

Care finder

PHN WEBINAR

JOCELYN KARSTEN & CLARA CUMMINS

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HNECC PHN ACKNOWLEDGES THE TRADITIONAL OWNERS & CUSTODIANS OF THE LAND THAT WE LIVE & WORK ON AS THE FIRST PEOPLE OF THIS COUNTRY.



PURPOSE AND TARGET POPULATION

Specialised and **intensive** assistance to help people understand and access:

- aged care services and
- other relevant supports in the community.

Target Population

1. Be **eligible** for aged care services i.e. must meet both of the following

- Are 'frail' or 'prematurely aged', which means they have a functional need for help with one or more activities of daily living

AND

- Aged:
 - ✓ 65 years or older (50 years or older for First Nations people) OR
 - ✓ 50 years or older (45 years or older for First Nations people) on a low income and homeless or at risk of being homeless.

PLUS


2. Have one or more reasons for requiring **intensive** support

- ✓ **Have no carer or support person** who can help them;
 - ✓ have difficulty communicating because of language or literacy problems
 - ✓ find it difficult to understand information and make decisions
 - ✓ be reluctant to engage with aged care or government
 - ✓ be in an unsafe situation if they do not receive services.

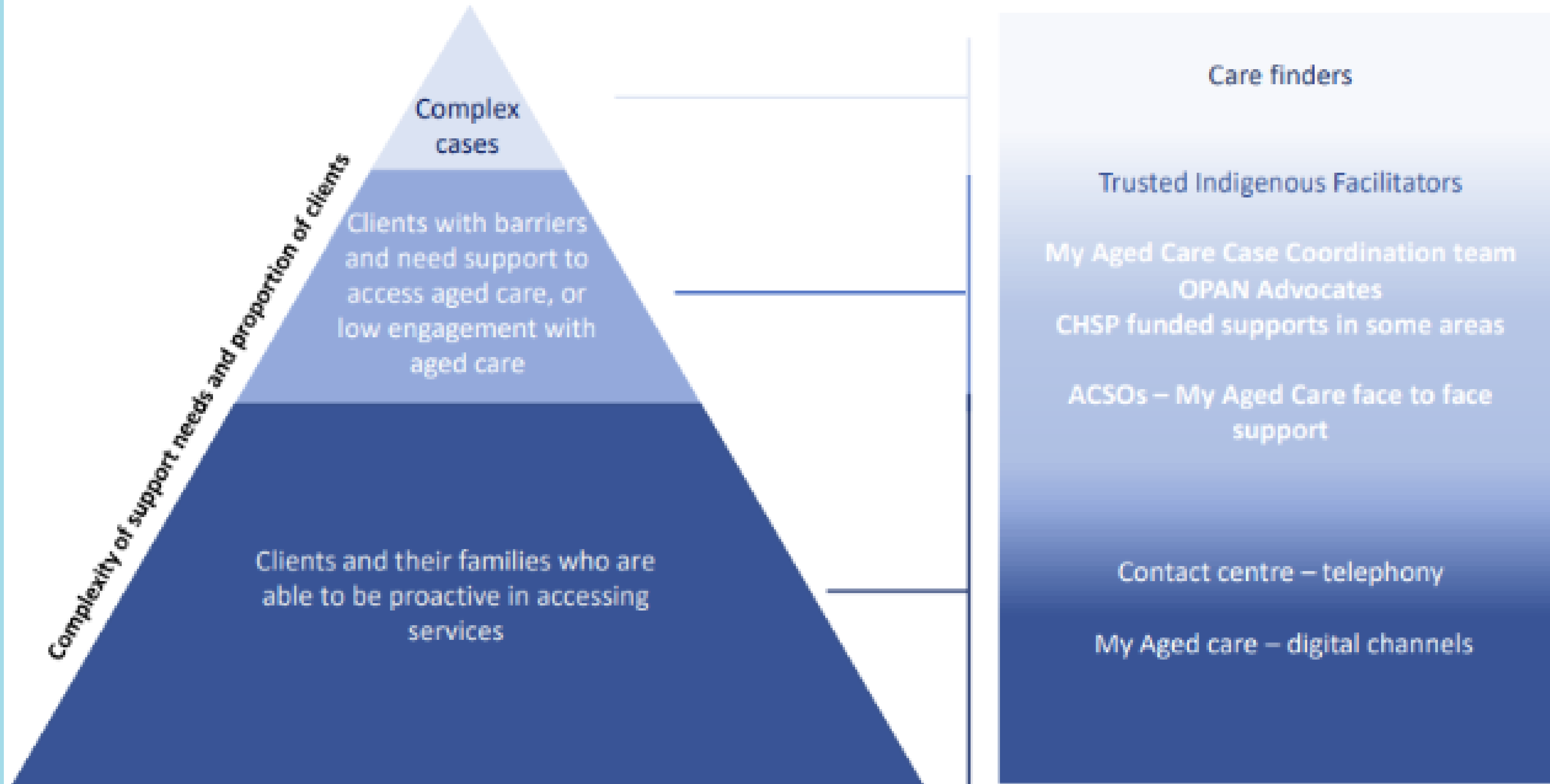


Roles and Responsibilities of Access, Navigation and Complementary support services



	My Aged Care			Supplementary support		Complementary Support		
Support type	Contact Centre telephony	Aged Care Specialist Officer - face to face	Digital channels	Care finders	 Elder Care Support Community-led Pathways to Care	OPAN Advocates	National Dementia Helpline	Carer Gateway
Target Audience	People who are comfortable /able to talk on the phone and need My Aged Care services	People who would prefer to talk face to face and /or want in depth financial information	People who have internet access and are comfortable/prefer to use online tools at a time to suit them	Older People who need intensive support to access My Aged Care and services who would otherwise fall through the cracks	Aboriginal and /or Torres Strait Islander people who need intensive support to access services	People who need individual advocacy support in relation to aged care services they are receiving or arranging.	People with dementia and their families	Carers of people who need aged care and other services
Role and function	<ul style="list-style-type: none"> Information about types of care available Registering for services Applying for an assessment and information about eligibility Finding service providers and understanding costs How to manage services Follow up support for small proportion of clients (case coordination team) 	<ul style="list-style-type: none"> Same as Contact Centre Identifying how a client's financial situation impacts the cost of aged care services 	<ul style="list-style-type: none"> Same as Contact Centre Self-service access to information and tools fee estimator and non compliance checker Client portal enables: viewing /updating client information ; and viewing assessment, wait time and services 	<ul style="list-style-type: none"> Assertive outreach and rapport building Support through registration , screening and assessment and means testing Support post assessment to access aged care and connect with relevant supports in the community Follow up support if needs change or