National Council of Women of New Zealand
Te Kaunihera Wahine O Aotearoa

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25 July 2006 S06.30

Delphina Gray
Health Workforce Advisory Committee
Ministry of Health
P O Box 5013
WELLINGTON

Dear Delphina

**NCWNZ submission to the Discussion Paper: Care and Support in the Community Setting**

The National Council of Women of New Zealand (NCWNZ) is an umbrella organization representing 38 nationally organized societies (NOS) and a number of individual women. NCWNZ has 31 branches to which women from 150 societies are affiliated. The Council's function is to serve women, families and the community through research, study, consultation and action.

NCWNZ has a keen interest in the welfare of the elderly and the disabled and made submissions in 1994 and in 1995 to the National Advisory Committee on Core Health and Disability Support Services including one submission on living at home. In 1994 NCWNZ also made a submission to the Social Services Committee on the Long Term Care of the Elderly Bill. In 1999 NCWNZ made a lengthy submission to the National Health Committee on the Draft Consultation Document: Health and Disability Services for Older People. In addition NCWNZ has made submissions many other related health, ageing and disability issues and on the Health and Disability Strategic Plan 2006 – 2010.

The response to this Discussion Document: Care and Support in the Community Setting, which follows using the recommended Feedback Form, has been prepared using feedback from some branch members and members of NOS, some individuals with experience of caring for relatives in the community, and from NCWNZ policy on care of the elderly and the disabled developed since 1994.

NCWNZ acknowledges the complexity of providing quality support services for the elderly and disabled in the community and thanks the Health Workforce Advisory Committee for this opportunity to comment on the proposed initiatives related to funding, recruitment, training and retention, assessment, quality and coordination. NCWNZ supports the general thrust of the recommendations.

Yours sincerely

Christine Low
**National President**

Frances Townsend
**Convener, Education Standing Committee**

Attached: Care and Support in the Community: Feedback Form

Health Workforce Advisory Committee

Komiti Taunaki Kaimahi Hauora

**Care and Support in the Community Setting**
Discussion Paper - June 2006

Feedback Form

The Health Workforce Advisory Committee welcomes your comment on the attached discussion paper. Once feedback has been collated and considered the paper will be updated and final recommendations made to the Minister.

**Please comment using the format below**

**Our Ref: NCWNZ S06.30**

**SECTION 1: BACKGROUND**
Does the overview in Section 1:

- accurately describe the policy environment for aged care and disability support services?
- provide a clear definition of the care and support workforce which is the focus of this project?

Please note any gaps or inaccuracies:

Yes. The policy environment is described in general terms which are clear and probably specific enough for purposes of overview. The problems occur at the ground level of implementation where the infinite variety of need operates.

No. Given the acknowledgement that the support workforce is a 'challenging workforce to define' (p.11), and the information provided about the different definitions used in the Quality and Safety Report and the by DHBNZ, the section on Care and Support in the Community Setting (p. 13), should have included a specific description or a comprehensive list of all those who would be included in the project. Unless the support workforce is able to be defined clearly, it is hard to see how issues related to it can be solved.

**SECTION 2: THE QUALITY AND SAFETY PROJECT**
Does this section accurately reflect the conclusions, and work undertaken as part of the Quality and Safety Project?

Insofar as the Quality and Safety Project conclusions appear to be based on detailed gathering of data on the supply of support workers, demographics, hours worked, employment agreements and retention, the answer to the question is yes. The conclusions on these factors appear to be rational and realistic.

The sections inadequately covered are the section on the scope of the needs of the aged and disabled, and the section on support worker training and preparation needs for specific areas. The Report findings acknowledged the tentative relationship between training and worker turn-over. More in-depth research should have been undertaken on the issue of retention. In the caring professions job satisfaction may be more important than salary, and qualifications do not necessarily provide the training or condition that is appropriate to a particular care situation. For example one respondent noted that the person who had turned up for home care of a paraplegic person had a bad back and was unable to help lift the patient. Furthermore this person initially had no knowledge of how to operate the hoist. Not all training may need to include hoist operation.

Respondents fully supported the 3 conclusions of the Quality and Safety Report. But some thought that there should be a fourth area of concern

iv. Meeting the emotional and support needs of home-based care workers, including family members.

The Report provided little information that appeared to originate from the home-based community care workers. It is very important to have mandatory training and a system of qualifications but what is done to support local clusters of care-givers emotionally as well as professionally? Care workers working in pairs might improve both job satisfaction, training and care if an experienced care giver and learner worked together.

