May 2022

Same Same but Different

WORLD CAFE SUMMARY

Regional Reform Forum

Proudly brought to you by

Southern Fleurieu & KI Positive Ageing Taskforce

RIVERLAND MALLEE COORONG TASKFORCE

HPAP
Hills Positive Ageing Project
Adelaide Hills Council

SOUTHERN SERVICES REFORM GROUP

Acknowledgement of Country

We acknowledge the Kaurna people as the traditional custodians of the land we are meeting on. We also acknowledge the traditional custodians of all other areas represented by the Forum participants. We appreciate the strong connection and cultural relationship Aboriginal people have with their country. We pay our respects to Elders past, present and emerging.

We acknowledge that the spiritual connection and relationship with this land is as significant today as it has been for generations of Aboriginal people. Let us reflect on the privilege we have of being here in this place at this time; may we seek to understand the truth of the past and desire to promote reconciliation through developing meaningful relationships with First Nations people.

Thank you...

The Southern Services Reform Group, Southern Fleurieu and Kangaroo Island Positive Ageing Taskforce, Hills Positive Ageing Project and Riverland Mallee Coorong Taskforce extend their sincere appreciation to all participants for their valued input and contributions at the Forum.

The information collected from the Forum will be presented to the Department of Health for consideration as the new reforms unfold, and shared with relevant stakeholders to support initiatives to build local capacity of our regions.

Supported by the Australian Government Department of Health. Although funding for this project has been provided by the Australian Government, the material contained herein does not necessarily represent the views or policies of the Australian Government.

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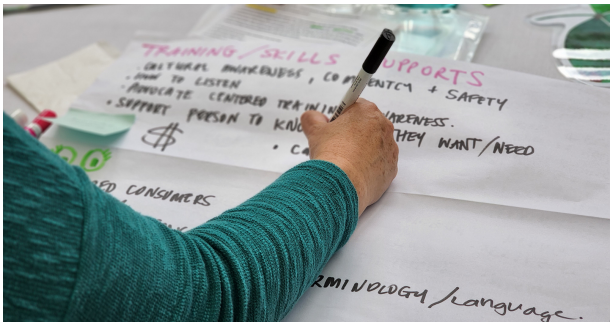
World Cafe

Composting ideas to fertilise and enrich home care.

Continuing with utilizing the metaphor of gardening and growth, the world café session was aptly titled *composting ideas to fertilize and enrich home care* with an objective to respond to identified topic areas relating to the new Support at Home Program. All participants had an opportunity to respond and contribute to the following areas:

- Funding Models
- Person-centered Approach
- Care Management
- Flexibility for providers and consumers
- New Assessment Tool & Classification
- Service List / Service Types
- Care Finders & Care Navigators
- Business Transformation

Visit the SSRG website for the Forum Summary Report.



Funding Models

The new Funding Model aims to support point-of-delivery payments for service providers, while reducing their reporting burden and enables greater transparency, reduce fees and administrative costs. Support at Home would bring all in-home aged care providers under one funding model. Building on changes already introduced to the CHSP and the HCP Programs, providers would be paid on a fee-for-service basis and payments made based on agreed prices on the service list, once services specified have been delivered. A Point of Delivery Payment Platform is being developed to enable payments in real time. The platform would also be used to capture information automating reporting on service provision. Participants responded to how the proposed new funding model would affect their organisations, including what changes, resources or supports would be needed and any potential impacts which may arise from the new Program. Participants were also tasked to respond with what would they like to see going forward.

