Respite in CDC markets: workforce issues

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Introduction

• Scale and scope of reforms

• Ageing population, increases in funding:
  – Next five years 27.7% workforce growth

• Background to CDC
  – Re-alignment of community, voluntary and welfare sector
  – State purchasing – preference for big

• Consumer directed care markets:
  – Choice, quality, innovation, cost-effectiveness
  – Tensions between outcomes

• Workforce as one locus of tension
CDC market reform and respite workforce

1. A new definition of workforce
2. A new way to do community and inclusion
3. Micros – self and direct employment: means for flexibility
Transitioning respite...

- ‘substitute care or support that meets the goals of a participant and a carer’
- Respite – a name in poor standing
- Small, rural, heavy use of volunteers
- At best: small, flexible engines for inclusive community
- Challenged by new paradigm

<table>
<thead>
<tr>
<th>Aged care</th>
<th>Disability</th>
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<tbody>
<tr>
<td>Residential – 43,533</td>
<td>38,072 users</td>
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<td>Community:</td>
<td>1603 outlets</td>
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<td>– Average 77.5 hrs</td>
<td>54% flexible respite</td>
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<td>– 35,268 users</td>
<td>3.9% remote or very remote</td>
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<td>12.4% outer regional</td>
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Aged and community care

- CHSP ‘entry level’ community care
- 4 sub-programs
  - Care Relationships and Carer Support
  - Centre, cottage and flexible respite
  - Carers eligible
- 1 July 2015
- Up to ~$7,500 pa
- Wellness & re-ablement
- Fifield – accelerating voice & choice
CHSP and workforce issues

• Grow the workforce:
  – Now: 149,801 head count community care (2012)
  – 2023: 55,700 new staff (residential and community)
  – 1815 additional community care staff a year

• No mechanism for flexibility and innovation:
  – Low value CHSP

• Pressure for
  – bigger scale
  – Flexibility in staffing - casualisation
NDIS and disability

- Insurance based scheme
- Participation goals and objectives of 466,000 people with disability
- Transition 2016-2018
- Supports chosen by participants in plans.
- Doubling of funding to $24 billion
- Person-centred planning
- Large shift to consumer direction

**Respite**

- Respite outputs available if meet goals and objectives of participants
- Carers not participants
- Flexible respite approaches?
- Small services – business capability issues
- Scale and casualisation
Disability workforce issues

- Workforce shortages
- Increased fragmentation of jobs
- Lack of skilled workers undermines quality
- Uneven access
- Decline of informal carers

Workforce

- Now 70,000 headcount (34,000 FTE)
- Needed 90,000 FTE
- Already 2/3s of disability employers expect difficulty in recruiting
Workforce issues

1. Growing the workforce
2. Flexibility and casualisation
3. Decline of voluntary supports
4. Impact on small organisations
5. Access in rural and remote
Case study - disability

Social inclusion through flexible choice of support: Alex and Jacob’s story
• Alex, seven, has an intellectual disability and autism. His brother Jacob, eight, has cerebral palsy and a hearing impairment. They live with their parents and two other brothers.
• Chose a Family Managed Allocation (FMA) where they could choose who supports the children from their personal support network.
• The respite package enabled Alex and Jacob’s parents to receive respite while keeping all of their children together.

Benefits – inclusion and participation
• For Alex and Jacob were
  – included in the same activities as their brothers
  – Could develop meaningful relationships with people in their personal support network.
• Greater presence and awareness of people with disabilities within the community by engaging people with no other connection to the disability and health sector
Case study: Interchanges

Interchanges
- were originally means of exchange mutual support between families
- they now provide a range of funded and informal, flexible supports
- Host family, peer support, life and living skills, community participation and recreation with a respite focus
- They focus on the needs of individuals, starting with all significant people in a person’s life coming together to help plan and set goals for outcomes

- NDIS pricing challenge to Interchanges:
  - Volunteer supports
  - Pricing model for host-family
  - Guidelines exclude flexible supports
  - Under pricing of transport

- Formalisation
- Loss of flexibility
- Informal support
- Inclusion
- Impact in rural & remote
Workforce tensions

Will workforce become the locus of conflict for NDIS outcomes: choice, flexibility, innovation, cost-effectiveness?

Key areas of tension that could be fought as workforce issues:

1. Sovereign consumer vs inclusive community

2. Small and flexible vs large and efficient

3. Productivity and innovation:
   - According to the Community Services and Health Industry Skills Council:
   - “A compelling need for more sustainable and productive approaches” but
   - “measuring productivity...put in the too hard basket”

4. Stability vs flexibility
   - Nexus between quality jobs and quality supports – stability

5. Quality standards vs choice
   - Regulating self-managed direct employment
   - Minimum employment standards