**SECTION 3: PROGRESS SINCE THE QUALITY AND SAFETY PROJECT**

1. Has the analysis:
   - accurately described key initiatives since the Quality and Safety Project in both aged care (over 65s) *and* disability (under 65s) services?
   - identified the most significant gaps affecting the development of the disability support workforce?
   - adequately described changes the sector is seeking?

2. Does the analysis accurately reflect any differences between the specific service development needs of aged care providers vs disability (under 65) providers?

Please note any gaps or inaccuracies you think are missing in this section:

1. This seems clear. It is commendable that the improvement initiatives are based on pilot schemes and evaluation of the new approaches (ASPIRE). The comments above in section 2 relating to job satisfaction and the need for local support groups for care workers is relevant to this section.

It is to be hoped that work on the gap between current practice and the Standard continues apace so that valuable and limited resources of funds and expertise may be focused in the places where it is most needed (p. 29).

Overcoming barriers to training should include the use of electronic delivery of training. Training needs to be accessible. This would fit in with the Government's Digital Strategy and desire to see everyone computer literate. Local clustering of training would help here.

Respondents fully supported the proposed improvements in funding and hoped that alternative funding sources have been adequately explored – medical insurance companies, medical supplies companies, local bodies and anyone who benefits from having people cared for at home i.e. ageing in place. It was also hoped that the training and career pathways would not increase bureaucracy which would help to make even more smaller providers become non-viable. In addition, funding needs to be flexible and not be held up by lengthy delays. There are issues with NASC agencies, the gatekeepers of funding.

2. The section refers generally to aged and disability care but does not specify clearly the different needs of the aged and disabled, except for training. ASPIRE focuses on care of the elderly. A parallel research exercise on disability should be set up which would be separate from the pilot training implementation set up by the MOH and CSSITO and evaluate that work.

References to the disabled do not provide specific information for the assistance of different kinds of disability such as intellectual disability and long-term mental health problems.

**SECTION 4: RECOMMENDATIONS**

Do you support the priorities for investment in the aged care and disability support workforce presented in the draft recommendations?

Does the analysis accurately reflect the priorities both of aged care providers and disability (under 65) providers?

Are there other recommendations or amendments that you believe should be included?

Yes, respondents support all the recommendations especially the need for coordination of client provision, support worker development, on-going monitoring and support.

**If you are able, we would appreciate further information describing how a shift from a 'per hour, per client' purchase model to a 'packages of care' model could work in practice (ie. what concrete changes might result in how the disability support workforce is managed/deployed/paid) and potential positive/negative implications for your organisation:**

A package of care model should enable support workers to be covered for travel costs and time and would allow them to provide better, more useful service such as taking the client shopping, to appointments or to provide the kind of work which the client wants done when he or she wants it. Packages of care would be more flexible. It would allow for change-over care where one care worker was being replaced by a new person. Often this was mentioned as being very upsetting for the client.

Packages of care would also allow for the supervisor or mediator or coordinator to visit a new client with the needs assessor to help assess needs (often new clients are unsure of their needs) and talk about the facilities which are available.

Packages of care would also allow for monitoring of children and young persons who may outgrow wheelchairs etc. They may also cover the needs of family carers who may not be covered by the funding if a spouse is working.

**Please add any further comment you would like to make:**

The whole issue is indeed complex and it is not surprising that a document of this kind appears to brush the surface and to create a scenario where it would be very easy for major concerns to disappear into cracks. These concerns were raised by NCWNZ members.

1) Selection of support workers is critical. They need to be good speakers of English if they are going to work with mono-lingual elderly people, warm, caring people, willing to commit to ethical, honest service with vulnerable and often difficult clients. They need intelligence to detect client needs such as help for a bad cough, a rash, diarrhea, constipation and so on. They need to have energy and good housekeeping skills. They need to be willing and able to communicate with clients.
2) Family care-givers need to be supported and also trained if necessary. They should be aware of the all the facilities available to them in return for which they would be supervised for their quality of care. Coordination of support should include family care-givers so that they are brought into the loop and put in a position to share their knowledge and skills.
3) While record keeping and prudent administration is essential, assessment of needs should be timely with as little bureaucratic-created delay as possible.

National Council of Women of New Zealand

The Health Workforce Advisory Committee is very grateful for your feedback.
Please return comments to Delphina Gray at hwac@moh.govt.nz or

Health Workforce Advisory Committee
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**Feedback deadline: 25 July 2006**