- Requires a level of digital literacy
- New funding and quality agency need to be aligned; how?
- Audit and funding match
- Workforce
- Planning – new programs
- Cash-flows
- New social programs / groups
- Small program – how do you cope with IT
- Accumulate funds – no IT, how do they apply
- Education and training on how to admin
- Payment in arrears will mean difficulty recruiting staff
- Requires digital literacy
- Ageing population don't trust online payments
- How are customers given support to budget for their services? What fee free services are available?
- Loss of quality care and wellness and reablement approach
- What will happen when client cancels last minute?
- Monitor funds after delivery services
- Staff retention when funding not guaranteed
- It platforms not suitable for cohort
- Who regulates the industry, client care?
- Open for client abuse
- For staff planning payment in arrears is difficult to plan ahead
- Funding needs to be more transparent and ongoing for providers
- Local Government may not be able to work in competitive space
- Payment per person per activity may not be possible for Social Support Group
- Dispersal of funding between providers could be very challenging for providers
- Local Government may not decide to continue
- Many older people are not always IT literate

Funding Models (cont'd)

- Appropriate funding for care co-ordination
- Diversity of costs re: transport. How are we funded for this?
- Social Group/Individual payment BULK??
- There are currently many more assessment / referrals than we are funded for. Will the funding for assessment be re-calculated in the SAHP and single assessment model?
- Won't cope with IT
- Potential workforce leaving
- Retention in workers – uncertainty
- Administrative burden
- Staff loss – jobs uncertainty – skill loss
- Monthly DEX upload allows better insight
- Majority affected 'implemented' Is there any discussion/negotiation?
- Flex limited – can't operate day to day; flexibility; life happens
- Concerns as a carer/relative - complexity
- All affected: concerns – workforce planning; budgeting; admin; drives 'NOT' person centred
- Other things (hidden) like language 'extras'
- Block funding for social support
- More information please!
- All affected: no clarity business modelling; prices could still change
- Would like to see information, evidence
- Impacts: sector disruption; workforce – no guarantees; skills may not be on staff
- Based on UK model which is not working.. WHY?
- Small service providers – could phased out
- Old people have to pay – why not others
- Rural considerations / scaling
- Cost to providers not factored in
- Need (based on evidence) National Fee Structure
- Transparency please!!
- Consideration of some services having bulk funding
- Competitive market – limited collaboration
- Working in isolation. IT training
- Challenging for having multiple providers delivering services.
- What will happen if client needs more support and utilises all funding used?
- Current model takes too much money out of service delivery. Needs to be more consistency with client contribution
- Social support and transport should be bulk funded. Should sit outside 'package'
- How will HCP customers (now) be advised about the client contribution?
- How do we 'pay' for supporting functions? (ie customer service, accounts, scheduling?)

Person-centered Approach

Participants were tasked to consider the person as an individual within a social network – where experiences, preferences values and needs are taken into account in planning and delivery of services. Responses considered how a person-centred approach could be successfully embedded into planning and service delivery, what that might look like and what types of training, skills and supports would be required to implement this approach.

How to embed

- Who is the individual
- Cultural being – context
- Consistency in contact
- Education
- Work at 'their' level of understanding
- NOT homogeneous group
- Language support
- Diversity in diversity
- Person is person not number
- Identify who are we embedding to/with
- Engage first – from beginning
- Advocate/persons of choice rep
- Federal advertising for service providers to eliminate confused consumers
- Long term contracts for staff retention and funding for training'

Benefits

- Equitable service
- Unique identity
- Workforce satisfaction
- Active
- Quality
- Resources
- Open market
- Offer best of best
- Staff with decent wages
- Now to consumer directed

Risks

- Framework and systems need to adapt to support the approach
- Assessment process will need to get this not providers
- Miscommunication
- Loneliness
- Getting it wrong
- Passive role

Person-centered Approach (cont'd)

- Open market sox
- Resources
- No case management
- Being a number
- Dehumanising
- How do you know if quality
- Conflict within family
- Qualified workforce

