

Local Government and Community Care Key Issues

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Background

Recently a number of councils have contacted Local Government NSW (LGNSW) to raise concerns over how changes to funding arrangements will impact on council activities in the provision of Home and Community Care (HACC) services. Late in 2012, two councils returned their HACC funding to Ageing, Disability and Home Care in the Department of Family and Community Services, following examination of the costs to council of subsidising HACC services.

The Commonwealth Department of Health and Ageing (DoHA) and NSW Ageing, Disability and Home Care, Department of Family and Community Services (ADHC) are undergoing a process to transition the HACC program for their respective client groups to:

- The Integrated Commonwealth Home Support Program; and
- The NSW Community Care Support Program (CCSP).

In addition, from August 2013, the *Living Longer, Living Better* reforms have initiated transformations in packaged community aged care. Aged care packages – previously known as CACP (Community Aged Care Packages), EACH (Extended Aged Care at Home) and EACH-D (Extended Aged Care at Home – Dementia) – have been transitioned into 4 levels of Home Care Packages.

On 1 July 2015, the HACC program, the National Respite for Carers Program, Day Therapy Centres and the Assistance with Care and Housing for the Aged Program will be consolidated under a new Home Support program.

All new packages will be offered on the basis of Consumer Directed Care (CDC) and it is expected that the Home Support Program will also be offered on a CDC basis, although this has not yet been determined.

CDC involves a consumer of services having greater autonomy and choice in decision-making about how services are delivered, when, and by whom. A personal budget is allocated to a service provider for each package recipient, who works with the provider to direct how it is spent. Packages will conform to a series of 4 pre-defined 'levels', rather than responding directly to the needs of the person. CDC will involve a list of specified service types from which a person can choose, and they must make a case for choosing outside of that list. In NSW, clients of Disability Services are able to elect to receive individualised funding packages, a similar approach to CDC. ADHC is now looking at developing a detailed profile of CCSP services and clients to help providers who are now block funded to transition to individualised packages.

In the past service providers like councils received block funding for the number of clients they served. Now councils (and all providers) will not have as much certainty about the amount of funding they will receive as it will depend on what services clients choose.

Councils are seeking support to plan strategically for the transition of the HACC program to the CDC model. NSW councils are seeking to identify the future viability of the HACC and other community care services they offer. The viability of council-run community care services in NSW is being considered within the broader context of the sustainability of Local Government under the Local Government Review.

Note: for the purposes of the following discussion, the term "community care" has been used to encompass the Home Support Program, the Community Care Support Program (old HACC services) and Community packaged care.

Outline of this paper

This paper summarises the key issues raised at a forum organised by LGNSW on 9 August 2013. Around 50 councils were represented at the forum and both the Commonwealth Department of Health and Ageing (DoHA) and NSW Ageing, Disability and Home Care, Department of Family and Community Services (ADHC) provided updates on current policies.

There are two parts to the paper – the first deals with general questions about the design and structure of the new community care system, and the second with specific concerns of Local Government in NSW. They are listed here:

A Questions about the future of HACC

1. What will the new model for HACC/community care services look like?
2. What are the facts about different services groups within community care?
3. When will we know?
4. How will Local Government be engaged in implementing the new model?

B Key questions for Local Government in NSW

1. What is the current context for Local Government in NSW?
2. How does the NSW Local Government Act impact on future community care provision by Local Government?
3. What are the viability and sustainability issues for Local Government of providing community care in the future?
4. What is the impact on Local Government workforce and volunteers?
5. How can Local Government's role be valued?
6. What is the role of Local Government in terms of filling services gaps, particularly in rural and remote areas?
7. What is required for councillors to lead Local Government to be a key provider of community care?

A Questions about the future of HACC

While Local Government is represented on the National Aged Care Alliance Home Support Advisory Group (NACA), that group is not necessarily able to focus on the specifics of Local Government in community care. The following identifies the key issues for Local government in NSW.

1. What will the new model for HACC/community care services look like?

A single system for community care

The format of the new Home Support program and its relationship with the new Home Care Packages Program is still unclear. There appear to be a number of overlaps in service type and level of care between Level 1 Home Care Packages and the Home Support Program, both of which provide support for people with basic care needs. The National Aged Care Alliance Home Support Advisory Group Communique (August 2013) outlines a long term vision of a single home care and support system based on individual needs which would remove artificial program barriers.

