

Care Finder Program

**OUTCOMES FROM SUPPLEMENTARY NEEDS
ASSESSMENT ACTIVITIES**



Hunter New England and Central Coast (HNECC) PHN acknowledges the traditional custodians of the lands we walk, live and work upon, and respect First Nations continuing culture and the contribution they make to the life of this vast region.

Aboriginal Nations within our region include: Anaiwan and Nganyaywana; Awabakal; Biripi; Darkinjung; Dunghutti; Geawegal; Kamilaroi; Kuring-gai; Ngarabal; Wonnaru; Worimi.



**FIRST NATIONS
HEALTH**

ABBREVIATIONS

ACH	Assistance with Care and Housing
CALD	Culturally and Linguistically Diverse
COTA	Council on the Aging
CF#	Care Finder Identified Need
DOHAC	Department of Health and Aged Care
HNECC	Hunter New England Central Coast
LGAs	Hunter New England Central Coast
PHN	Primary Health Network

GLOSSARY OF TERMS

ACH Program	The Assistance with Care and Housing program has been funded by the Department of Health and Aged Care. It was established to assist individuals aged 50 who are on a low income and are homeless or at risk of homelessness to find affordable housing and provide referrals to health and social services. This program will cease on 31 December 2022, with providers being transitioned to the care finder program (with the exception of hoarding and squalor services).
Care finder Target Population	<p>The care finder target population consists of people who are eligible for aged care services and have one or more reasons for requiring intensive support to:</p> <ul style="list-style-type: none"> - Interact with My Aged Care (either through the website, contact centre or face-to-face in Services Australia service centres) and access aged care services and/or - Access other relevant supports in the community. <p>Reasons for requiring intensive support may include:</p> <ul style="list-style-type: none"> - Isolation or no support person (e.g. carer, family or representative) who they are comfortable to act on their behalf and/or who is willing and able to support them to access aged care services via My Aged Care - Communication barriers, including limited literacy skills - Difficulty processing information to make decisions - Resistance to engage with aged care for any reason and their safety is at immediate risk or they may end up in a crisis situation within (approximately) the next year - Past experiences that mean they are hesitant to engage with aged care, institutions or government.
Clinical Councils	Clinical Councils are GP-led and include members from other primary health care professions who assist us to develop local strategies to improve the operation of the health care system for patients. The role of the Clinical Councils is to provide the Board of the Primary Health Network with locally relevant perspectives on clinical issues that impact on the unique needs of our local communities.
Community Advisory Committees	The Community Advisory Committees are made up of members with active community networks who can provide the advice, feedback, community perspective and context which helps to shape our funding of programs and services.
COTA	COTA is an advocacy organisation which lobbies for action at a national level on issues affecting seniors. COTA is an abbreviation of their original name, 'Council on the Ageing'.
GEN Aged Care	GEN is a comprehensive "one-stop shop" for data and information about aged care services in Australia. It reports on capacity and activity in the aged care system focusing on the people, their care assessments and the services they use. GEN gives access to the data and information from the National Aged Care Data Clearinghouse (NACDC) which is managed by the Australian Institute of Health and Welfare (AIHW).
Procurement Design Committee	Representatives from HNECC Clinical Councils and Community Advisory Committees who provide input on the commission process.

CARE FINDER PROGRAM

PHNs have been tasked with establishing and maintaining a network of care finders to provide specialist and intensive assistance to help people within the care finder target population understand and access aged care and connect with other relevant supports in the community. PHNs are required to commission care finder services based on local needs in relation to care finder support.

The aged care system is complex, and some people find it more difficult than others to navigate and access the services they need. While My Aged Care is the

single-entry point for people to find out about and access aged care services, there have been long-standing calls for more localised and face-to-face support to help people to navigate and access aged care.

The Royal Commission into Aged Care Quality and Safety (Royal Commission) heard throughout its inquiry that aged care needs to have a much greater face-to-face presence. It recommended a workforce of care finders be funded to provide face-to-face support to help people navigate and access aged care.

BACKGROUND TO THE SUPPLEMENTARY NEEDS ASSESSMENT

Prior to the initial commissioning of care finder services, the PHN has undertaken additional activities, to supplement its existing Needs Assessment, to identify local needs in relation to care finder support.

These additional activities will contribute to the evidence base for the PHN's initial commissioning approach to care finder services and will therefore determine the services that the PHN will commission alongside the existing Assistance with Care and Housing (ACH) providers who are being offered a contract as care finders.



CARE FINDER SUPPLEMENTARY NEEDS ASSESSMENT OUTCOMES

A snapshot of the outcomes identified during supplementary needs assessment activities is outlined below.