services have lapsed 	<ul style="list-style-type: none"> Support to understand the process to access services, what support is available, costs and their rights Assisting clients in assessment, choosing a provider and when in care Assist clients with other types of help <p>National Aboriginal Community Controlled Health Organisation (NACCHO)</p>	<ul style="list-style-type: none"> Helps people understand and exercise their aged care rights and choices including in situations of elder abuse. Helps people seek aged care services that suit their needs and find solutions to issues they may be experiencing with their aged care provider. 	<p>Linking to dementia specific supports e.g. counselling post diagnosis</p>	<p>Linking to carer specific supports e.g. carer support groups</p>

Broadly, there are three levels of support to access aged care services
(and other supports in the community)



EXAMPLE SCENARIOS TO EXPLORE TARGET POPULATION

Within care finder Target Population	Individuals who should be encouraged to use mainstream My Aged Care support channels
<p>An individual who is uncomfortable engaging with government due to past discrimination and/or trauma (e.g. due to being homeless or identifying as LGBTIQ+, a Forgotten Australian or a care leaver) and whose partner feels the same way about accessing help.</p>	<p>a person who does not speak English, who has given permission for their adult child to be their representative and their adult child is willing and able to:</p> <ul style="list-style-type: none"> • call My Aged Care for the person with an interpreter • attend the assessment with the person and an interpreter • talk to providers with an interpreter to set up services
<p>A person who is socially isolated and at significant risk of a fall who is not currently engaging with aged care and to date have refused to ring My Aged Care to find out more about aged care and set up an assessment.</p>	<p>An individual with a hearing impairment who prefers to communicate with someone face-to-face because they find it difficult to hear on the phone and is comfortable with one of the following alternatives:</p> <ul style="list-style-type: none"> • for their partner to call My Aged Care to set up an assessment • to go to a Services Australia service centre to find out more about aged care and set up an assessment • to take part in a virtual call with assistance from an Auslan interpreter via the contact centre
<p>An individual with cognitive impairment and no family or close friends who live nearby to help them through the screening and assessment process.</p>	<p>A person who is primarily making inquiries about aged care financial information, such as the impact of refundable accommodation deposits, and would be better referred to the My Aged Care face-to-face service or Financial Information Service at Services Australia.</p>
<p>A person with low literacy who is having trouble understanding the information that providers are sending and has a carer who wants to help them but the person does not give permission for the carer to be their representative due to fear of elder abuse.</p>	<p>A person who should be referred to OPAN because they require independent advocacy to exercise their right to make a choice in receiving aged care services or resolve problems or complaints with aged care providers in relation to the aged care services they receive.</p>

