

A photograph of two people sitting on a dark wooden bench, viewed from behind. They are looking out over a vast, arid landscape with rolling hills and mountains under a clear blue sky. The person on the left is wearing a brown jacket and a blue cap. The person on the right is wearing a light-colored sweater and a white cap. The bench is made of dark wood and has a metal support pole. The ground is sandy and paved with light-colored tiles.

Review of Sector Support and Development (SSD)

Commonwealth Department of Health

Final Report

18 September 2020

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Glossary

| Term | Definition |
|--|--|
| Approved provider | A person or body who has been approved to deliver Commonwealth-funded aged care under the <i>Aged Care Act 1997</i> . |
| Activity Work Plans | Activity Work Plans are standalone reports that allow organisations to meet accountability requirements under their Grant Agreement. They are intended to support a dialogue between organisations and their Funding Arrangement Manager, as well as to help share information to facilitate conversations about service delivery, emerging community needs and changing environmental factors. |
| Culturally and linguistically diverse | Consumers may be defined as culturally and linguistically diverse where they have particular cultural or linguistic affiliations due to their: <ul style="list-style-type: none"> • Place of birth or ethnic origin • Main language other than English spoken at home • Proficiency in spoken English. |
| Commonwealth Home Support Programme | The Commonwealth Home Support Programme is an entry-level home support program that helps older people to live independently in their homes and communities. It also provides respite services to give carers a break. |
| Diverse needs | <p>The Commonwealth Home Support Programme recognises that older people display the same diversity of characteristics and life experiences as the broader population and need to receive services which reflect their diverse needs. Each person may have specific social, cultural, linguistic, religious, spiritual, psychological, medical and care needs and may also identify with more than one characteristic.</p> <p>The Commonwealth Home Support Programme recognises the following special needs groups, which align with those identified under the <i>Aged Care Act 1997</i>:</p> <ul style="list-style-type: none"> • People who identify as Aboriginal and Torres Strait Islander • People from culturally and linguistically diverse backgrounds • People who live in rural and remote areas • People who are financially or socially disadvantaged • People who are veterans of the Australian Defence Force or an allied defence force including the spouse, widow or widower of a veteran • People who are homeless, or at risk of becoming homeless • People who are lesbian, gay, bisexual, transgender and intersex • People who are Care Leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations) • Parents separated from children by forced adoption or removal. |

| Term | Definition |
|---|---|
| HACC Program | The former Commonwealth HACC Program and the (joint Commonwealth-State) HACC Program in Victoria and Western Australia provided basic maintenance, support and care services to assist eligible clients to remain living at home and in their communities. From 1 July 2015, the HACC Program was consolidated into the Commonwealth Home Support Programme. HACC services for older people in Victoria and Western Australia were transitioned into the national CHSP on 1 July 2016 (Victoria) and 1 July 2018 (Western Australia). |
| Home Care Package | A Home Care Package is an Australian Government-funded coordinated package of services tailored to meet a person's specific care needs, with eligibility determined by an Aged Care Assessment Team. There are four levels of care packages. |
| My Aged Care | An entry point to Australian Government-funded aged care services for the general public. |
| Performance Reports | Reports on service delivery activities and outputs developed by Sector Support and Development providers. They are due twice a year, on 30 January and 30 July. |
| Sector Support and Development | A service type under the Service System Development sub-program of the Commonwealth Home Support Programme which works to support the development of the home support service system and enable Commonwealth Home Support Programme service providers to operate effectively. |
| Specialised Support Services program | A sub-program of the Commonwealth Home Support Programme which works to provide services that meet the needs of older people living at home, such as to support people with a particular condition, e.g. dementia or vision impairment. |

Acronyms

| Acronym | Meaning |
|-----------------------|---|
| ACH | Assistance with Care and Housing |
| The Commission | Aged Care Quality and Safety Commission |
| ACT | Australian Capital Territory |
| ADO | Aboriginal Development Officer |
| AWP | Activity Work Plan |
| A&SO | Access and Support Officer |
| CALD | Culturally and linguistically diverse |
| CHSP | Commonwealth Home Support Programme |
| FAM | Funding Agreement Manager |
| FTE | Full time equivalent |
| FY | Financial year |
| HACC | Home and Community Care |
| HCP | Home Care Package |
| LGBTI | Lesbian, gay, bisexual, transgender, intersex |
| NCP | National Continence Program |
| NDIS | National Disability Insurance Scheme |
| NDSP | National Dementia Support Program |
| NSW | New South Wales |
| NT | Northern Territory |
| PHN | Primary Health Network |
| PICAC | Partners in Culturally Appropriate Care |
| QLD | Queensland |
| RAS | Regional Assessment Service |

| Acronym | Meaning |
|-------------------------|---|
| Royal Commission | Royal Commission into Safety and Quality in Aged Care |
| SA | South Australia |
| SSD | Sector Support and Development |
| SDAP Panel | Remote and Aboriginal and Torres Strait Islander Aged Care Service Development Assistance Panel |
| SSS | Specialised Support Services |
| The Standards | The Aged Care Quality Standards |
| The Department | Commonwealth Department of Health |
| The Hub | Department of Social Services Community Grants Hub |
| TIS | Translating and Interpreting Service |
| WA | Western Australia |

Source: KPMG, 2020

Executive summary



Executive Summary

The Commonwealth Home Support Programme (CHSP) helps senior Australians access entry-level support services to live independently and safely at home. The CHSP was established on 1 July 2015 and consolidated a range of state and territory administered programs, each distinct in terms of what services were delivered and how they were delivered.

