



## FACT SHEET 3

# Community Care

### What is Community Care?

Community care describes a diverse range of services. Its main aim is to enable people to remain living in their own home and community. Community care is provided under a variety of programs funded by the Commonwealth and State Governments.

Community care is available to a variety of people including: older people, younger people with disabilities, carers, people with mental illness, people with acquired brain injury, people with chronic illness and people with dementia.

Most community care programs charge their clients a fee for service. The fee is often quite minimal.

### History of Community Care

- Community care has been provided in some shape or form for more than a century and began with the home (or district) nursing services at the end of the 1800's.
- Domestic assistance or home help services emerged later. For example, the Home Care Service of NSW (Australia's largest community care service) commenced in the 1940's.
- The late 1960's saw the introduction of legislation to encourage the development of community based services for the elderly, providing an alternative to residential care. Housekeeper, home help and services such as physiotherapy, chiropody and occupational therapy were jointly funded with the States.
- In 1970, the Commonwealth government funded voluntary organisations and local governments to deliver meals-on-wheels. In 1973 the Whitlam government expanded the network of community care services delivered through community groups to people in their own homes.
- As the number of services grew, funding frameworks became more complex, making the funding system somewhat difficult to negotiate. The Commonwealth Home and Community Care Act of 1985 consolidated four community care funding streams into a single program. Responsibility for the HACC Program was shared between the Commonwealth and State/Territory Governments, with the Commonwealth providing on average 60% of the funding.
- The expansion of the community care sector through the HACC program reduced demand and expenditure on nursing homes. Under HACC, the range of community care programs was expanded significantly. New service types, such as community transport, community options (COPs), home modifications and respite care, were introduced.

- In 1992 the Commonwealth Government rolled out the Community Aged Care Package (CACP) program. It further extended the range of support services available to clients who were assessed as eligible for low level residential care but who preferred to remain at home.
- In 2002 and 2005, the Commonwealth rolled out the EACH and EACH Dementia programs which cater for older people who are eligible for higher level residential care, but who prefer to remain at home.

## Need and Unmet Need

At June 2006, the Australia population was 20.6million. Of these, 2.7 million, or 13%, are aged 65 years or over. 333,000 people, or 1.6%, are aged 85 or over.

By 2036, 6.3 million Australians will be aged 65 years or over, representing 24% of the nation's population. Around 1.1 million, or 4.2% of the national population, will be aged 85 years or over (AIHW 2007: 5-6).

In 2006, 1,004,400 Australians aged 65 years and over and living in households needed some form of assistance to help them stay at home. While almost two-thirds of these people felt their needs were fully met, almost one-third felt their needs were only partially met, and 5% felt that none of their needs were met (AIHW 2007: 102, based on 2004 ABS data).

83% of those receiving assistance received it from 'informal providers' (primarily daughters, daughters-in-law, sons, and sons-in-law), and 64% of those receiving care received it from formal providers. 46% of those needing care received a combination of formal and informal care (AIHW 2007: 103-104).

In 2004-5, 57% of the 152,696 people assessed for care through the Aged Care Assessment Program were recommended to receive community care, a total of 88,012 people (AIHW 2007: 122).

## Community Care Programs

### Home and Community Care (HACC)

The HACC program is the main provider of home-based care services in Australia. HACC is funded jointly by the Australian Government and State and Territory governments.

In 2004-5, approximately 3,250 agencies delivered HACC services to over 744,000 people, 75% of whom were aged 65 years and over. 27% of HACC clients are aged 85 years and over (AIHW 2007: 123-124).

Two-thirds of HACC clients are women, with the single biggest group being women aged 75-84 years (AIHW 2007: 124). Out of every 1,000 people aged 85 years and over, 475 use HACC services at home at some time during any year (AIHW 2007: 125).

In 2006-7, Commonwealth expenditure on HACC was \$928.4m and joint Commonwealth-State expenditure was \$1.5b (ABS 2008 Summary). Commonwealth funding for HACC increased from \$928.4 Million in 2006-2007 to \$1038.5 Million for 2007-2008, or 11.85 percent. This figure includes \$30m already allocated, making a real increase for HACC service delivery of around \$80m., or 8.6% for the year.