Training/skills supports

- Easy access to assistive technology
- Through their eyes – training for older people
- Dedicated staffing
- Cultural approach – language from all areas ie. From Dept down need to speak about 'consumers' in a different way
- Cultural awareness, competency and safety
- How to listen
- On job training
- Advocate centred training and awareness
- Support person to know what they want/need
- Case management
- Computer skills
- Self reflection
- Empowered consumers
- Flexibility
- Respond to persons choice
- Time – hear
- Using normal, ordinary, typical terminology/language
- Location
- Strong person agency and advocacy
- Preceptorship
- Values based
- Mentoring
- Ageism
- Knowing how to keep person centre
- Coaching
- See 'sandwich' gen their carer role
- respected

Care Management

In the Support at Home Program, care management would be included as a service type. Care Management would be offered to senior Australians who have a more complex mix of services and need oversight and coordination of their care. Funding for care management would be restricted, so that people are not able to swap their care management for any other service type.
Under the new program, clients will be able to self-manage their care and even use multiple service providers if they wish. Self-management will be enabled by a new payments platform that will allow consumers and providers to view the person's entitlements and book and pay for services at the point of entry. The Department of Health will be undertaking further consultation with stakeholders.

- How do we support people constantly exceeding Care Management hours with no approval?
- Support case management as service type is a good idea but all clients should have management
- If the care manager is separate to service where does the responsibility lie?
- Who has responsibility / duty of care when no care management
- How will the customer qualify for care management? What will the criteria be?
- Individual needs to be made aware of what care management is and how it can be beneficial
- Multiple service providers; who has responsibility for clinical care?
- How do you support more complex needs in CALD communities?
- What is the duty of care of the care manager even if they have 1 hr/month?
- Create more gaps?
- Everyone needs care management – at least a little
- Care managers need extensive training
- Issues with memory loss; will the cost impact on the client services can be confusing
- Most older people don't want to self-manage and are not capable due to health issues, cognition and navigating the system
- Quality control if client self manages
- Really, really concerned that there won't be enough care management hours assessed
- Everyone should have care manager
- If as a provider, we are providing case management; can we insist on our own PC staff?
- Conflict of interest – care vs service provider
- Confidentiality with other service providers
- Where does the responsibility lie?
- Accountability – who is responsible
- Any provider has a component of care management. Who takes responsibility? We need a forum just on these topics
- How does a self-funded manage multiple services?
- Workflow

Care Management (cont'd)

- How will management level be reviewed?
- Care management should be for all clients not just complex care
- Self-management of services cant be regulated – who assumes the risk, oversight of quality, multiple providers, delivery the same service
- Care management could be allocated care management in some circumstances
- Challenge of people being able to identify that they need care management
- How do we manage communication between case manager and service provider?

Considerations

- Does the client have capacity
- For some this will give more choice and flexibility
- Need to make sure there is access to providers
- Building relationship with care managers and how long this takes
- Evolving needs of the clients
- Can be confusing – consumer choice
- Inter-organisational collaboration – may provide more options under care management
- Stability – understand what is in the community
- Cultural considerations
- How to make informed decisions
- Client well informed
- Access to care
- Integrity and transparency of care manager fundamental – how do we know?
- Discipline for providers that coach manipulate consumers
- What happens when someone exceeds their care
- Who would pay for the extra?
- $ for care management will this be adequate
- Definition of care management
- Client needs to define this
- Identifying who can self manage
- Clients should be able to design how much are management they need
- Ability to care mange may adapt over time
- So needs to be easy to access when things change
- Capacity in the network/family
- Needs to be easy complex – challenge if self managed
- Ask right questions – what someone needs and how to identify this
- Clients may under estimate the role and complexity of case management .. family members (circle of support) may not be available
- Confusion of management (client capacity to do it)
- What happens if person exceeds allocation?
- Unfunded support care management must not happen

Flexibility for Providers & Consumers

Participants responded to key elements of the new assessment model, support plans including specification of services, service delivery and the minor and major changes anticipated relating to providers and consumers. Considerations included what flexibility components would be required and if it could be achievable, what types of opportunities would emerge and what would providers like to see going forward.