The Sector Support and Development (SSD) service type is the only service type under the Service System Development sub-program of the CHSP. The objective of SSD is to support the development of the home support service system and enable CHSP service providers to operate effectively, in line with the objectives of the CHSP and within the context of the broader aged care system.

Over the financial years (FYs) 2016/17 to 2019/20, a total of \$208.5 million in funding has been provided to organisations as a part of SSD at an average of \$52.1 million per year. As at FY 2019/20, 320 organisations were funded under SSD.

Project scope

KPMG was engaged by the Department of Health (the Department) to undertake a review of SSD (the Review). The Review was completed between October 2019 and May 2020 and involved both qualitative and quantitative data collection activities. The purpose of the Review was to analyse and assess the performance of SSD, including:

- What outcomes have been achieved
- How effective providers have been in achieving the objectives
- If there have been any inconsistencies in how the service type and activities have been funded and delivered
- If there are any gaps or duplication in service provision compared to the objectives of the service type
- If there are any models or activities delivered by service providers that could be applicable more broadly.

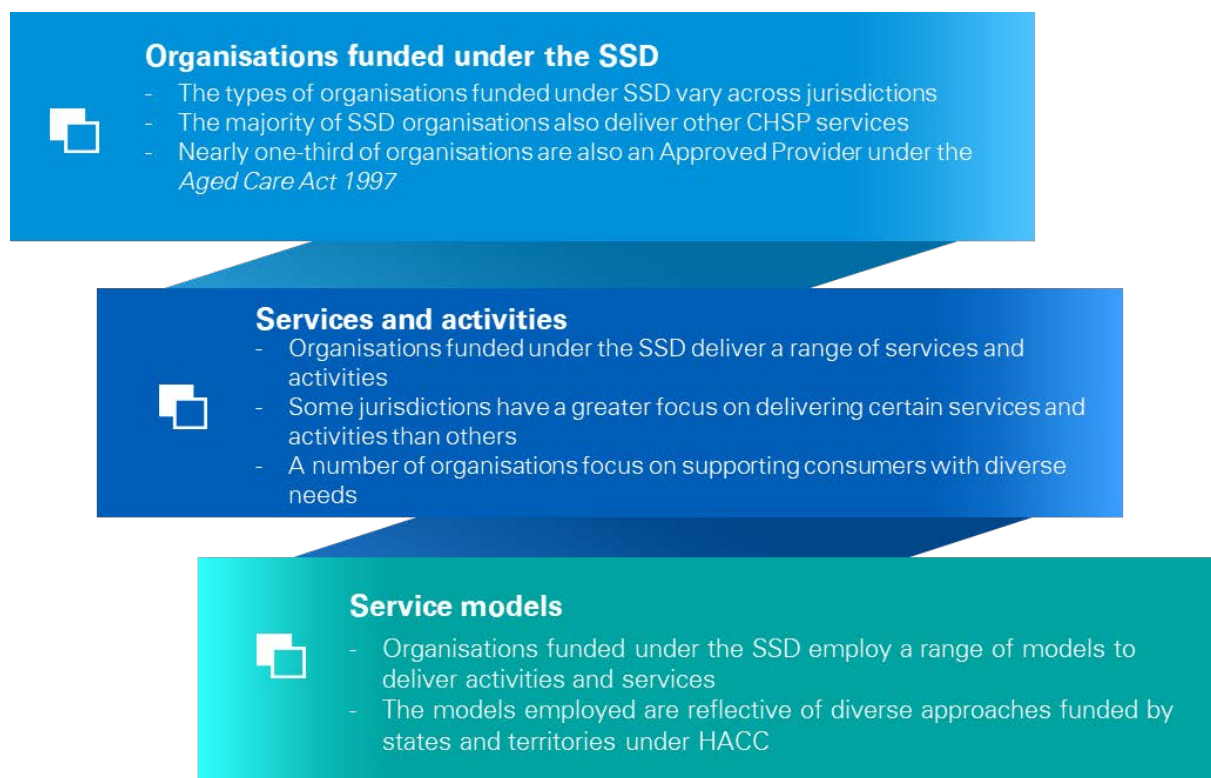
As part of the Review, KPMG also explored the intersections between SSD and other CHSP and aged care service types, including the Specialised Support Services (SSS) sub-program. A summary of the findings and recommendations from the Review is presented below.

Findings

SSD is diverse in nature

SSD was established by consolidating a range of state and territory administered programs, each distinct in terms of what services were delivered and how they were delivered. As such SSD, including the activities delivered, who is funded and the models employed to distribute services across jurisdictions are diverse. These areas of diversity are illustrated in Figure 1 and described further below.