Consumer Directed Care

Under *Living Longer, Living Better*, there has been no Government commitment for consumer directed care to be applied to the proposed Home Support Program. Providing choice for

consumers is not necessarily guaranteed by creating a more competitive environment with a broader range of providers. Not all community support services can be offered by multiple providers, particularly in rural areas.

Commonwealth Government policy on what the service system is trying to achieve and how funding will be allocated to service users to purchase these services is still being refined. Until there is clarity, it is difficult for Local Government to identify service areas where they could have a comparative advantage and develop a sustainable approach.

Assessment/Gateway

The Commonwealth has identified that assessments for Level 1 and 2 Home Care packages will be conducted by telephone to the Aged Care Gateway. Local Government has expressed concern that this is not adequate to identify the full context and care needs of an individual. It will also not guarantee wellness and re-ablement goals are achieved. Local Government maintains that Aged Care Assessment Services should be provided at local or sub-regional level where there is knowledge about available services and options. Local Government could be involved in providing this service. Home based assessment may also still be necessary.

In July 2012, Home Modifications were referred through a common access point. Councils offering these services found that the Access Point was unable to manage the large number of clients referred to it. Most clients using Home Modifications services are over 65 years and commonly are being discharged from hospital where an occupational therapist has visited their home and assessed that they need modifications. The Occupational Therapist draws up sketch plans which the Home Modifications service uses to do each job. Plans are commonly faxed and these could not be attached easily to the electronic referral.

In addition, many Occupational Therapists referring clients through the Access Point could not or were not prepared (did not have the correct software program) to send referrals electronically so staff at the Access Point were having to enter data manually. Staff resources were insufficient to cope with the load. The information sought at the Access Point was excessive and irrelevant for Home Modifications. This experience raises a number of questions about the efficacy of a single gateway approach for community care.

Councils have also expressed concern on the accuracy and currency of data held at the gateway. Data from assessment and waiting times is also important to inform local area planning and advocacy, as well as for national planning. The Commonwealth has advised that current data held in the database of services is being updated and that councils should provide additional information about services to the database if available.

2. What are the facts about different services groups within community care?

Service types

Service types which currently exist under the Commonwealth HACC program, such as Domestic Assistance, Meals, Social Support, Community Transport and Home Modifications will need to be re-aligned against streams, such as social participation and access, re-ablement and wellness, support for carers and respite and household assistance. It does not appear that any decisions will be made in time for this realignment to occur by July 2015.

Fees policy for these services also needs to be clarified in order for Local Government to be able to plan the sustainability of its services.

Differentiating care from social support

The Productivity Commission recommended a separate Community Support program for local wellbeing and social support services such as community transport, social support activities, group and delivered meals, information, home maintenance and similar.

Local Government has a clear role in all these programs, building local capacity, enabling the participation of older people in their community and providing strategies to enhance wellness and positive ageing. Many councils in NSW have developed separate Ageing Strategies to address these issues, and/or have incorporated them into their Community Strategic Plans. The development of such a Community Support program should be done with Local Government as a key partner, to ensure that locally appropriate models are developed and funding is prioritised according to evidence from council's community engagement processes.

3. When will we know?

Local Government needs time to plan

Councils need to start planning now for the future in terms of what service types they will offer within the Home Support Program, Home Care Packages and Disability services. They cannot wait until the NACA recommendations are translated into policy (as yet an uncertain time frame). Because Local Government offers multiple services and works with finance, IT and HR systems specific to the wider business of Local Government, it is not able to adapt as quickly to new models of service provision as those providers whose business is community care. Local Government will need to develop or modify its financial systems to accommodate Consumer Directed Care (for example providing monthly reports for each client on expenditure), change its data management systems and train staff. Councillors will also need to be kept informed of the changing environment in which Local Government is working.

As David Kelly (David Kelly and Associates, *Navigating the uncertainty of aged care reform – 2, August 2013*) states:

“The danger is that if Councils wait for a clear position to be delivered by the Commonwealth, it will be too late to undertake the planning and preparation and it will just be simpler to withdraw from the delivery of community care services and leave it to the Not for Profits. This will weaken the community care sector and result in reduced opportunities and poorer outcomes for older people. Local Government HACC providers are the only providers that view older people as citizens rather than consumers and they are the only providers that have a legislated mandate to focus on the participation and engagement of older people in community life. If the programs and support systems that enable active citizenship for older people are allowed to disappear, it is unlikely that they will be replaced.”