Flexibility for providers – is it achievable?

- Used by all size organisations
- Skilled staff required
- Clear communication lines
- Case management model requires flexibility
- Flexibility of the RAS assessor who creates a 'prescription'
- Consistent and standardised cancellation fees and contribution fees across all organisations
- Some of our services such as Annual Reviews – how funded?
- Flexibility to replace respite and social support and personal care – need to be able
- Care coordination may not be adequately assessed for
- Little flexibility around funding – how do we fund changes?
- Yes but not under current model – they must SIMPLIFY the system
- Currently we are with 100% flexibility between service types. Also block funding allows flexibility for client need
- Currently model doesn't allow flexibility – who will case manage if multiple providers? Safety issues
- Flexibility for providers – possible. Challenge of who takes responsibility for coordination. Improved IT for My Aged Care
- Decent support coordination – IT improvement – retrospective funding
- Little flexiblity in proposed model – time frames in 're-assessing' or effectiveness of care manager
- Need to improve IT systems – 1 assessment only should mean client is assessed once
- Over exceed outputs can we receive extra money
- Reduce the need for re-assessments when service requirements increase ie post hospital
- Individual funding does not allow flexibility
- Coordination and case management in future proposed system does not promote the individual
- Hybrid model required for specialist services
- Organisations capability to be responsive with flexibility – wait time etc

Themes

- Who sets the parameters of – both parties have to know about services and access
- Need for flexibility collaboration with other providers

Flexibility for Providers... (cont'd)

Responses

- Problem with flexibility is that each person / agency has different ideas of the parameters of flexibility. - Define it
- Social support is as important as personal care and wellbeing and mental health
- Flexibility to create a united non-competitive service provider model
- One off services don't need all assessments and support plan – flexibility to add/subtract
- Clients need option to change service types during a service and not be locked in
- Financial – government funding pick up portion – gap covered by private extras cover or vice versa
- Long term contracts for staff retention and review National Awards
- Flexibility to deliver real time services to answer immediate need
- Flexibility for National Pricing Scale for Rural and Remote locations
- Access to information to maintain independence / improve independence prior to needing services
- Who does the flexibility sit with?
- Staff mindset – change to 'how can I help' rather than 'we don't provide that'
- Flexibility – social support groups: clients can have as much as they need rather than a prescribed (low) amount
- Block funding would provide flexibility
- Flexible service delivery models - 'not set in stone' 'just because we have always done it this way'
- Use referrals for different services – not locked in
- Flexible staffing levels – will this mean increased casual pools?
- Changing views on what's been in place for many year – supporting staff in change
- For the gardener to be able to do the gutters instead
- Flexibility – culturally appropriate care and flexibility in providing – budget flexibility depending on service need – flexibility in trying new models based on client feedback
- Culturally inclusive assessment and care where language support is adequately funded
- Affordable services for low income older people – eg those on a single pension
- More streamlined assessment where triage occurs once not multiple times
- Specialist support for complex issues eg. Hoarding
- Needs flexibility service types
- Transferrable workforce skills
- Maintain integrity as a social model
- Cultural appropriate awareness competencies and safety for both consumers and workforce
- Flexibility should be holistic for both consumer and providers: assessment; access and knowledge; IT requirements assumptions
- Flexible use of technology and types of volunteers for service delivery and assessment
- When are services offered ic. 9-5 Monday to Friday or after 5, weekends
- Flexibility – admin support; engaging with other providers
- Not boxes of services but a box that can be dipped into to meet the individuals needs

Flexibility for Providers... (cont'd)

- Care management needs to be pivotal to divide the client funds to goals / choices
- Ability to move in and out of services easily SP to ensure eligibility to do this easily
- Payment platforms – service management support with this – IT for client
- Flexibility for the consumer to go from one provider to the next
- Service delivery – groups, social connections – no flexibility
- Flexibility – brokerage agreements with other providers is not flexible enough to assist other organisations 'collaborations'
- There's no flexibility in a transactional system based on the NDIS
- Relationships is the key
- Up to staff but not set up