Figure 1: Diverse nature of SSD



Source: KPMG, 2020

A number of innovative models and approaches were identified during the Review, including models that bring SSD providers together to collectively address the needs of their communities.

Not all activities meet the objectives of SSD

Providers are currently delivering activities that are out of scope of SSD. More than half of SSD providers (58 per cent, or 180 SSD providers) appear to be delivering activities or services that do not meet the objectives of SSD. Examples of out of scope activities found include activities and services that build the capacity of the organisation funded under SSD, rather than the capacity of other CHSP organisations and activities that align to the objectives of other CHSP sub-programs, such as social support, transport and meals.

There are inconsistencies, overlap and duplication across SSD and with programs and services in the broader aged care system

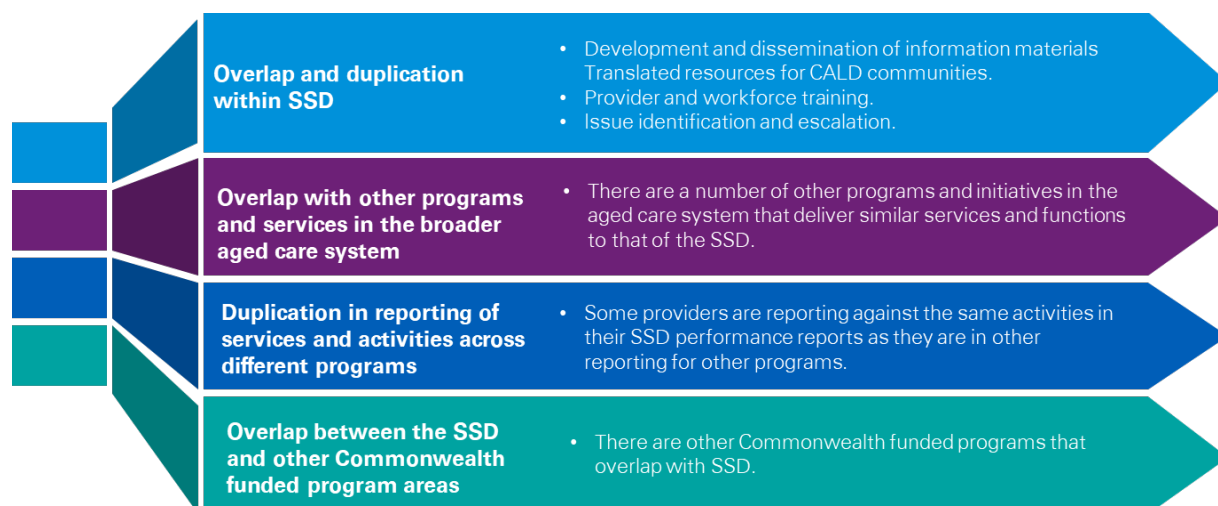
There are a range of inconsistencies across SSD, including:

- **Funding disparities across jurisdictions:** The majority of funding under SSD is provided to organisations in Victoria and New South Wales (NSW). Organisations within these two jurisdictions received 77.8 per cent of the funding in FY2019/20 despite having 57.9 per cent of the population aged 65 years.
- **Differences in the distribution of funding across organisations:** The top 20 organisations received 41.4 per cent of funding under SSD compared to the bottom 220 organisations that received 23.1 per cent of funding in FY2019/20.
- **Disparities in the activities and services funded in each jurisdiction:** Some services and activities predominantly funded by other levels of government are only funded under SSD in certain jurisdictions.

The review also found a range of different programs that deliver sector support across the aged care system. The development of this 'network' of programs and services has occurred over time as the sector has evolved, as services have been consolidated under the Commonwealth and need has arisen within the sector. However in undertaking this Review, it is clear that **a number of programs and services that deliver sector support activities overlap or are duplicative of one another**. It is unclear whether this 'network' is meeting the needs of the sector and it is unlikely that the Department is gaining true efficiencies or consistency in how services are delivered.

This overlap and duplication is illustrated in Figure 2.

Figure 2: Overlap and duplication in SSD



Source: KPMG, 2020

Effectiveness of SSD

SSD is well-received among both SSD providers and CHSP providers and is making positive contributions to the sector. In particular, SSD:

- Supports and facilitates the development of partnerships across the sector so that service providers are able to rapidly resolve issues at a local level and work together to provide “wrap around support” to consumers
- Enables hard to reach consumers or those with diverse needs to get access to services
- Builds the capacity of CHSP providers to adapt to change occurring in the sector.

However, there are also opportunities to make improvements, including:

- The role and scope of SSD remains unclear and there is a lack of direction on what providers should deliver
- Duplication and overlap across SSD are driving inefficiencies and, in some cases, inconsistency in how information and training is disseminated across the sector
- There are disparities in the distribution of funding and activities across jurisdictions
- Collaboration and coordination between SSD providers could be strengthened to maximise the effectiveness of services
- There are varying levels of awareness of SSD within the aged care sector
- The quality and consistency of reporting by SSD providers is varied

- The level of engagement with the Department to escalate CHSP and sector-wide issues, as well as to seek guidance and clarification on policy changes being communicated to the sector, could be improved.