IDENTIFIED NEED	KEY ISSUE	EVIDENCE
<p>A 'conscientious carer' workforce is needed to support the care finder target population.</p> <p>CF 1</p>	<p>To develop trust and rapport, allow for self-determination and individual choice, to assist in the navigation of a very complex system and work alongside an often proud, stoic and private group of people, the care finder workforce needs to have a specific set of skills to fulfill the requirements of the program. They need to operate from a place of cultural safety, be trauma-informed, be invested in the individual, be aware of physical and cognitive challenges and be well connected within their community. The conscientious carer is a worker who is wants the best outcome for the individual similar to the intent of a partner, a child, a dear friend.</p>	<ul style="list-style-type: none"> - Stakeholder consultation: Procurement Design Committee, HNECC Healing Forums - Royal Commission Submissions re supporting First Nations and CALD communities - Care finder guidance - Findings from COTA navigation trial
<p>Care finders need to be place based and provide a localised response.</p> <p>CF 2</p>	<p>To reach the target population, care finders need to have an existing presence and established relationships within the community. The organisation needs to have developed trust and rapport with community intermediaries and be aware of the strengths, diversity and historical context in which they operate.</p> <p>The distances involved in the regional parts of the PHN, the assertive outreach and the face-to-face component will make the care finder program expensive. It is recognised however that travel to services, trust in providers and knowledge of local systems and services assist in accessibility and uptake of services.</p>	<ul style="list-style-type: none"> - Stakeholder consultation: Procurement Design Committee, Clinical Council and Community Advisory Council feedback - HNECC 2022-2025 Needs Assessment - Royal Commission Submissions re supporting First Nations and CALD communities

IDENTIFIED NEED	KEY ISSUE	EVIDENCE
<p>Socioeconomic disadvantage and care finder target population spread across the entire PHN.</p> <p>CF 3</p>	<p>Socioeconomic disadvantage is correlated with poor health, higher incidence of risky health behaviours and reduced access to health services. In 2016, all LGAs including the HNECC PHN region (976) are socioeconomically disadvantaged relative to Australia (1000) and NSW (1002). This ranges from Tenterfield (910), the most relative disadvantaged, to Lake Macquarie (995) and Newcastle (995), equally the least relative disadvantaged.</p> <p>Some sub-population groups experience greater socioeconomic disadvantage than the general population. Aboriginal and Torres Strait Islander people consistently experience greater socioeconomic disadvantage relative to the SEIFA score for the area in which they reside, the Indigenous Relative Socioeconomic Outcomes index is the preferred method of examining socioeconomic disadvantage amongst this population. Indigenous Areas with the most relative disadvantage on this index in the region, and more disadvantaged than the NSW average (36), are Moree Plains (81), Tenterfield-Jubullum Village (77), Moree (76), Guyra-Tingha (75), Inverell-Gwydir (70), Taree (69), Armidale (66), Narrabri (61), Great Lakes (59), Glen Innes (58), Muswellbrook (55), Liverpool Plains (48), Uralla-Walcha (47), Gunnedah (43), Tamworth (43), Gloucester-Dungog (42) and Cessnock (39). A similar trend was observed in 2011, with all Indigenous areas within the HNECC PHN region are more disadvantaged than the NSW average apart from Muswellbrook.</p> <p>The situation and needs of older culturally and linguistically diverse (CALD) Australians vary greatly. However, in general, older people from CALD backgrounds have poorer socioeconomic status, compared with the older Anglo-Australian population.</p>	<ul style="list-style-type: none"> - Needs index score - HNECC 2022-2025 Needs Assessment - GEN Aged Care - gen-agedcaredata.gov.au