In NSW, councils work on 10 to 15 year plans, developed through community engagement and reflecting community priorities. Services may be closed because there was insufficient time to implement changes and councils may be blamed for the loss of services in an area.

Similarly, councils are concerned that the implementation of the new Disability System (DisabilityCare/NDIS) also needs to allow councils to carry out a staged approach both fiscally and practically. The Industry Development Fund is only available to NGOs and there is no corresponding support for Local Government. ADHC has acknowledged these concerns and will use key learnings from the pilot site to guide the implementation of NDIS.

The onus is on ADHC to continue with analysis and provide responses on future systems and the nature and scope of reforms. Local relationships are expected to continue, however these rely on Local Government having the resources and time to continue them.

4. How will Local Government be engaged in implementing the new model?

Local Representation of DoHA

A key concern for Local Government is access to local or regional representatives from DoHA. Currently, Ageing and Disability workers in around 70 councils in NSW are part of regional groups which regularly meet with ADHC representatives. These fora provide opportunities for information exchange, updating on policy changes and local area planning. To date, councils have had difficulty engaging DoHA in these meetings. If Local Government is to be recognised as a key partner in the roll out of the Aged Care reforms, then there need to be clear channels of communication with DoHA at the local or regional level. There is concern that there cannot be true awareness of issues at the local level without engaging Local Government, and that DoHA should develop a specific strategy to do this.

Ageing and Disability role in Local Government

NSW is in the unique position of having around 70 of its 152 councils partially funded by ADHC/DoHA for an Ageing and Disability officer ('non-output' positions). This role has been in place since the origins of the HACC program, along with HACC Development Officers and Multicultural Access workers, all of which provide locally focussed capacity building and sector support.

Along with all current HACC programs, there have been no guarantees from ADHC or DOHA that these positions will continue to be funded after July 2015. Naturally there is concern amongst workers about the future of their roles. Councils acknowledge that concern and support the need for an early resolution. Furthermore councils and their staff are concerned about the practicalities of rolling out a new aged care system with no locally based sector support. DoHA have commented that although there is no funding for "non-output" positions after July 2015, it is investigating what type of support will need to be available to assist with the implementation of the aged care reforms at a local level.

Local Government, as a sphere of government, participated in developing the COAG Health Reform agenda, and as such has a responsibility to implement the reforms within their local legislated mandates. Councils have responsibility for providing the local environment in which older people live, and for providing or supporting services for older people. Local Government's legislated role in health and wellbeing planning, positive ageing strategies, age friendly city planning, social and recreational activities and local transport planning needs to be acknowledged as part of the wider policy goal of improving the lives of older people. The Ageing and Disability officer role in NSW councils also acts as a conduit between local service providers and council, informing councils' wider service delivery functions in relation to older people, their families and carers. Councils are seen as the first point of contact on service information and advice, particularly in rural areas.

Support for Local Government through the transition

Given the uncertainty of the Ageing and Disability worker positions in NSW councils, it is difficult to see how these positions can support local services through the transition to the new aged care system and NDIS.

ADHC has acknowledged that there may be surplus funding from the Industry Development fund to support Local Government. Training specific to Local Government is needed in, for example:

- Staff development
- Costing of services and identifying degree of council subsidisation

- Client management systems
- Mentoring.

Risks if Local Government withdraws

Local Government faces the challenge of meeting its social justice responsibilities to its residents in terms of maintaining service provision, but also needing to be financially responsible and accountable to the community. Councils' Community Strategic Plans outline 10 year strategies for creating communities. Each 10 year plan is supported by annual Delivery programs and Operational plans which need to be financially sustainable.

There is a real danger that councils may decide to withdraw from providing community care services given the funding uncertainty that the removal of block funding will bring, and that communities will be left without services. If this decision is made before 2015, it is also a risk for DoHA, potentially leaving the Commonwealth with gaps in services in some areas before the new system is ready to be implemented.