New Assessment Tool & Classification

A new integrated assessment tool will be introduced in July 2023 and will focus on independence and will provide better guidance and support that aims to delay functional decline. There will be four levels of assessment with each level that builds on the previous to guide assignment of the most appropriate level. A classification framework is being developed with ongoing development during the Living Lab trial. Participants had an opportunity to respond with what would be potential impacts and benefits, what would be key considerations and concerns and what they would like to see in the Assessment model.

- Must be single assessment
- Appropriate qualifications
- Person centered
- Transparency
- Well resourced
- Process services individual needs
- Clear language / communication
- Change of circumstance review
- Skills of the carer
- Skilled workforce in place
- Appropriate time for assessment
- Less paperwork and red tape
- Real time flexibility
- Inclusive of all
- Face to face
- All services are represented equally
- Holistic wellbeing focus
- Not complicated! Not in age care 'speak'
- Quality and caliber of assessors; adequate time to assess / build rapport
- Consideration of complex clients needs
- Local!
- Real life issues not just health issues
- Listen not tell
- Non specialist assessment not aware of 'specialist' needs
- A significant amount of responsibility sits on this assessment
- Screening might not pick up high level needs
- All the power sits with a RAS assessor who may not be well educated
- This is all guess work as we are being drip fed information about this. Not enough information yet to comment well on
- We don't' want highly qualified staff just assessing low level needs
- 'independence' is another word for Governments saving money
- RAS become one gatekeeper – shouldn't because depth of knowledge
- The addition of entry level to packages – you will be institutionalised people: all assessments are as good as the knowledge of the individual (gaps)

New Assessment Tool... (cont'd)

- Interpretation of assessments – clear training
- Assessors need to be suitably qualified. Assessment workforce needs to be adequately resourced! Needs to be flexible
- Assessments need to consider people's 'bad' days. Risk of being assessed on good days and not then receiving adequate services
- More consistency between assessors – better trained assessors, more holistic assessments, assessment piloted consultations with professionals and consumers
- Short term planning changes
- Re-assessment process – how can this happen? Can clients go down in services if they improve?
- Consistent assessment tool. Consistent assessment. Flexibility ongoing assessment
- Ability to request review with a different assessor without prior knowledge of previous assessment when not agreed to.
- Assessors need to be highly trained. What is the trigger for a higher assessment? Is it a flexible approach or rigid?
- Users involved in development of the assessment tool
- How can a $$ amount be allocated for home mods if the assessor is not an OT and the need is not clear?
- Waiting times moving between levels. What are they? Who triggers assessment?
- Customers don't wish to be classified
- ? low 1-2 services. Are social needs included in this?
- Consistent assessment tool is a win
- Accessibility of the assessment and time frame to access a new assessment – transport needs quick turn around time
- One assessment is a good idea but get rid of levels to make it truly 'person centred'
- Consistent application of the tool
- Current assessors are anxious re future. How will they cover all needs?
- The re-assessment process for those currently in the system will take longer than there will be time for staff available for
- Changes in individual needs can change daily – how does assessment occur – timeliness of assessment
- Training for level of assessment?? Lot of work for one assessment
- Appropriate funding to match assessment numbers due to increasing demand
- Flexibility of re-assessment / re-classification if/when circumstances change
- Single assessment process is a positive
- The reaction time of people needs changing

Service List / Service Types

Service Lists would provide greater clarity to consumers and providers and would be provided at a Commonwealth subsidized cost. Under a fee-for-service funding model, a price schedule would be developed which would determine the price for each service type in the service list. Services on the service list would be grouped into Service Categories. Participants responded with how the service list / service types would change / benefit the sector and how this could grow/expand/diversify their organisations. Consideration was given regarding potential implications to organisational structures and what organisations would like to see going forward.