THE ROLE OF THE CARE FINDER

access my age care and arrange an assessment

attend and provide support during the assessment

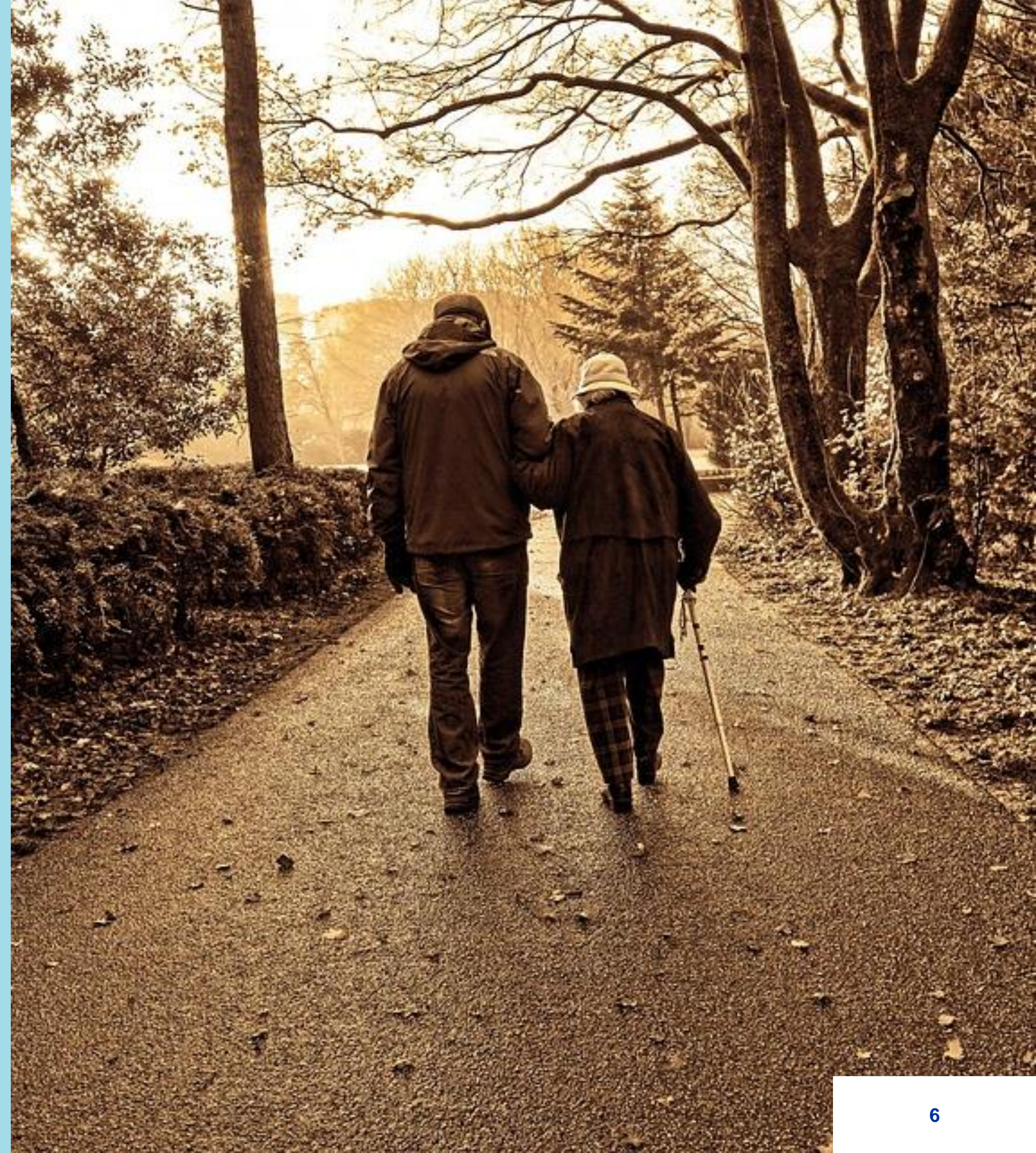
find and short list local age care providers