The Community Options Program (COP) is a case management service funded under the HACC program. COP is aimed at those people considered as having complex care needs that are

currently not met through existing services, and require a case management and co-ordination service.

## **Packaged Care Program**

At June 2007, the Commonwealth funds 42,316 community care places. (Commonwealth of Australia 2007: 5).

The 2006 Aged Care Approvals Round allocated 1,976 new Community Aged Care Packages (CACPs), 550 new Extended Aged Care at Home (EACH) packages, and 667 new Extended Aged Care at Home Dementia packages (Commonwealth of Australia 2007: 6).

In February 2007 the proportion of community care places available was adjusted from 20 to 25 places per 1000 persons aged 70 years and over (Commonwealth of Australia 2007: 3). The Commonwealth budget 2007-8 announced \$298.6 million over five years to support this transition to the 25:1000 ratio by 2010-11. This will provide an additional 7,200 CACPs and 1,600 high level care packages. The additional places will target special needs groups and under-supplied areas.

## **Community Aged Care Packages (CACPs)**

Community Aged Care Packages (CACPs) are funded by the Australian Government. The number of people accessing CACPs in June 2007 was 37,250 (Commonwealth of Australia: 11).

Australian Government expenditure on CACP for 2006-7 was \$405m. (Commonwealth of Australia: 33).

The number of CACPs will be increased by 5,600 over the four years to 2010-11 in keeping with the higher target ratio of 25 community care places for every 1,000 people aged 70 years or over (Commonwealth of Australia: 11).

CACP recipients are generally more frail or disabled than HACC recipients. Around 35% of CACP clients also receive HACC services, including nursing services and allied health care services which are not available through CACPs (AIHW 2007: 126).

40% of people using CACPs are aged 85 years and over (AIHW 2007: 124).

The most common length of time a person receives a CACP is 1-2 years. 48% of those who ceased CACP in 2005-6 entered a residential care service, and 18% died (AIHW 2007: 127).

## **Extended Aged Care at Home/ Extended Aged Care at Home –Dementia**

EACH packages were piloted in 2000 and rolled out in 2002. EACH Dementia (EACHd) packages were rolled out in 2005. (AIHW 2007: 124).

By June 2007, a total of 4,663 EACH/EACHd packages were allocated. By 30 June 2007 there were 3,302 operational EACH packages and 1,267 operational EACH Dementia packages (Commonwealth of Australia: 17-18).

A further 900 EACH packages and 666 EACH Dementia packages were available for allocation in the 2007 Round. This will bring the number of EACH/EACHd packages to 6,229 (Commonwealth of Australia: 17).

As at June 2006, the operational provision ratio for CACPs was 18.2 per 1000 persons aged 70 years and over, and for EACH and EACH Dementia packages it was 1.6 per 1000 persons aged 70 years and over, giving a combined operational provision of 19.9 per 1,000 persons aged 70 years and over (AIHW 2007: 126, 128).

In 2007 the Commonwealth Government announced its intention to raise the ratio to 25 EACH/EACHd packages per 1000 persons aged 70 years and over, but the proportion of EACH to EACHd is unclear.

## **Respite Programs**

Respite care is residential or community care intended to give carers a break from their usual care arrangements and by doing so, assist people with care needs to continue living in the community. The Australian Government gives respite support through the residential care program under the Aged Care Act 1997, through the National Respite for Carers Program, and through the Home and Community Care program. An estimated 475,000 Australians are primary carers, helping older Australians or younger people with disabilities to live at home and in their community (Commonwealth of Australia: 19).

### **National Respite for Carers (NRCP)**

In 2006-7 the Commonwealth Government allocated \$167 million for the National Respite for Carers Program (Commonwealth of Australia: 46).