Recommendations

While SSD in its current form makes a positive contribution to the sector, there is a need for significant change to:

- Improve equity of access for consumers and providers across the sector
- Remove duplication and overlap between programs and services
- De-fund services that are out of scope and not consistent with the Department's priorities.

A series of recommendations have been proposed to redesign SSD and to establish a national, whole of sector approach to sector support (to which a redesigned SSD would be aligned).

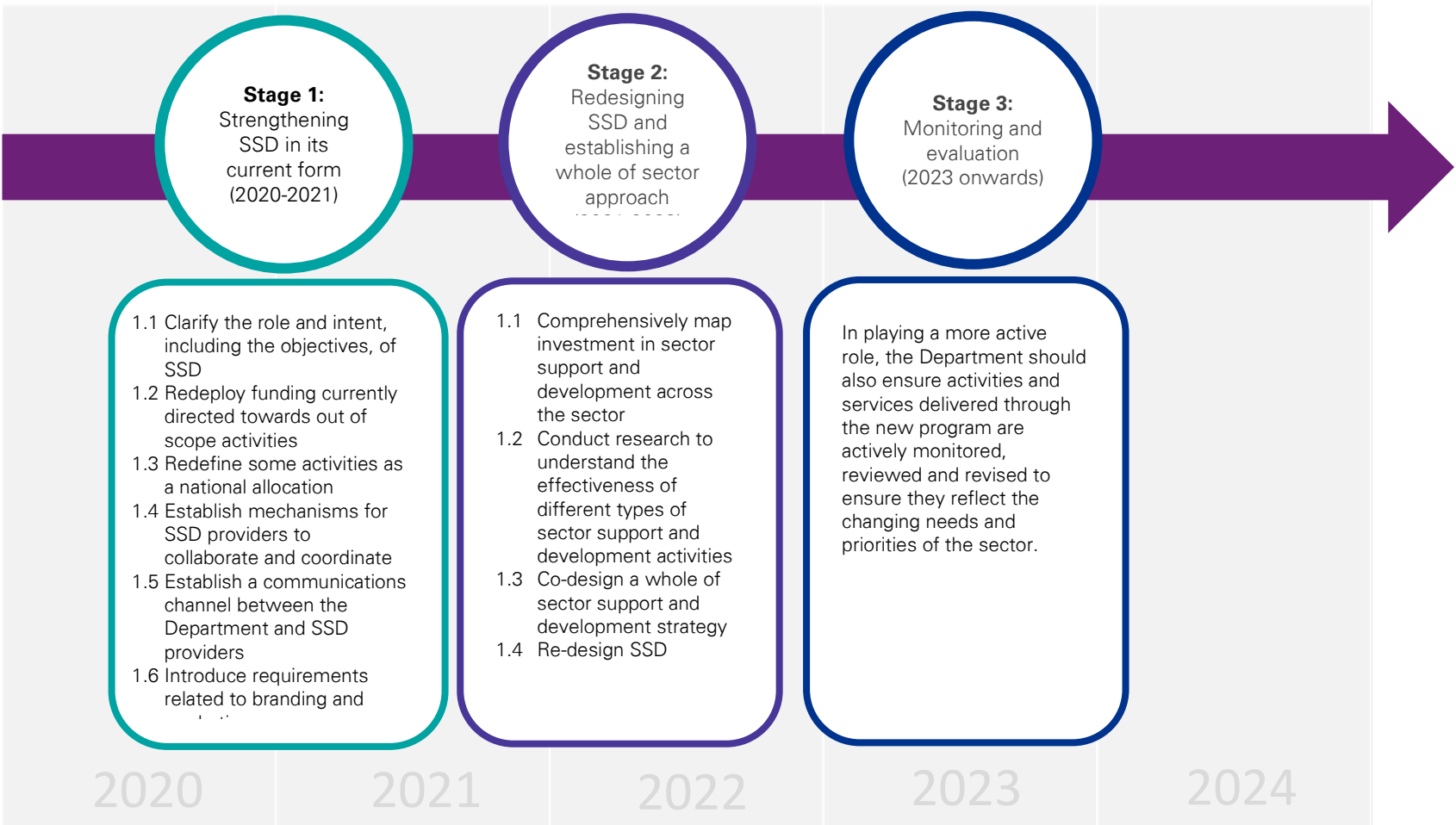
Such change will require significant work, both in terms of designing the future arrangements and in implementing a new approach, including managing change across the sector. As such, a staged approach has been recommended:

- In the short term, the Department needs to provide greater clarity and precision to service providers about the priorities for SSD activity. However, these priorities should not be static – they should reflect emerging policy priorities and address known service issues as they apply to different service types, including areas of need for consumers. This requires a living SSD plan that sits outside of the manual, and that establishes current priorities for SSD providers. The plan should be regularly updated in consultation with the sector. The SSD plan should inform the work programs of SSD providers, whether that be training curriculum, the nature of strategic partnerships or consumer-facing activities. A suggested revised objective and service description is set out below.