B Key questions for Local Government

1. What is the current context for Local Government in NSW?

Local Government in NSW is currently undergoing a number of reviews which are raising issues about:

- The legislative responsibilities of Local Government (*Taskforce Review of the Local Government Acts*)
- The financial sustainability of Local Government (NSW Treasury Corporation's TCorp, "*Financial Sustainability of the NSW Local Government Sector*", 2013)
- The effectiveness of Local Government (Independent Local Government Review Panel, *Future Directions for NSW Local Government*, 2013).

Within the context of these reviews, councils in NSW are examining their financial viability and the long term sustainability of the services they offer, including community care services.

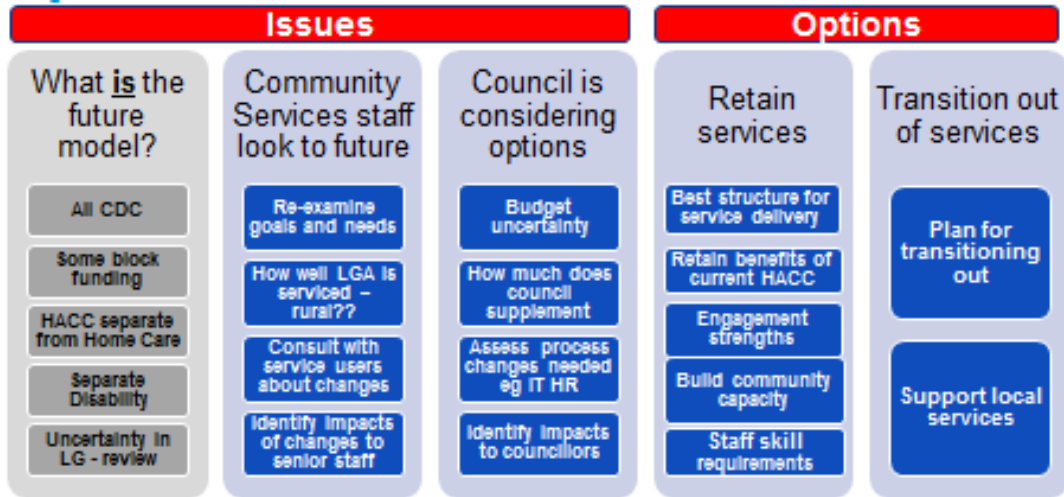
The Independent Local Government Review Panel's report (ILGRP, 2013) focused on options or proposals for structural change, not on operational recommendations. Councils are examining relationships with neighbouring LGAs to identify scope for future service delivery.

In part, the ILGRP offered options including:

- In Sydney, reduce number of Councils from 42 to "around 15", increasing average persons per council from 105,000 to 300,000 (and increasing)
- Introduce option of local boards to service local communities in large urban areas
- Create major new cities of 600,000 to 800,000 in Parramatta and Liverpool
- Establish a network of 20 new multi-purpose County Councils to undertake regional level functions outside Sydney
- Encourage voluntary amalgamations of smaller rural councils
- Establish incentives for mergers.

All these recommendations heavily impact on Local Government's planning for future service provision. Coupled with the huge changes in community care, councils across NSW are facing an uncertain future and are at various stages in considering how these reforms will impact on their community care services. The diagram below illustrates the spectrum of council's approaches to addressing the changes in community care.

Spectrum of council issues



Local Government and Community Care Forum 9 August 2013

2. How does the NSW Local Government Act impact on future Community Care provision by Local Government?

Councils have noted that the NSW *Local Government Act 1993* may place some limits on how they can operate community care services under a Consumer Directed Care model. LGNSW has lobbied for revisions to the Local Government Act to focus strongly on equipping councils to be the leaders, identity and place makers, and service providers their communities want them to be.

How Local Government becomes competitive within the Local Government Act framework is a larger question. For example, Section 8 of the Act identifies the Council's Charter, which includes:

- *to provide directly or on behalf of other levels of government, after due consultation, adequate, equitable and appropriate services and facilities for the community and to ensure that those services and facilities are managed efficiently and effectively*
- *to bear in mind that it is the custodian and trustee of public assets and to effectively plan for, account for and manage the assets for which it is responsible*
- *to exercise its functions in a manner that is consistent with and promotes social justice principles of equity, access, participation and rights*
- *to facilitate the involvement of councillors, members of the public, users of facilities and services and council staff in the development, improvement and co-ordination of local government*
- *to keep the local community and the State government (and through it, the wider community) informed about its activities.*

These requirements are much broader and more complex than those of specialised community care providers. Councils are in the business of providing a huge range of services and

facilities, including environmental management, recreation and leisure services, community services, public order and safety, health and housing. It is not a simple task to change the established reporting and administrative processes of an entire council in order to meet the requirements of one of the many services a council may provide.