Respite services funded under the National Respite for Carers Program provided approximately 3.4 million hours of respite in 2006-2007. This was delivered through over 600 respite services which provided respite in a variety of settings. This included 71 overnight community respite services and 96 new or expanded respite services for employed carers funded under the 2005-2006 Overnight Community Respite and Employed Carer Budget initiatives (Commonwealth of Australia: 20).

The 2007-08 Budget provided funding for an additional 100,000 days of respite care over four years through the NRCP, at a cost of \$26.5m. Approximately 1,000 additional people will benefit in the first year, which will increase to 4,000 additional people in the fourth year.

### **Commonwealth Carer Respite Centres**

Carers received approximately 225,000 instances of respite from Commonwealth Carer Respite Centres in 2006-07.

### **Respite in Multi-purpose Services**

\$9.3m was allocated for Multi-purpose Services over four years from 2005-06 to fund 122,000 days of respite care in rural and remote communities (Commonwealth of Australia: 19). The number of Multi Purpose Services increased from 95 in June 2006 to 101 services in June 2007. (Commonwealth of Australia: 26).

## **Veterans Community Care Programs**

### **Department of Veteran's Affairs (DVA) Programs**

The Department of Veterans Affairs introduced the Veterans Home Care Program in January 2001. The Program purchases a range of services to enable veterans and war widows/widowers to remain living in their own home.

Services include domestic assistance, personal care, in-home and residential respite care, and home and garden maintenance.

When the program commenced, a large number of veterans were transferred to VHC from the Home and Community Care (HACC) program (VHC 2007: 2-3). Almost 140,000 VHC veterans have been assessed for VHC services since the VHC program started in January 2001 and around 78,000 are currently assessed as being eligible to receive services through the program. Around 16,000 people are admitted to the program each year (VHC 2007: 2-3, 5, 15).

- The average age of VHC recipients is 83 years (VHC 2007:15).
- The average hours of care approved per veteran in 2005-6 was 56.37 hours annually (VHC 2007: 16).
- In 2006, the budget of the VHC program was \$91m. (Eager, Green and others, 2007:2) This included an additional \$52.4m over 4 years injected into the program during 2004-05 (VHC 2007: 2-3).
- Just over three-quarters (75.5%) of all service hours in 2005-06 were for the provision of domestic assistance, personal care accounted for a further 3.1%, and home and garden for 3% (Veterans' Home Care Annual Statistical summary 2005-2006, Commonwealth of Australia 2007: 2-3, 5).
- 77% of VHC service users receive only one type of service –predominantly domestic assistance (VHC 2007: 9).
- An independent review of the Veterans' Home Care program was commissioned in early 2007. The final report, entitled *Options for the Future of Veterans' Home Care*, was received in early March 2008. The Minister for Veterans' Affairs is currently considering an appropriate response (Department of Veterans Affairs: <http://www.dva.gov.au/health/homecare/mainvhc.htm> .)

## Veterans Community Nursing Program

Gold and white card holders are eligible for nursing services in their own home under this program, on referral from a local doctor, hospital treating doctor or discharge planner, or VHC assessor.

## Other Community Care Programs

Hospital in the Home (HITH) started in Victoria in 1994. Patients are regarded as hospital inpatients and remain under the treating hospital doctor, except they are at home. 43 hospitals currently participate.

Other Community Care services and programs available through Commonwealth and State/Territory departments include the Community Transport Program, the Vietnam Veterans Counselling Service, *Homefront* (a falls and accident prevention program), palliative care, rehabilitation, allied health, disability support services, community health centres and active ageing programs, housing assistance for the homeless aged or those at risk of becoming homeless through the Assistance with Care and Housing for the Aged (ACHA) program, and an array of subsidised home maintenance services.

Information about these and other programs is available through *Carelink*, at <http://www9.health.gov.au/ccsd/overview.cfm> or through Commonwealth Carer Resource Centres and Commonwealth Carer Respite Centres at: [www.health.gov.au/internet/wcms/Publishing.nsf/Content/ageing-carers-resocent.htm](http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/ageing-carers-resocent.htm)

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