complete forms, explain service agreements, break information down and conduct follow-up checks

connect with additional community services by providing referral pathways and information

Linking to other services such as;

- health services
- mental health services and supports
- social services and supports
- housing and homelessness services and supports
- drug and alcohol services and supports
- community groups.



CASE STUDIES

Mary and Alice



MARY'S JOURNEY



Mary is 72 with a long history of mental illness and a schizophrenia diagnoses.

She has a reluctance to engage with services due to a history of non voluntary hospitalisations.

After having a stroke on the street she was admitted to hospital.



Mary has one son whom she is estranged from and no other support person.

Mary had been living in a caravan in a caravan park without a suitable bathroom and unsustainable rent prior to the stroke admission.



Due to concerns about her ability to cope on discharge, her treating physio at the hospital suggested that a referral to a care finder service be completed.

Mary consented to this being completed.

MARY BECOMES A CARE FINDER CLIENT

Engagement and rapport building

- Once an intake assessment was completed with Mary through an intake worker, a case worker based in Mary's LGA reached out to her over the phone to begin the process of building rapport with a view to supporting Mary navigate the My Aged Care (MAC) process.
- They bonded and chatted over their mutual love of animals and Mary was reassured.
- They arranged to do a home visit where the case worker would come and visit Mary at her home or a place she was comfortable with and they could create a plan together of what supports were needed.

Support through registration, screening and assessment

- Mary identifies she requires some help with maintaining her home, she identifies that she needs help with completing personal care and dressing and she would like to receive meals on wheels, community transport, podiatry and physio to regain the use of her hand.
- They call My Aged Care and request an ACAT assessment and Mary signs a consent form for her care finder to act as an agent for MAC purposes.
- Once the ACAT assessment has been scheduled it was arranged that the care finder attends to support Mary and help break down any information she is unsure of.
- Mary has a successful ACAT assessment and is approved for a level 4 home care package.
- As there was wait for the home care package the assessor approved Mary to receive supports through the commonwealth home support program (CHSP) in the interim and allocated her the relevant referral codes.
- The care finder broke the information and process down for Mary who was becoming quite confused at the process.

Support post assessment

- Mary was approved as a priority allocation, however there was an estimated 6-9 month wait for her home care package (HCP) to come through.
- The care finder supports Mary with finding supports through the commonwealth home support program (CHSP).
- As Mary's housing is unsuitable the care finder supports Mary to complete a social housing application and secures her a long term rental with a local community housing provider.
- The care finder supports Mary to access a No Interest Loan to purchase the white goods and furniture she requires to move into the unit.
- The care finder regularly checks in with Mary to ensure she is happy with the CHSP providers that are providing a service.
- Once her package comes through the care finder once again supports Mary to research local providers that she is happy with and she chooses a provider that can give her the services she requires.
- Mary has modifications to her home to assist with showering, personal care and domestic assistance, meals on wheels, physio, podiatry, and community transport.

High level check-in

- After 2 months, the care finder calls Mary to see how things are going and if she is happy with her provider.
- Mary says the transport to the social group is working well but doesn't like that she gets different care workers each visit and they don't come at the time they say they will. Last week she cancelled the service.
- The care finder suggests they could talk to the provider about the issues and Mary agrees.

Follow up support if needs change or services have lapsed

- They call the provider but they can't resolve the issue and the provider cannot guarantee the same staff.
- It is agreed that the care finder supports Mary with finding a new provider.
- They call one of the other providers in the area who promises to send only 2 different care workers and to be on time. They set up the service together.
- The care finder checks in again a few weeks later and all is going well.
- She checks in every 3 months after that.

