direction for those services who do not have the capacity or skills to immediately meet the new standards.

The decision to maintain block funding as change is being implemented is supported because of the substantial body of work required to understand the costs involved in delivering nationally consistent services and the development of sector and workforce capacity.

### **Funding arrangements under the Home Support Programme**

**Recommendation 18:** Block funding should be maintained to services where supply is insufficient for competition to flourish, with high capital and infrastructure costs, or which are new and innovative.

In the long term, individualised funding could be implemented in those locations and for those client groups where service supply is sufficient for competition to flourish. However for those services which do not meet these conditions or are new and innovative, National Seniors agrees with the suggestion to maintain block funding. In particular services with high capital and infrastructure costs should continue to receive block funding.

Merging the Home Support and Home Care programmes as recommended by NACA would deliver considerable synergies in terms of ageing in place, sustainability of a currently fragmented sector, reduced compliance and reporting streams, and improved career development and pathways for staff working in the sector. However this cannot proceed in the current climate with so many changes being implemented across the aged care sector and the huge task of introducing consistency of assessment, service delivery and reporting to the current HACC and respite systems.

### **Contestability**

National Seniors agrees that the priority for contestability should be the creation of the new Regional Assessment Services and Sector Support and Development roles. The ability to select these in advance of the programme commencement will require significant preparation of the sector as many key groups will be grappling with reforms across other programmes eg Home Care and residential aged care.

The selection of providers who are able to deliver high quality services and meet the standards required across the sector is vital. However providers are at different levels of capacity and further considerations are required to determine where and when contestability to award funding for other aspects of the Home Support Programme is best introduced. In small country areas where a provider may know and understand the community in which they operate, contestability is less desirable in terms of outcomes for clients.

## **Capacity building resources**

### **Question 10: What capacity building resources are needed to assist with the sector's transition to the Commonwealth Home Support Programme?**

As contestability is introduced slowly, services which can deliver outcomes for their client group may require support to improve efficiencies or outsource some functions to larger groups and the Home

Support programme should continue to fund a range of providers in the first years of implementation.

Access to the Aged Care Workforce Fund and the Aged care Service Improvement and Healthy Ageing Grants Fund will support integration of the aged care programmes implemented under the reforms and attainment of a comprehensive flow of services as clients' needs change. However this requires a staged approach as there will be significant competition for these funds from other elements of the aged care reform process, all of which face similar challenges to staff training and the needs of carers and volunteers.

**Recommendation 19:** Significant improvements in access to Allied Health services will require responses across the tertiary training sector, primary health care referral patterns, costing of individual service types and funding of services.

The Allied Health workforce is significantly under-represented in the health and aged care sectors. In particular, HACC and Home Care services are unable to meet the need for their services. Significant improvements in access to Allied Health services will require responses across the tertiary training sector, primary health care referral patterns, costing of individual service types and funding of services.

**Recommendation 20:** Proposed transitional funding to assist providers to establish information technology and administrative systems to charge and collect fees must be available over an extended period of time and beyond the 1 July 2015 deadline.

The development of a nationally consistent fees structure has already failed to meet the deadline of disseminating advice on the fees policy as part of the Commonwealth Home Support Manual by mid-2014. Therefore it is essential that the proposed transitional funding to assist providers to establish information technology and administrative systems to charge and collect fees is available over an extended period of time and beyond the 1 July 2015.

The establishment of a network of Commonwealth Home Support Programme Development Officers is supported. However the paper is not clear on the number of positions involved in the Network or how and when they will be recruited or the scope of their work eg will they be the main conduit for access to activities to support and improve service delivery including support for volunteers? This needs to be communicated as soon as possible.

It is important that the development officers are sensitive to the needs of current providers and aware of the need to promote the broader role of Home Support within an integrated age care system. They must also understand the challenges of the proposed reforms and are flexible in their support regarding the period of time and level of support required to enable providers to make the transition as smoothly as possible.

Recommendation 21: A commitment is required to either form a separate volunteer support network or to link with existing volunteer programs, some of which may exist outside of aged care.

Support for volunteers is not well developed in the discussion paper and National Seniors recommends that a commitment is required to either form a separate volunteer support network or to link with existing volunteer programs, some of which may exist outside of aged care.

## Assistance with Care and Housing for the Aged Program

**Question 11: How should the current Assistance with Care and Housing for the Aged Program be positioned into the future?**

Recommendation 22: Assistance with Care and Housing for the Aged should be a separate program which requires a dedicated funding stream and much greater flexibility than proposed for other Home Support services

This program is essential to continue to support and broker aged care services for older people who are homeless or at risk of homelessness. It requires a dedicated funding stream and much greater flexibility than proposed for other Home Support services.

Therefore it would be best placed as a separate program under the aged care reform process with capacity to offer a higher level of case management, care planning and liaison with other program providers operating homelessness programs. The funding of this program needs to be based on the costs of delivering the wide range of services. A requirement of the funding could also be that providers must form close links with community groups providing programs for people affected by homelessness and disability as well as providers of health and aged care services.

## Transition of HACC Service Group Two

**Question 12: Are there any other issues that need to be considered in transitioning functions from the current HACC Service Group Two to My Aged Care?**

The positioning of the Group 2 services to provide support across the entire Home Support or whole aged care service area is supported as this will reduce duplication and improve consistency of service delivery.

However there may be some circumstances where delivery through *My Aged Care* or from other parts of the sector are not suitable eg where a provider delivers highly specialised services to a client group with special needs such as parents separated from their children or survivors of abuse and is best placed to assess their needs. In such circumstances, providers may be required to continue to deliver these services.

## Any other comments?

### **Question 13: Is there anything else you want to raise to help with the development of the Commonwealth Home Support Programme?**

The draft Commonwealth Home Support Programme Manual will need to take account of limits on resources within the CHSP and distinguish between desirable levels and ranges of wellness and reablement services and mandatory service levels.

Recommendation 23: Initiatives must be developed to raise the awareness of older people and their families and carers about the scope and focus of the Home Support programme and how it differs from the long-established HACC programme.

Consumers face considerable change to the manner in which Home Support services will be delivered once nationally consistent services and fees are implemented. Therefore it is essential to raise awareness about the scope and focus of the Home Support programme and how it differs from the long-established HACC programme among older people and their families and carers.