| Objective | To improve capability of CHSP service providers to deliver high quality services for clients in accordance with government priorities, and to support clients to engage with the aged care system. |
|--------------------------|---|
| Service Type Description | <p>The following activities must be undertaken with a focus on the priorities set by the Department in the SSD plan.</p> <ul style="list-style-type: none"> • Supporting consumers to engage with the aged care system through: <ul style="list-style-type: none"> – Information provision – Help with system navigation – Collecting and providing feedback to government on consumer requirements. • Capability building and change management for CHSP service providers, through: <ul style="list-style-type: none"> – Training and education – Networking and information sharing – Establishing and maintaining partnerships between providers. |

- In the longer term, there is a need for a whole-of-sector strategy to be developed to guide the Department's investment in sector support activities moving forward. Once a whole of sector strategy has been developed, the Department should undertake a redesign process for SSD to remove disparities in funding and service availability, fund evidence-based practices and approaches and remove duplication and overlap within the program and with other programs and services. Any redesign process should consider recommendations made by the Royal Commission regarding sector support. SSD can also be used as a vehicle to drive reform and the adoption of change across the sector that is expected in response to Royal Commission findings and recommendations. Taking such a staged approach to implementation will help to manage the change process across the sector. The recommendations under each stage are illustrated in Figure 3.

Figure 3: Approach to strengthening SSD



Source: KPMG, 2020

1. Introduction



1.1 Project context

The Commonwealth Home Support Programme (CHSP) helps senior Australians access entry-level support services to live independently and safely at home. The CHSP was established on 1 July 2015 and consolidated a range of state and territory administered programs, each distinct in terms of what services were delivered and how they were delivered.

The Sector Support and Development (SSD) service type is the only service type under the Service System Development sub-program of the CHSP. The main objective of SSD is to support the development of the home support service system and enable CHSP service providers to operate effectively, in line with the objectives of the CHSP and within the context of the broader aged care system.

SSD funds a range of activities for both CHSP service providers and consumers that are targeted at supporting, developing and strengthening the home support service system. The type of activities that may be delivered under SSD include:

- Developing and disseminating information on the CHSP and its interaction with the broader aged care system
- Embedding wellness, reablement and restorative care approaches into service delivery
- Strengthening the capacity of CHSP service providers to deliver quality services that are responsive to consumer needs, including individuals with diverse needs
- Brokering, coordinating and delivering training and education to service providers, the workforce and consumers
- Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system
- Supporting and maintaining the volunteer workforce.

Funding for existing SSD activities was extended to 30 June 2020 as part of the two-year extension of the CHSP from 1 July 2018. As part of the 2019 Australian Government Budget package, it was announced that funding under the CHSP will be extended for a further two years from 1 July 2020 to 30 June 2022.

The CHSP has undergone significant change over the past 10 years, including the introduction of My Aged Care, Regional Assessment Service (RAS), a focus on wellness and reablement within service delivery and a vast range of changes to regulations across the aged care landscape.

Prior to commencement of the two year extension, the Department of Health (the Department) decided to review SSD, to ensure the objectives, service type descriptions, and activities of SSD are not only in line with the objectives of the CHSP but are also in line with the future direction of the CHSP and the broader aged care system.

1.2 Scope

KPMG was engaged by the Department to undertake a review of SSD (the Review). The purpose of the Review was to analyse and assess the performance of SSD, including:

- What outcomes have been achieved
- How effective providers have been in achieving the objectives
- If there have been any inconsistencies in how the service type and activities have been funded and delivered
- If there are any gaps or duplication in service provision compared to the objectives of the service type
- If there are any models or activities delivered by service providers that could be applicable more broadly

and based on this analysis, provide advice to the Department on:

- Whether the objectives of the service type are fit for purpose
- Whether changes to the objectives are required to better target SSD services to achieve better outcomes for consumers, with a particular focus on consumers with special needs, and to support current and future reform of the CHSP and aged care more broadly
- The impact of any proposed changes, including issues / risks such as on the workforce.

As part of the Review, KPMG also explored the intersections between SSD and other CHSP and aged care service types, including the Specialised Support Services (SSS) sub-program. The findings of the analysis completed for this exercise are included in Section 3 of this report. The Review was completed between October 2019 and May 2020. The Review methodology is provided at **Appendix C**.

1.3 Limitations

When interpreting the findings in this report, it is important to note the following limitations:

- A sample of sector stakeholders were consulted as part of this Review. This means the stakeholder views expressed in this report may not represent the views of the sector as a whole.
- The level of awareness of SSD amongst stakeholders consulted as part of this Review varied. For example, not all CHSP providers consulted were aware of the service type or had benefitted from it. This means some of the analysis of SSD's effectiveness has been informed by consultations with SSD providers, rather than CHSP providers who may access support from SSD but not be aware of it.
- The variability in the timeliness (i.e. the reporting reference period), completeness (i.e. some Performance Reports (PR) were very detailed and others were not) and accessibility (i.e. not all PRs were available for all organisations) of the PRs limited the ability of the Review team to understand and measure the overall effectiveness of SSD.