There are also some industrial requirements which prevent councils from being able to respond to the needs of community care clients in the most effective way. For example, the Local Government Award does not allow direct service workers to meet specific client needs, e.g. sleep overs at client's houses. In addition, the Local Government Award has higher pay rates than the Social and Community Services Award under which most community care workers are employed, again making Local Government less competitive. LGNSW will raise this issue in specific meetings about the Award.

Both the NSW and Commonwealth governments need to appreciate the limitations placed on councils by the Local Government Act and provide similar resources as those provided to NGOs, to support councils to transition to the new aged care system.

3. What are the viability and sustainability issues for Local Government of providing community care in the future?

Removal of block funding

The removal of block funding is a challenge for all community care providers, not only Local Government. For NSW councils, it will impose additional burdens in meeting the quadruple bottom line in the 10 year Community Strategic Plan that guides the business of every council. Councils must demonstrate that they have addressed social, economic, environmental and civic leadership objectives. In the provision of community care, an obvious conflict arises between meeting the social needs of care that enables people to remain in their community with accountable economic management where funding is uncertain.

Councils have expressed concern that CDC will mean that a pooled approach to delivering, for example Meals and Community transport, will not be an option as funds will need to be acquitted for each client individually. It is also unclear which organisation will manage a client's budget when more than one organisation providing services.

DoHA has stated that there has been no decision as yet on the future of block funding. Councils do not have time to wait for a decision as they need to plan ahead for service provision or how to transition existing clients to other providers. Many councils have expressed concern that it is unlikely that any council can responsibly carry the risk of 100% of its clients transitioning to CDC/ individualised funding.

Loyalty vs vulnerability

Many council providers of community care have developed a loyalty to their clients (and their clients to them) which is threatened by funding uncertainty. In rural areas, the client-council relationship is particularly important, as Local Government is often seen as a reliable and non-partisan service provider.

In a competitive environment, the client-council loyalty is threatened and there is concern, particularly in rural areas, that large providers will come in to an area and take clients away from council providers. While councils would not continue to provide services if they are not competitive, there is concern that the strengths of local relationships, developed over many years, should not be underestimated and that providers from outside an LGA or region may withdraw if services are not financially viable, leaving an area without any service provision.

Councils often have a considerable investment in buildings used for community care services, vehicles used for community transport and food production facilities. These assets may be lost if council is no longer providing services and re-establishing them once an outside provider leaves an area may not be possible. Local Government would then be forced to re-establish services in order to meet community expectations, and this will come at a huge cost.

New models of service provision

Some councils have developed models of service provision which establish a full fee paying service which is managed by an external organisation and has council on its Management Board. Peppercorn Services in western Sydney manages 22 funding streams across 4 LGAs after councils transitioned services to them over the past 10 years.

It may be possible for councils to also run subsidised services if funding can be guaranteed. This would ensure that vulnerable community members can still access services. The legislative implications of this model are unclear.

Unit costing

Local Government has, since the inception of the HACCC program in 1985, supported services through auspicing arrangements, the provision of office space, administrative support, vehicles and the like. Councils often modify charges for overheads based on the capacity of an organisation to pay.

The LGNSW Cost Shifting Survey 2010-11 estimated that around \$18million is shifted from the NSW government to Local Government for the provision of Human and Community Services.

The uncertainty of future funding arrangements means that councils will need to forensically examine their services and break down the silos between council departments. In order to determine the future viability of service provision, councils will need to gather data on the actual contribution of Local Government. The value of volunteer networks built up by council will also need to be considered and the cost of service estimated excluding volunteers in order to identify the true costs of provision.

Travel time also needs to be accurately accounted for, as this is a key factor in rural areas, as is operating from multiple service outlets within an LGA. In areas where distances covered are great, additional costs are often incurred from sending two workers or from having to pay out of hours' penalty rates.

Some councils have commenced collecting data on the cost for every client and individual service costs. The integration of a client management system into existing council systems is a challenge. Kiama Council is piloting using some existing packaged care clients to develop unit costs.

