

SUBMISSION
SENATE COMMUNITY AFFAIRS REFERENCE COMMITTEE.

ORGANISATION: Nambucca Valley Community Services Council Inc
ADDRESS: 23 Wallace St
MACKSVILLE NSW 2447
TELEPHONE: 0265682522
FAX: 0265683113
CONTACT PERSON: Glenys Munro
EMAIL: glenys@nvcsc.org
TITLE: General Manager

The Nambucca Valley Community Services Council Inc is a not for profit community organisation with a thirty year history. Funds are received under the HACC program to provide meals on wheels and Neighbour Aid. In addition the organisation has received funding for CACP and EACH for Indigenous people as a result of a request by the Aboriginal community for a mainstream organisation to manage. Other programs managed include Men's Shed, Veteran Home Care, Families First, Assistance with Care and Housing for the Aged.

I have been working for the organisation for 15 years; therefore have been involved in the HACC services for this time. HACC was originally funded as a preventative measure for institutional care. In 1988 referrals received were relating to improving quality of life and clients were therefore I believe the TRUE HACC client, i.e. someone who needed basic assistance at home. Over the period of time since 1988 the nature of the referrals are far more complex – to the point they are no longer HACC. Other services have also been funded since 1988 such as Community Options and CACP's and EACH. In the Nambucca Valley however mainstream services are funded through the major centres such as Coffs Harbour and by the time they reach the Nambucca Valley (being the furthest south) they are full. What happens? I will tell you. A great invention of ADD was the service called Neighbour Aid, a very broadly defined service using volunteers therefore funded very poorly. So, a client is referred by ACAT to Home Care- no longer taking on clients. Community Options? Full, Packages – sorry full. We will refer to Neighbour Aid. They will do it. An example of this is a very recent referral for a couple with Dementia. Husband has been in hospital and sent home. ACTIP nurse going in daily negotiates with ACAT to try and assist these people. Electricity and telephone being disconnected so can Neighbour Aid just assist these people to pay the bills. Sounds simple. Worker is sent to assist. House is in complete disarray. Husband cannot find pants, and takes half an hour to have the worker elude him to the fact he has his hand on them. Wallet is in his hand while he takes fifteen minutes to find wallet. No food, clutter everywhere and these people are on a waiting list for an EACH package. This is an urgent situation beyond any community service, however with waiting lists for all services as well as residential care, these people will bounce back and forward into hospital until care is available.

The HACC program and the transition from hospital arrangements will be effective if:

- A) Planning for rounds is done from the ground up as opposed to Population group planning.
- B) Councils, Government Departments and the community organisations can work together with a funded Social Planner to ensure all future developments are included in the HACC planning process. An example of this is a Housing Department relocation process occurred in the Nambucca Valley with the construction of 80 retirement units. Aged people were relocated from Sydney and no service money was brought with them. This is also accentuated by the fact that private developers also have built large aged retirement developments with little consultation and not in the planning processes. The Nambucca Valley Community Services Council Inc services 60% of these people with no additional funding.
- C) Services are funded adequately and fairly. An example of this is Nambucca Valley Neighbour Aid service was funded at \$6500 and in 2004 received an additional \$15000 recurrent. You have to be kidding.
- D) Aging volunteers is reducing the numbers of volunteers recruited and maintained to deliver service. This will pose a huge problem for such services as meals on wheels and needs to be considered.

Finally, the concept of the HACC program is excellent to keep people at home, particularly with the CACP's and EACH now rolling out. However there now needs to be developed a program to replace the original preventative model and one that looks at positive methods of keeping people healthy, alert and active in order to reduce the numbers of people presenting to services at crisis level.