- Only the most recent PRs provided by the Department for each organisation were used in the analysis presented in this report. In addition, PRs were not provided for all organisations funded as part of SSD. This means the analysis of activities generated from the data catalogue and presented in this report is summative in nature, and does not necessarily capture activities that were delivered within the same six month period or for all SSD providers.
- Funding is attributable to an organisation and activity, rather than at a deliverable level. While the Review was able to understand how funding is distributed across different organisations, an accurate assessment of the amount of funding that is used to deliver different types of activities was unable to be determined. Even if funding was attributed at a deliverable level, the majority of organisations document more than one activity under each deliverable. Instead, an estimate was made using a series of assumptions and is documented in Section 2.4 of this report.
- Thematic coding was completed at an organisation, rather than deliverable, level. The main reason for this is that the majority of organisations document delivering more than one activity under each deliverable.
- KPMG thematically coded organisations by 'type of organisation' to assess the types of organisations being funded under SSD. Organisations that met the criteria for multiple categories were only assigned to one category.
- Thematic coding was completed by interpreting information provided in the deliverables section of PRs; however, the level of information included in the PRs varied between organisations. As such, not all PRs clearly discerned the types of activities being delivered by each organisation.

1.4 Purpose and structure of this report

The purpose of this report is to provide a summary of SSD, to discuss the key findings and insights from qualitative and quantitative data sources and to provide high level considerations for the future of the service type.

The report is structured in the following key sections:

- **Section 1 (this section):** Provides an overview of the project, including the background, context and objectives
- **Section 2:** Presents an overview of SSD, including how the service type was established
- **Section 3:** Contains the findings from the Review, including the structure, landscape and current state of SSD
- **Section 4:** Outlines key considerations based on the findings of the Review and details short, medium and long term improvement opportunities for SSD
- **Appendices:** Includes:
 - Appendix A: SSD and SSS stakeholder consultation guides
 - Appendix B: List of SSD and SSS organisations consulted
 - Appendix C: Methodology for data catalogue and thematic coding (including categories)
 - Appendix D: SSS survey
 - Appendix E: Findings from SSS survey
 - Appendix F: Recommendations for Performance Reporting.

2. About SSD



2.1 Establishment of the CHSP and SSD

SSD was established by consolidating a range of state and territory administered programs, each distinct in terms of what services were delivered and how they were delivered.

The HACC Program provided a range of personal, health and domestic services to help the aged and other people with disabilities as well as their carers. These services were intended to help people with moderate, severe or profound disabilities to maintain independence in their homes and in the community.

Following an agreement by the Council of Australian Governments, several programs including the HACC program were amalgamated to establish the CHSP:

- The Commonwealth HACC Program for older people
- The National Respite for Carers Programme
- The Day Therapy Centres Program
- The Assistance with Care and Housing for the Aged Program
- The Victoria HACC Program (from 1 July 2016)
- The WA HACC Program (from 1 July 2018).

Most states and territories transitioned from the HACC in July 2015, except for Victoria transitioning in July 2016 and Western Australia (WA) transitioning in July 2018. Since WA's transition, the CHSP has been a national program.

The transition of HACC activities and services to the CHSP, including those now under SSD, involved two main stages:

- The Department, in partnership with states and territories and HACC service providers, determined the funding split between Commonwealth-funded aged care and funding that would transition to the National Disability Insurance Scheme (NDIS), i.e. how much funding was being used to support people aged over 65 and people aged under 65
- Of the funding that was defined as supporting people aged over 65, the Department, states and territories and service providers worked together to determine which activities and services met the criteria of each sub-program and service type under the CHSP.

The CHSP includes four sub-programs. Each sub-program has its own objective, eligibility criteria and service types. SSD is the only service type under the Service System Development sub-program.

While a number of the services and activities funded under HACC aligned to the objectives of sub-programs and service types under the CHSP, the services and activities funded under HACC varied across jurisdictions. This meant that not all services and activities clearly aligned to the criteria of a CHSP service type.

2.2 Objectives of SSD

The main objective of SSD is to support the development of the home support service system and enable CHSP service providers to operate effectively, in line with the objectives of the CHSP and within the context of the broader aged care system.

SSD funds a range of activities for both CHSP service providers and consumers. These funds are targeted at supporting, developing and strengthening the home support service system. The types of activities that may be delivered under SSD include:¹

- Developing and disseminating information on the CHSP and its interaction with the broader aged care system
- Embedding wellness, reablement and restorative care approaches into service delivery
- Strengthening the capacity of CHSP service providers to deliver quality services that are responsive to client needs, including clients with diverse needs
- Brokering, coordinating and delivering training and education to service providers, the workforce and consumers
- Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system
- Supporting and maintaining the volunteer workforce.

Activities that are considered out of scope under SSD include:

- The provision of advocacy services
- Direct service delivery to consumers
- Activities that primarily focus on providing social support, which should be funded under the Community and Home Support sub-program.

The objectives of SSD were revised for the 2018-2020 funding period to increase the focus of SSD provider activities on several areas, including embedding wellness, reablement and restorative care approaches and supporting and maintaining the volunteer workforce.

¹ Commonwealth of Australia (Department of Health) 2018, Commonwealth Home Support Programme – Program Manual 2018, available at: <https://www.health.gov.au/sites/default/files/documents/2019/12/commonwealth-home-support-programme-chsp-manual-2018-2020.pdf>.