Research on costing in Victoria has found that prices for home care, home maintenance and meals in particular are based on cost studies done over ten years ago, and the gap between price and costs has exponentially increased over the past decade, partly because of changes in the cost structures and partly because the annual indexation is below council's wage indexation rates.

Impact on council systems

Councils, as providers, will need to keep consumers aware of their individual budget by providing a regular (monthly) statement of income and expenditure. The monthly statement must include

the remaining balance of the budget (including any agreed contingency), so that the consumer is aware of how much of the total budget is available for current and future services. These reporting requirements are likely to cause major issues for council data management systems. Other council systems are also likely to be impacted, such as HR and IT.

4. What is the impact on Local Government workforce and volunteers?

Ageing workforce

Local Government has an ageing workforce, with almost 50% of the workforce aged over 45 years (*2010 Census of Local Government Employees, Division of Local Government*). Councils will need to investigate local solutions through traineeships with local RTOs and workplace providers. An ageing volunteer workforce means that councils may need to look at using volunteers on boards rather than working in direct service provision.

NSW councils have developed a large, well skilled and relatively well paid community care workforce and have invested in their training. There would be risks and costs for councils in downsizing or exiting from community care services. Given lower wages elsewhere and redundancy benefits, many of the well trained older home care workforce could be lost to the sector.

Volunteers

Councils in NSW have built up large volunteer workforces, which may be lost if councils are no longer providing community care. Local Government in NSW is concerned that there has been no discussion or acknowledgement of the role of volunteers and also how a service using volunteers will transition into the individualized system.

5. How can Local Government's role be valued?

Community Inclusion

Research published by Cambridge University in 2012 suggests that notwithstanding the potential for increased choice and control, continuity of careworker, and the ability to reward some family carers:

"Older people spent their Individualised Budgets predominantly on personal care, with little resources left for social or leisure activities; and had higher levels of psychological ill-health, lower levels of wellbeing, and worse self-perceived health than older people in receipt of conventional service."

The Productivity Commission Inquiry Report (Volume 1) *"Caring for Older Australians"* acknowledged some of the differences in characteristics between services that provide care and community support, as outlined in the last part of recommendation 9.4:

Recommendation 9.4

"The Australian government should also support a range of community support services which would be directly accessible to older Australians and their carers, and through the Gateway. Such community support services would include funding from the Australian government (including for example funding for infrastructure and overheads) as well as user charges and financial and in kind support from state, territory and local governments and the community."
(page LXX)

Local Government's role

As the evidence from the UK suggests, if personal care uses all of a client's individualised budget, then social support, transport and other services which promote community inclusion, will need to be provided elsewhere. This is a natural province of Local Government and LGNSW considers that these functions should be separately funded from other community care services.

The ongoing value of community development and capacity building needs to be understood. Local Government plays a key role in creating local environments which enable people to participate. It is important that councils have the capacity and opportunity to interact as a sphere of government, with acknowledged responsibility for the provision of locally appropriate community care services. The proposed changes to the aged care system and the NDIS do not articulate how these systems will relate at a local level to service planning and provision and the broader context of creating inclusive communities.

Many NSW councils have developed Ageing strategies which focus specifically on the needs of their current and projected older populations, and opportunities for making the built and social environments more accessible and supportive and keeping older people healthier, physically active and socially engaged. Ideally, these are aligned with the broader Community Strategic Plans of councils and attract dedicated budgets and operational plans.

These plans identify cross council activities which improve the accessibility and inclusiveness of local environments – beyond community care services – to disability access, recreation, transport, housing, libraries, foot path management, street lighting and community safety. The Ageing and Disability worker roles in around 70 NSW councils play a vital part in creating the links between services and the broader community. After 2015, these roles may be lost.

In December 2012, in a submission to Minister Butler, the South Australian Local Government Community Managers Network wrote:

“Local Government has a unique view of older people as citizens of their local community, not merely consumers or clients of a service. Councils are best placed to provide opportunities for older residents to actively participate in their community and this helps to build and maintain the connections, networks and friendships upon which communities are built. “

6. What is the role of Local Government in terms of filling services gaps, particularly in rural and remote areas?

Nine of the ten biggest Local Government HACC programs in NSW are rural or regional (*ADHC Annual Report 2011-12*). Councils in rural and remote councils are often the only providers of community care due to obvious diseconomies of small, and often diverse, populations and large distances.