- Don't know what service types / list we can take / opt out / opt into
- Different for each catchment area – localised
- Maintain 100% flexibility to meet person centred needs
- Flexibility to combine services – SSI, SSG, Transport, Meals
- Commercial / social enterprise to expand services to create viability / sustainability
- Tools and aids to maintain independence for as long as possible
- Welfare checks / telephone calls doesn't have a home
- Language and cultural support and advocacy – separate category
- Home-based IT services
- Equal weighting of social support group and individual – granted as much importance as other service types

Care Finders & Care Navigators

The Royal Commission Recommendation 29, recommended from July 2023 the Australian Government should fund the engagement of a workforce of personal advisors to older people, their families and carers. This function would assist older people seeking aged care services with information about the aged care system and case management services. Care finders will be employees of the State Governor, a State or Territory or a local government body, who are qualified in aged care, health care or social work. Care navigator trials have been implemented across Australia. Participants were tasked with responding to who would be best placed to deliver these services and how to ensure senior Australians have access to these services. Consideration also on how and who would promote and support this and what would be the anticipated impacts and outcomes.

- The requirement needs to be resourced properly – demand exceeds supply
- Transparency and independency for care finders
- Aid access and reduce wait times for services
- Education about the role and services they provide
- Independent State or Local Government organisations
- Too much 'skill' required for one person across all complex needs
- Access; needs to be free
- Certificate 4 for Care Finders and Care Navigators to be employed in that role (TAFE)
- Face to face COVID
- Care finders need to know a huge amount about a lot of different topics eg housing, mental health etc
- Local Government is best placed to do the care finder
- Loss of case managers for providers
- The system needs to be much simpler than it is. How will it be resourced for face to face?
- Great concept will be great to reach individuals. Past ACAT assessors will be good
- If the system was simple you wouldn't need navigators
- Regulated qualification
- Safeguard of care finders to promote to organisation they are affiliated with
- Workforce
- How does the Department propose to find the workforce in addition to: support workers, assessors, navigators?
- There needs to be independence
- How will the navigator be funded? How will a face to face system of consistent quality information be monitored?
- Care finders should be a face to face service – accessible to all
- Service should be local and face to face and impartial
- Yes- sounds great! Should be Local Government as they are local
- Digital kiosk support at Local Government
- Care navigators may help with digital access, myGov, My Aged Care
- OPAN could provide manager or undertake the program with Govt funding and qualifications in aged care

Care Finders... (cont'd)

- Will there be services available to link into?
- Face to face will there be enough time?
- Face to face is key
- Care Finder should be in all Local Government – local knowledge important
- Care Finders are key to supporting people to access the correct information
- Waiting list
- How do people find them? Who pays? Or will there be a fee??
- Care Finders need to be well educated to understand all the vast array of services – quality information
- The support is only as good as the knowledge the navigator has
- A simpler system will ensure no-one falls through the gap and will not need navigators or care finders except in exceptional circumstances
- Councils are best placed because they are often first point of contact for the community
- My aged care portal access
- Care finders – why does case coordination need to be a service type?
- Care navigators – need to simplify system, need large workforce
- Great concept; cost of the workforce required needs to be considered, ensure funding for other aged care services are not robbed.

Who is best to deliver?

- LGA
- Trusted sources of information
- Organisation with good governance and guidance
- Independent from sector and service provision
- Not health focussed
- Separate from brokerage
- Advocacy agency
- Independent
- Build on existing foundation
- Culturally appropriate
- 'Live Up'

Ensure access

- Federal promotion
- Local and general
- Simple transparency
- Communication engagement
- Forums
- Use expertise of connected organisations
- Mobile
- Multiple sites
- For diversity – homeless; veterans; care leavers; CALD; ATSI; culture
- Effective promotion strategy across nation

Care Finders... (cont'd)

