

Isn't it time we got home care right?

AMONG THE many lessons from the COVID crisis is our renewed sense of connection with our local neighbourhoods and the importance of connection with place.

Even before the crisis, surveys consistently told us the majority of older Australians over 55 want support to remain in their own home as much as possible as they age.

Home care is also important for increasing culturally-appropriate care, including models for support delivered and designed for and by indigenous Australians.

Major reforms are on the way with Home Care Packages, Commonwealth Home Support Program, restorative care and residential respite care being rolled into a single support at home program by 1 July 2023.

The plan is not dissimilar to the spirit of the National Disability Insurance Scheme reforms, placing the older person at the centre of a team of services and workers

supplying a variety of practical support and care.

Like many of the royal commission's recommended reforms, this is a once-in-a-generation opportunity to get home care right and there are some key steps the government can take now to ensure its success.

Top of the list is the long-standing need to retain and attract workers in the aged care sector more broadly and home care in particular.

The Aged Care Workforce Census reported 12,600 vacancies nationally in home care and support services in 2019 and the pandemic will have increased this number by now.

Workforce issues mean older people are missing out on the services they need and deserve. This shortfall will only become exacerbated as plans advance for increasing home care places by 40,000 in 2021-22 and an additional 40,000 in 2022-23.

We all welcome the growth in home care places and the potential to cut the waitlist,



Paul Sadler, CEO Aged & Community Services Australia

“We need a way of offering flexible options.”

but the reality is new growth in this program will be held back by staff shortages.

Existing workers and new recruits need to know the government respects their work and values it with competitive wages.

Another key issue is how to offer greater choice, while

avoiding making the system more complex.

Older Australians and their families already report confusion at the array of options, providers and cost structures.

We need a way of offering flexible options while making the system more accessible.

The creation of a network of 500 local Care Finders to help steer people through the system will be a boost but we need the rules for the support at home program to eliminate unnecessary barriers that have bedevilled the existing programs.

Finally the government should take on board learning from the introduction of the NDIS and maintain funding for volunteer-based support services, key infrastructure like community transport and protecting services in thin markets.

We have many choices to make and opportunities available with the reforms to home care and home support. The time for action has arrived. ■

Collective, multidisciplinary leadership as a catalyst for change

IN DEVELOPED countries worldwide studies report the effectiveness of multidisciplinary teams in delivering a higher standard of care in an economic way.

By its nature the aged care sector relies on a multidisciplinary approach to embody person-centred principles, enhance quality of care and meet the needs of our older citizens.

In Australia, studies on leadership influence have mostly focused on residential aged care, where they have been linked to governance and been driven by corporate and clinical models with a primary focus on achieving safety and quality improvement.

This leadership framework has been endorsed by the National Safety and Quality Health



Associate Professor Marguerite Bramble, president of the AAG

Care Standards, however in the wake of the aged care royal commission recommendations it is time now to move on from a focus on minimum standards to a more aspirational vision of what might be achieved.

The aged care sector

is a highly dynamic and challenging workplace where traditionally change has happened slowly.

We are now at a crossroad where we must decide to continue as we are or, through collective and transformational leadership, commit to re-inventing our purpose and open space for new innovations.

These innovations must be truly multidisciplinary, involving not just healthcare workers but public servants and sector leaders to foster new models and modalities.

Multidisciplinary teams, because of their diverse views and expertise, can inherently drive innovation, shaping new models of practice through a human-centred lens.

Whether on an individual level or shared across a team

the role of leadership has been found to be critical for nurturing high quality, compassionate care for older people and their families.

Leaders from across the sector can draw upon models of collective leadership to foster new ways of thinking and capacity building by sharing knowledge and transforming the way in which care is provided.

Leadership responsibility then can involve and be shaped by all stakeholders to ensure compassionate, quality care is the norm.

This important transformation is incumbent on all sector leaders. ■

