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Fragmentation of aged care delivery: a study of HACC services

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Abstract

The 1980's brought about changes in the delivery of health care. A number of services became available to help support elderly and disabled people in their homes. However, these were seen to be limited and fragmented.

The Home and Community Care Program was developed with the intention of extending and coordinating the delivery of these services. It has become evident though, that services provided by the HACC Program remain fragmented, which has led to the problem of duplication of services and the multiple assessment of clients. These problems raise doubts about the effectiveness and the efficiency of the Program.

Funding and allocation of services remain contentious issues. These limited resources are facing increasing demands from the early discharge of acute care hospital patients, from younger disabled people, and from the increasing number of frail elderly people living within the community. In addition, the question of whether the allocation of resources should be focused on the clinical aspects of care or the social aspects, which would enhance quality of life for the client, remains an issue.

During the early 1980's the trend in health care was to move away from caring for the elderly and people with disabilities as in-patients of institutions, and the process of deinstitutionalisation began. As a consequence, a variety of organisations developed services to provide support and assistance to elderly and disabled people living in their homes.

Some of these services are provided by groups such as the Multiple Sclerosis Society, the Migrant Resource Centre, and the Stroke Club of Tasmania, which target particular groups of people within the community (TACPS,1999). Organisations such as Red Cross, St John Ambulance, and Speak Out Association of Tasmania also offer a variety of services to assist the elderly living in the community. One of the more prominent providers of services for the elderly is the Home and Community Care (HACC) Program (TACPS,1999). The development of the HACC program was part of the process of shifting the balance of care away from more intensive types of residential care and toward community based care (Mathur, 1996:11).

During the mid 1980's the HACC Program was established to assist people to live independently, by providing supportive services (Bevan & Jeeawody, 1998:68). The intention behind the development of the HACC Program was to improve the quality and range of services available to support elderly people and people with disabilities who live in the community (Mathur, 1996). The Home and Community Care Review Working Group describe the objectives of the HACC Program

as redressing the imbalance between institutional and community care, expanding the options available to individuals, improving coordination of services and improving the assessment of individuals (HACCRWG,1989:1). The idea was to provide a greater range of services more efficiently and appropriately to those who needed them.

The HACC Program is funded and administered by both the Commonwealth and State Governments (DHHCS,1993:3), and these funds are made available to organisations that provide services for elderly people, people with disabilities, and their carers, to assist them to remain in the community (Sax, 1993:111). The HACC Program was designed to coordinate a wide range of services including home help, delivered meals, paramedical services, respite care, services for dementia sufferers, transport, home maintenance and modification, lawn mowing, laundry services, shopping, food services, training, and other new service types (Sax,1993:112). The provision of one or more of these services would enable people with disabilities to remain living independently in their own homes.

One of the problems surrounding the provision of services to support elderly people living in their homes is that information regarding the services may be inadequate. Many people know that there are services available, but do not always understand them (Budge, 1998:152). If the public are uninformed about the services available to assist the elderly, then those who could benefit from them may be missing out on valuable assistance, thereby making their lives more difficult. Another issue involved in the lack of knowledge about the provision of services is that people may fear that asking for assistance will have ramifications leading to a loss of autonomy and control over one's own life. Budge (1998:152) maintains that there are many frail older people who struggle to manage alone at home because they fear the consequences of seeking help.

Prior to the mid 1980's the Australian aged care system was generally perceived as heavily oriented towards residential care, with a poorly developed and fragmented home care system (AIHW:1997:259). Gibson (1998:37) states that the development of the HACC program brought together under one financial and administrative umbrella an array of pre-existing fragmented services. While one of the aims of the HACC program was to address the problem of fragmentation of services, it seems that the nature of the program has perpetuated, rather than alleviated, this problem. Gibson (1998:64) notes that, the very structure of the HACC program, with a multiple of large and small agencies funded to provide a range of services (some providing only one service, others virtually the full spectrum of home based care), means that clients of the program may be receiving assistance from one, two, three or more agencies.

The problem of fragmentation of services within the HACC program is evident not only in the provision of services, but also in the assessment of clients. Assessment in the HACC program presently is characterised by the same fragmentation which occurs in service delivery (HRSCCA,1994:109). Although one of the objectives of the HACC program is to increase the comprehensiveness of the process of client assessment particularly for those with complex needs (DHS,1995:44), it is evident that this problem has not been resolved. Clients who require services provided by HACC may often be interviewed by several different people each representing a particular service. The DOCS: Transcript of Evidence, (cited in HRSCCA,1994:109) identified that people may have five or six different assessments, which frequently seek the same information.