Rural and regional communities tend to have less choice amongst service providers and councils in these areas are seeking advice from the Commonwealth on whether there is any contingency plan to support Local Government to continue to provide a service where no other provider is available once the CDC model is implemented.

Where councils provide services to culturally and linguistically diverse (CALD) populations, especially in rural and remote NSW, they will need to support diverse yet small populations of the HACC target group. Councils don't have access to interpreters and will need specific interpreters for community care services.

7. What is required for councillors to lead Local Government to be a key provider of community care?

Social obligations of Local Government

Local Government's role in community care provision is more complex than most providers due to the role of democratically elected members. Councillors have to balance a wider number of competing demands on limited resources, than those faced by a typical community care service board. Councillors also face pressure from single interest groups that may characterise the issues of other interest groups as being outside council responsibilities.

The TCorp report identified many councils as being unsustainable, compelling councillors to investigate the financial viability of all council services. Further justification of the need for community care services may be required. Willoughby City Council undertook a 5 year needs analysis to replace the social plan and clarify the market for community care in the LGA.

Calculating the value of the ongoing provision of community aged care services to local residents needs to be clearly articulated to elected members – both in terms of a viable business model and council's mandate to support the wellbeing of older citizens.

Risk management

Councils may decide to transition out of service provision due to funding uncertainty, process implications, workforce changes, and competition for scarce staff. DoHA also sees a risk that Local Government will withdraw before 2015, leaving clients without services. Local Government, however, is unlikely to withdraw without ensuring that all clients are transferred to other appropriate services.

The question remains, how can councils justify to their rate payers sustaining the risk of running services if there is continued uncertainty about block funding and the transition plan between two very different service models?

Although the NACA working group includes Local Government representation, LGNSW and other Local Government Associations urge the Commonwealth and NSW governments to consider a separate engagement strategy to identify how the strengths of Local Government's role in community care can be garnered and enhanced to build an improved community care system.

Case Studies:

Greater Hume, Kiama, Willoughby councils presented at the LGNSW forum. Their slides are available at: www.lgnsw.org.au/ageing

Actions for LGNSW:

1. LGNSW will advocate that the Commonwealth and NSW Governments support Local Government in adapting to the planned changes in community care for older people and people with disabilities by:
 - Formally recognizing the value of Local Government in local community support and inclusion;
 - Guaranteeing the current model of funding non-output services in councils into the future;
 - Developing engagement strategies specific to Local Government and funding transition support for Local Government;
 - Assisting councils to understand how much it costs to offer these services so they can be competitive;
 - Assisting with changes to council finance and IT systems to cope with individualized packages; and
 - Provide better liaison in regional meetings.
2. LGNSW will work with ALGA to develop a national approach to the Commonwealth for Local Government to be included as a partner in the development of community care policy and service frameworks
3. LGNSW will investigate changes required to the Local Government Award to accommodate provision of community care services
4. LGNSW will support and inform our members on the benefits of community care provision by Local Government

References and Useful links:

Local Government NSW Cost Shifting Survey report 2010-11,

<http://www.lgnsw.org.au/files/imce-uploads/35/2010-11-survey-of-councils.pdf>

Nicola Moran, Caroline Glendinning, Mark Wilberforce, Martin Stevens, Ann Netten, Karen Jones, Jill Manthorpe, Martin Knapp, Joseluis Fernández, David Challis And Sally Jacobs (2013). Older people's experiences of cashfor care schemes: evidence from the English Individual Budget pilot projects. *Ageing and Society*, 33, pp 826851 doi:10.1017/S0144686X12000244 <http://www.york.ac.uk/inst/spru/pubs/pdf/AS2013JulyNM.pdf>

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http://www.naca.asn.au/Working_Groups/HomeSup/CHSP%20August%202013%20-%20Communique.pdf

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- International Labour Office, Manual on the measurement of volunteer work, Geneva: ILO, 2011
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- http://philanthropy.com/blogs/measuring-up/time-is-money-how-to-measure-the-value-of-volunteers/55?cid=pt&utm_source=pt&utm_medium=en
- RGK Center for Philanthropy and Community Service, Placing a value on Volunteer time
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