ALICE'S JOURNEY



Alice, aged 72, is a member of the LGBTIQ+ community. She has several chronic health conditions that affect her mobility, she lives alone, and is socially isolated.



Alice registered with My Aged Care some time ago following a hospital admission, and has been approved for the Commonwealth Home Support Programme.

However, she reports that 'I think they have forgotten about me; I had my assessment and haven't heard from anyone, I am not sure what to do'.



The experience of feeling lost and forgotten in the system added to the discrimination that Alice has felt throughout her life, and made her reluctant to follow up with My Aged Care directly.

Alice mentions her issue to her GP at a routine visit, whom she has a good relationship.

The GP surgery had recently been visited by a care finder and they knew about the service and who it was for. The GP asked Alice to consent to a referral being made for her to help her navigate the process and Alice agreed.

ALICE BECOMES A CLIENT OF THE CARE FINDER SERVICE

Engagement and rapport building

- The care finder assisted Alice in securing assistance with transportation, domestic cleaning and garden maintenance. However, nine months after the original case was resolved, Alice's health declined further; she needed ongoing assistance with self-care and, as a result, required admission to a residential aged care facility.
- She was fearful and distrusting of services due to her experiences of historical and ongoing discrimination, prejudice and stigma. As such, she re-contacted the care finder to request support to find a welcoming, safe, respectable, and supportive LGBTIQ+-inclusive facility.

Support through setting up aged care services

- Using her own knowledge of local residential aged care services, along with additional advice provided by the My Aged Care website 'Find a Provider' tool, the care finder helped Alice shortlist two residential aged care facilities that could be suitable for Alice. She visited each with Alice. Alice then decided which was more appropriate to her needs and circumstances.

High level check-in

- The care finder assisted Alice in attaining residential accommodation at her preferred facility and contacted Alice two months after she has moved in to see how she was, enquire if the residential facility was meeting her needs, and to ask if there was anything else she can do to help support Alice.
- Alice advised she has settled in well, felt welcomed and was having her care needs met.

CARE FINDER REFERRAL PROCESS

Referrals to the care finder program can be made directly with our intake team via phone and email:

Phone

- 02 9263 5177

Email

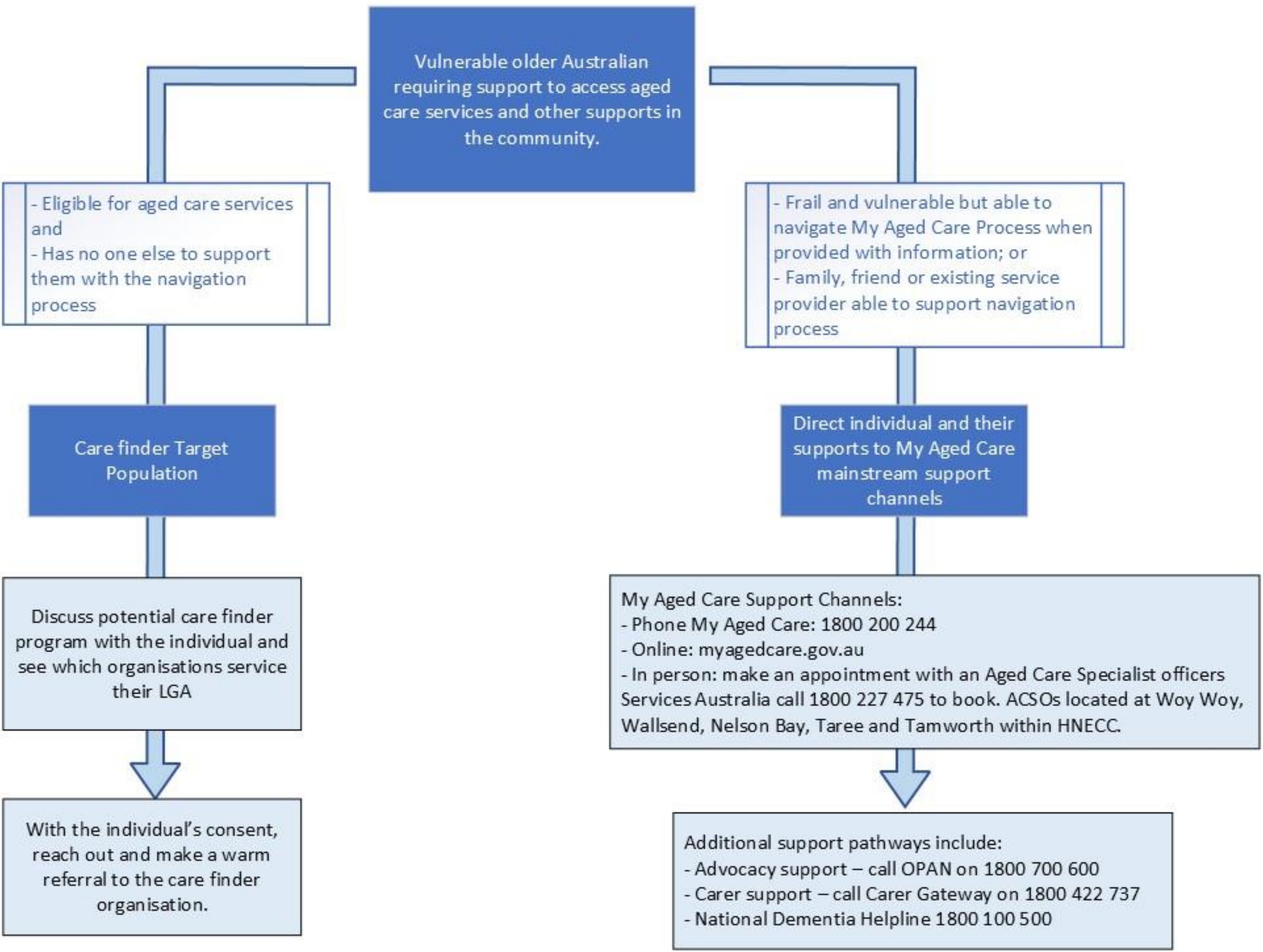
- carefinders@wesleymission.org.au
- Complete an External Referral form.

Minimum Information we require for a referral

- Contact details and date of birth.
- Language spoken and if an interpreter is required.
- Relevant medical conditions and risk factors.
- Confirmation consent has been given for the referral to be made.
- Why you think care finder is the relevant service for this individual (ie how they meet the eligibility criteria).

CARE FINDERS ACROSS HNECC

Region	Organisation	LGAs Serviced	Referral information
New England	Anglicare	Gwydir, Moree Plains, Narrabri, Gunnedah, Liverpool Plains, Tamworth, Walcha, Armidale, Glen Innes, Inverell, Tenterfield, Uralla	02 6701 8200 tamworth@anglicare.org.au
	Gunnedah Shire Council	Gunnedah and Narrabri	02 6740 2240 info@gococare.com.au
	The Benevolent Society	Tamworth	1800 236 762 customercare@benevolent.org.au
Hunter and Mid-Coast	Bungree Aboriginal Association	Lake Macquarie, Cessnock, Maitland	02 4350 0100 enquiries@bungree.org.au
	Catholic Healthcare	Cessnock, Maitland	0403 983 482 vgraham@chcs.com.au
	HammondCare	Lake Macquarie, Newcastle	1800 826 166 HCAHCareNavigationService@hammond.com.au www.hammond.com.au/care-navigation-service
	Wesley	Lake Macquarie, Newcastle, Port Stephens, Cessnock, Maitland, Dungog, Singleton, Muswellbrook, Upper Hunter, Mid-Coast	(02) 9263 5177 Carefinders@wesleymission.org.au
Central Coast	Bungree Aboriginal Association	Central Coast	02 4350 0100 enquiries@bungree.org.au
	HammondCare	Central Coast	1800 826 166 HCAHCareNavigationService@hammond.com.au www.hammond.com.au/care-navigation-service
	Wesley	Central Coast	(02) 9263 5177 Carefinders@wesleymission.org.au



Care finder vs Mainstream Support Channels



Care finder program

<https://thephn.com.au/what-we-do/care-for-older-people/care-finder-service>

<https://www.myagedcare.gov.au/help-care-finder>

Questions: info@thephn.com.au