For many people who wish to remain independent within the community, the need to ask for assistance may be associated with feelings of embarrassment and humiliation. In addition, the process of allowing strangers into the home, and then having to divulge a substantial amount of very personal information to them must be traumatic for many elderly people, especially if this process has been repeated a number of times. It is apparent that being assessed by a number of service providers is stressful for consumers and may not lead to appropriate provision of services (HRSCCA, 1994:109).

Not only does the problem of multiple assessment of clients raise concerns about their privacy and comfort, but it also raises issues such as whether the system is working efficiently and economically. HRSCCA (1994:109) questioned the efficiency of each service provider conducting their own assessments, especially when assessments have already been carried out by other service providers.

When considering the repetition of assessment and services by various providers, the public may be concerned whether the funds allocated to the HACC program are being used as appropriately as they could be. Howe (1997:316), stated that during the development of HACC there was little documentation of the allocation of funds or the establishment of the client base.

No firm data were available to counter criticisms of unnecessary proliferation of HACC services, and anecdotes of politicians' ageing but otherwise fit aunties having their houses renovated and lawns mowed weekly by HACC home maintenance services added to the view that services were provided to individuals with little need (Howe, 1997:316).

While the appropriateness of the distribution of services among clients may be questioned, the process of funding each service provider also appears to be an ongoing problem. DHHCS (1993:v.) identified that services are provided by a wide range of service providers and are funded in different ways and sometimes by different levels of government and through different funding programs. Added to the confusing process of gaining funding, the service providers are facing increasing demands for their services. Gibson (1998:68) notes that the clients of HACC service providers are becoming increasingly dependent, and need more assistance with activities of daily living. As a result of having to provide more services to clients who have become more dependent, service providers need to restrict the number of clients. This has resulted in the actual termination of services to less dependent clients (Gibson, 1998:68). Consequently, people who would benefit from some of the services offered by HACC, are not receiving the assistance that they need.

A further problem with funding appears to be that available funds are being directed away from the frail aged and allocated to discharged hospital patients or to younger people who have disabilities. Howe (1997:321) maintains that with hospitals trying to work within their budget, community care services will be increasingly reoriented to the acute care and primary care systems thereby drawing funds away from the elderly clients. In addition, Gibson (1998:68) suggests that services, and consequently funding, are being directed towards younger people with disabilities because they often have more severe handicaps, and also tend to have strong support from advocates. This further exacerbates the problem of elderly people not receiving the support they need in order to remain independent in their homes. Davidson et al. (1993:205) state that the ability of older people to remain independent in their homes is often dependent on the economical and timely provision of assistance and support services. If the health care system is unable to provide these services to the

elderly, the burden of care will increasingly fall onto family members, who will need to provide more care for their elderly relative.

While the HACC program may cater for the basic needs of the elderly which includes hygiene and nutritional needs, there seems to be a lack of funding to provide a more holistic level of care. Possibly due to the limited resources available to the service providers, the primary focus of services appears to be on the clinical needs of the client. The focus of care does not tend to include aspects such as socialisation and activities that promote good quality of life.

Many quality of life activities should be mainstream provisions for the old as well as the young. The elderly, like the rest of the population, want access to recreation and sport, further education, socialisation, and information and counselling services (Healy, 1990:142).

This lack of opportunity for the frail elderly to access activities that would enhance their quality of life is an area that should be addressed. Healey, (1990:142) suggests that due to the limited resources available, and the increasing demand placed upon services, the priority should be those in most need. She then raises the question as to which is the greater need: maintaining a satisfactory quality of life or preventing institutionalisation?

Clearly, the limited resources available to HACC and the service providers impacts upon the type and level of assistance available to the elderly. In April, the current Government began to address this issue by making an increased number of Community Aged Care Packages available to the elderly. Bishop (1999:1) states that the Federal Government is responding to older people's clearly expressed desire to stay at home for as long as possible. This expansion in services will offer assistance to 100 in every 1000 people over the age of seventy years (Bishop, 1999:1). While this package may assist approximately ten percent of those aged over seventy, the remaining ninety percent may have to rely on the assistance of family members, or alternatively try to cope at home alone. While this expansion of services is desperately needed in the community, the 1999 budget has revealed that there will be substantial cuts to the funding of nursing homes. This indicates that perhaps there has not been an increase in funds available for aged care, but merely a shift in the allocation of funding.

It may be seen that there are a number of services available to assist the elderly to remain living within the community. While the development of the HACC Program was intended to coordinate and increase the range of services available, the problem of fragmentation still exists. The clients of HACC encounter multiple assessments for services which are frequently duplicated by service providers. These issues raise doubts about the efficiency of the program, and the appropriateness of the allocation of funds and resources. The question of whether the limited resources available should be used solely for the clinical aspects of care, or for the more social aspects which may enhance quality of life for the client, remains an issue.

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