2.3 Program requirements

The CHSP Program Manual sets out the requirements for providers funded under SSD. This includes that providers must use funding to meet key deliverables as set out in their Activity Work Plan (AWP) and that providers report on funds expended through their PR (as detailed further below).

2.3.1 Activity Work Plans

Organisations funded under SSD are required to submit an AWP at the beginning of a funding period that lists the activities they will deliver during the funding period. This includes:

- Organisation and grant details, including activity start and end date and total activity funding
- Descriptions of the activities to be delivered during the reporting period (i.e. deliverables), including performance indicators
- Risk assessments and mitigation strategies
- Target stakeholders, including interest, impact and engagement strategies
- Budget amounts per activity.²

AWPs are reviewed and approved by state and territory Funding Agreement Managers (FAM) prior to the start of a funding period.

2.3.2 Performance reports

Organisations funded under SSD are required to submit six-monthly PRs for the periods of 1 January to 30 June and 1 July to 31 December each funding year. The purpose of the PR is to provide an update to the Department on progress against an organisation's AWP and what has been achieved during the reporting period, including:

- Organisation and grant details, budget and expenditure
- Stakeholders, risks and objectives
- Deliverables (as per the AWP) and timeframes (as per the AWP), performance indicators (as per the AWP), outcome progress and status.

2.3.3 Monitoring and oversight

The Department and the Department of Social Services share responsibility for administering SSD and the other CHSP sub-programs. The Department is responsible for developing policy for the CHSP and SSD, including setting provider requirements under SSD such as objectives and reporting processes. The Department of Social Services Community Grants Hub (the Hub) is responsible for administration of SSD on behalf of the Department, including:

- Providing a single point of contact for SSD providers to seek advice or support in relation to the SSD requirements, or to escalate issues related to SSD through the state and territory FAMs

² Note: some organisations provided no breakdown in this section while others split out the budget activity. For example, the budget activity table for one organisation had a line of "As above" (i.e. referring to the content above) or "Activities will be acquitted" with the total funding amount listed against these lines.

- Setting AWP with SSD providers
- Reviewing PRs submitted by SSD providers
- Administering funding to SSD providers.

SSD guidelines and requirements are limited to those specified in the CHSP Program Manual. As such, policy is interpreted by FAMs at a jurisdictional level. Where issues are identified at a local level and are unable to be resolved, or where there is a need to seek clarification on policy, for example what is considered in scope, FAMs will escalate these queries to Delivery Leads within the Hub or to the Department for clarification.

2.4 SSD funding

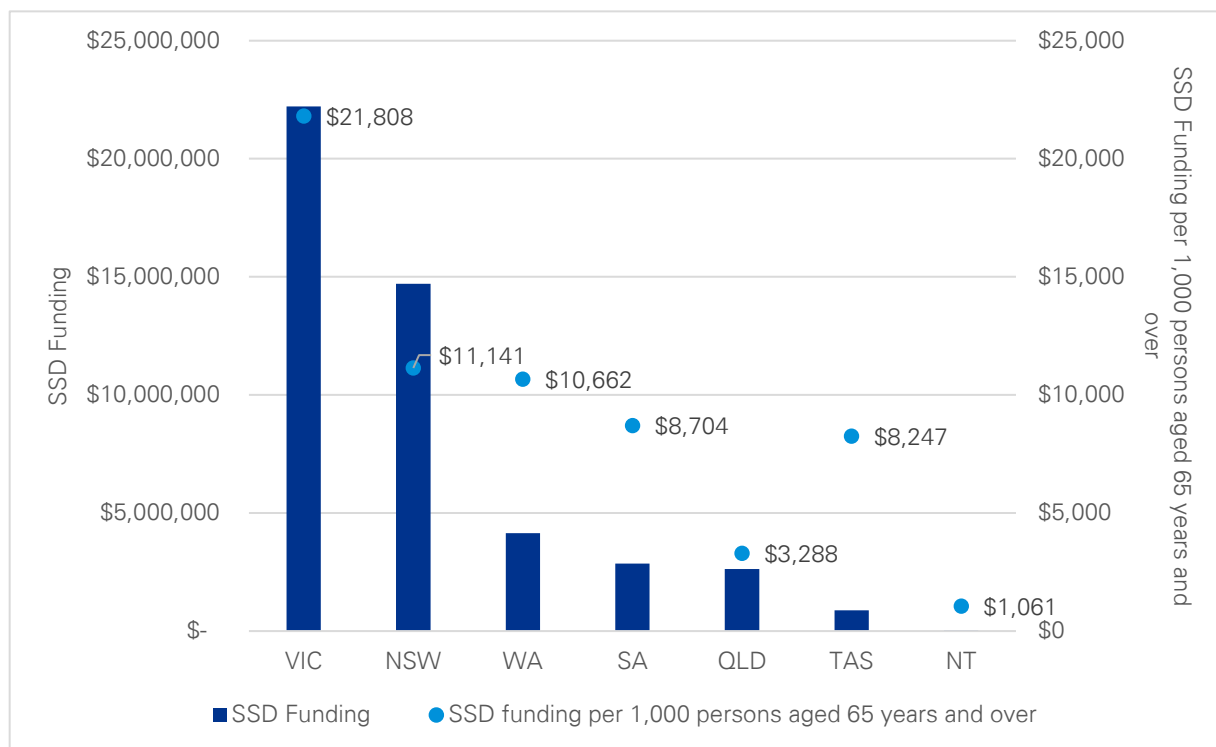
Over the financial years (FYs) 2016/17 to 2019/20, a total of \$208.5 million in funding has been provided to organisations as a part of SSD at an average of \$52.1 million per year. As at FY 2019/20, 320 organisations were funded under SSD.