Promotion and Support

- Inform and educate
- ACAT & RAS
- Beyond My Aged Care
- Simple advertising
- Collaboration
- Inform with rates notices

Anticipated impacts/outcomes

- Help to get what they need
- Walk along side person
- Met people where they are
- Concierge
- People slip thru the gaps
- Not great data collection – then share
- Assertive outreach
- Face to face
- Proactive
- Walk beside the whole way through
- Choices
- Detailed gap analysis
- Consumer and provider assessment
- 'Don't throw baby out with bathwater'
  - COTA SA
  - EnCOMPASS
- Needs analysis of projected outcome

Business Transformation

With the proposed new Support at Home Program, aged care service providers will need to consider streamline processes to gather and record information, review financial planning and budgeting, anticipate an increase in reporting and data literacy within their organization. Workforce, workforce culture, and organizational planning and potential opportunities for partnerships between service providers will also need to be considered. Participants were asked to consider if they had capacity to implement business transformation requirements to meet the new Support at Home Program. Where would they go for support, information and help, what were the possible implications for organisations in the transitioning and navigation of future reforms.

- Business cost for auditing (is it against each category?)
- Hard to do without the detail to make decision – pricing structures
- Where is client data kept so this is shared as people move to different providers?
- Confidentiality – how does this look
- Importance of collecting same information sharing – not all separate data systems pay for amount you use
- Transition time
- Transition funding
- Model – Better testing before rolled out – testing gives ability to see what works
- Time and resources
- People and culture – HR teams need to make sure they are involved – volunteer systems
- Change management – training
- Training – competence of staff – support to implement
- Coordinated business change
- Not losing skill sets
- Tender for business working across all areas to know what's involved
- Buy in from management teams
- Supports for those that have this as only part of their business and not lose them
- Recording all the right data
- Who over arches seeing this change?
- Are there conflicts of interest – structure of organisation
- Centralised data base is good but how current is it? Who manages it?
- Easier guidelines and flexibility to collaborate
- More information on what it will look like
- IT issues – need to talk to each other simplified budget statements for clients
- Concerns about the time it will take for IT vendors to reconfigure their systems
- Organisation is so big that departments can't talk to coal face
- Lack of information creates fear – will staff leave?
- Buy in from Local Government, Senior Management and Council
- Buy in from Senior Management and Local Government
- The local site will get the queries but Department not co-created
- Skilled staff – increase in admin
- Time for transition? From once information received. Sufficient time for planning restructures

Business Transformation (cont'd)

- Time frame too short!
- Make sure experienced assessors are not in transition to single assessment services
- Assessors currently build on screening information from My Aged Care, previous assessments, existing services and plan information already in My Aged Care and value our skills
- Opportunities – need more training for workforce, business has to absorb
- Need impartial person to navigate – then representative: may have to 'partition' business to be within standards
- More reporting.. EEK!
- Royal Commission said block funding. Why aren't we doing this?
- Don't know what we don't know
- Worries about smaller organisations / providers
- How does this dovetail with 'care finder'?
- Time to build relationships
- Impacts: cancellations – workforce; planning/reacting at the moment
- For help: ACSA (maybe) others??
- Government help too late
- Can fit but how is it funded?
- Expansion problems when future unknown. The cycle of business transformation issues
- HELP: Collaborative Projects, regional networks, ??
- Yes, but need more information and adequate INFORMATION!
- Review of funding awards and recognition of qualified staff and volunteers
- Block funding for critical needs, social workers and hoarding support and assistance
- Collaboration of service provides
- Flexible model for rural and remote providers. Additional funding scaled to meet demand, sustainability and viability
- Help: networks, COTA, PHN Aged Care group
- Need long term contracts for effective / efficient planning
- Funding to support staff to meet compliance our resources are at capacity
- If approved by managers, CEO, Elected members
- Understanding the impact of our open market and our viability
- Suggestion: a collective of best practice, user friendly, business friendly, client friendly

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