IDENTIFIED NEED	KEY ISSUE	EVIDENCE
<p>Aged Care Support and navigation services vary in distribution and capacity across the region</p> <p>CF 4</p>	<p>Not all areas of the PHN are serviced equally. There are significantly more services available in coastal areas and larger regional centres with very few available in the smaller rural towns.</p> <p>Workforce capacity and the ability to attract and retain skilled and suitably qualified staff in aged care (due to wages, ageing workforce, and lack of understanding or expertise in the existing workforce) are challenges in achieving better outcomes in aged care.</p> <p>There are very few aged care navigation trial organisations across the PHN and those with broad navigation functions are phone-based organisation operating out of Sydney or Newcastle. If support is being provided it is inconsistent across the district.</p> <p>There is concern that care finder may not be able to match the expectation potentially creating “navigation to nowhere”.</p>	<ul style="list-style-type: none"> - Service mapping - Stakeholder consultation: Procurement Design Committee, Clinical Council and Community Advisory Council feedback - HNECC 2022-2025 Needs Assessment
<p>Successful transition of ACH providers to support homeless sub-group of target population</p> <p>CF 5</p>	<p>Individuals experiencing or at risk of homelessness are a priority population group for the PHN.</p> <p>LGAs with the highest number of homeless people included Central Coast, Newcastle, Lake Macquarie, Armidale Regional and Mid-Coast.</p> <p>There are areas of the PHN which have multiple ACH providers in operation and other clusters which have none. New care finder commissioned via the tender process will augment these existing supports</p>	<ul style="list-style-type: none"> - Consultations with ACH providers - HNECC 2022-2025 Needs Assessment
<p>Provision of supports and choice for First Nations People</p> <p>CF 6</p>	<p>Care finder needs to provide services which are trauma-informed, culturally safe, respected and known within the Aboriginal community.</p> <p>To supplement the Trusted Indigenous Facilitators program and offer choice to individuals, care finders to support First Nations community is a significant need.</p>	<ul style="list-style-type: none"> - HNECC 2022-2025 Needs Assessment - <i>Royal Commission Submissions</i> - Stakeholder consultation: Procurement Design Committee

IDENTIFIED NEED	KEY ISSUE	EVIDENCE
<p>Cognitive decline / conditions not as well understood in assessment and care system as physical decline / conditions, including limited capacity of services to address dementia</p> <p>CF 7</p>	<p>Services and assessment processes have historically been geared towards managing physical decline. Cognitive decline including early intervention and planning should be assessed alongside physical challenges to best support older Australians.</p> <p>Rates of dementia predicted to rise. Throughout the HNECC PHN region people are presenting to hospital in the advanced stages of dementia, due to under-diagnosis and misdiagnosis, leading to poorer outcomes for people living with dementia and their carers, increased avoidable hospitalisations and premature admission to aged care facilities.</p> <p>Identified service needs include improved awareness and understanding of dementia; increased understanding of the importance of timely diagnosis and early intervention; improved knowledge of dementia assessment and management; increased understanding of and access to dementia services; and improved understanding of My Aged Care.</p> <p>Dementia has a deep impact on Aboriginal and Torres Strait Islander people and communities. From receiving a diagnosis, to accessing health and aged care services, Indigenous Australians often face additional challenges. There are also gaps in our understanding of dementia in Indigenous Australians, including lack of national Indigenous representation in key data, and limited data on Indigenous-specific services. Whilst PHN level data is not available, in 2018 dementia prevalence was estimated to be 2–5 times higher among Aboriginal and Torres Strait Islander people than among non-Indigenous people.</p>	<ul style="list-style-type: none"> - Stakeholder consultation: Procurement Design Committee - HNECC 2022-2025 Needs Assessment
<p>Supports to assist individuals and carers experiencing mental health and disability challenges</p> <p>CF 8</p>	<p>Stakeholder consultations and the HNECC Needs Assessment has identified that individuals and carers experiencing disability and mental health challenges find it difficult to navigate and acquire supports, are at an increased risk of homelessness and at an increased risk of suicidal ideation (especially males over the age of 80).</p> <p>The PHN is also experiencing a cumulative impact due to the impact of natural disasters (floods, fire, drought). This potential loss of home / property may have accelerated the need for many older people who live alone and are quite isolated require additional supports as their mental health and therefore physical health has been impacted by stress and trauma.</p>	<ul style="list-style-type: none"> - HNECC 2022-2025 Needs Assessment

IDENTIFIED NEED	KEY ISSUE	EVIDENCE
<p>Health service integration, coordination and information sharing</p> <p>CF 9</p>	<p>Patients, health professionals and other stakeholders indicate that a lack of integration and coordination of services, including hospitals, primary care services, older person's health services, and mental health services, and limited exchange of information across the health system is a barrier to health service access, making the system difficult for patients to navigate and affecting continuity of care.</p> <p>Vulnerable groups more likely to experience inequities in service provision due to lack of integration and coordination include: people experiencing mental illness; people with low health literacy; older people; Aboriginal and Torres Strait Islander people; CALD populations; youth transitioning to adult services; palliative and end of life care patients and their families and people living in regional and rural areas.</p> <p>It is imperative the care finders work with intermediaries, service providers, primary health networks and aged care providers to improve communication and navigation through the system.</p>	<ul style="list-style-type: none"> - HNECC 2022-2025 Needs Assessment - Consultation with key stakeholder groups, including HNECC Clinical Councils and Community Advisory Committees, ACH providers



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AND CENTRAL COAST

An Australian Government Initiative

**PRIMARY
HEALTH
NETWORK**