Service providers funded under the CHSP are periodically able to apply for growth funding, which enables the sector to respond to population growth and the changing needs of consumers. SSD has not had a growth round since its inclusion in CHSP. This means the funding levels and organisations funded under SSD have predominantly remained the same since its transition from HACC.

2.4.1 Funding by state

The majority of funding under SSD is provided to organisations in Victoria and New South Wales (NSW). Organisations within these two jurisdictions received 77.8 per cent of the funding in FY2019/20 despite having 57.9 per cent of the population aged 65 years and over as at September 2019. The funding distribution is illustrated in Figure 4.

Figure 4: SSD funding by jurisdiction (blue bars) and funding per 1,000 persons aged 65 years and over (blue dots)



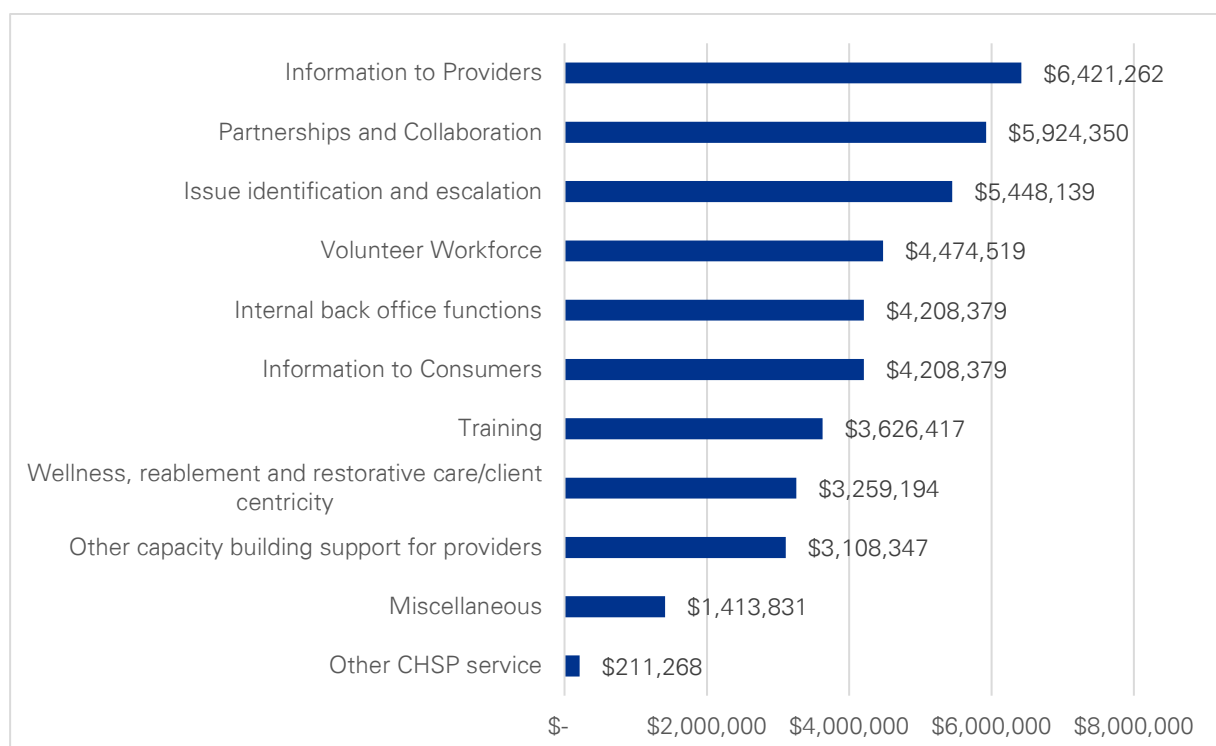
Source: KPMG analysis of CHSP Data Extract Report and ABS Australian Demographic Statistics September 2019

2.4.2 Funding by type of activity

Funding is attributable to an organisation and activity, rather than at a deliverable level. While the Review was able to understand how funding is distributed across different organisations, an accurate assessment of the amount of funding that is used to deliver different types of activities was unable to be determined. Even if funding was attributed at a deliverable level, the majority of organisations document more than one activity under each deliverable.

Instead, an estimate is provided for FY 2018/19 in Figure 5 below based on a series of assumptions. KPMG broadly coded services and activities (categories described in Section 3 of this report) presented in PRs into 11 categories of services. Not all PRs for FY 2018/19 were able to be coded. However, Figure 5 illustrates an estimate of the breakdown of funding for each category provided for the 275 SSD providers that were able to be coded.

Figure 5: Estimated funding by type of activity in FY 2018/19



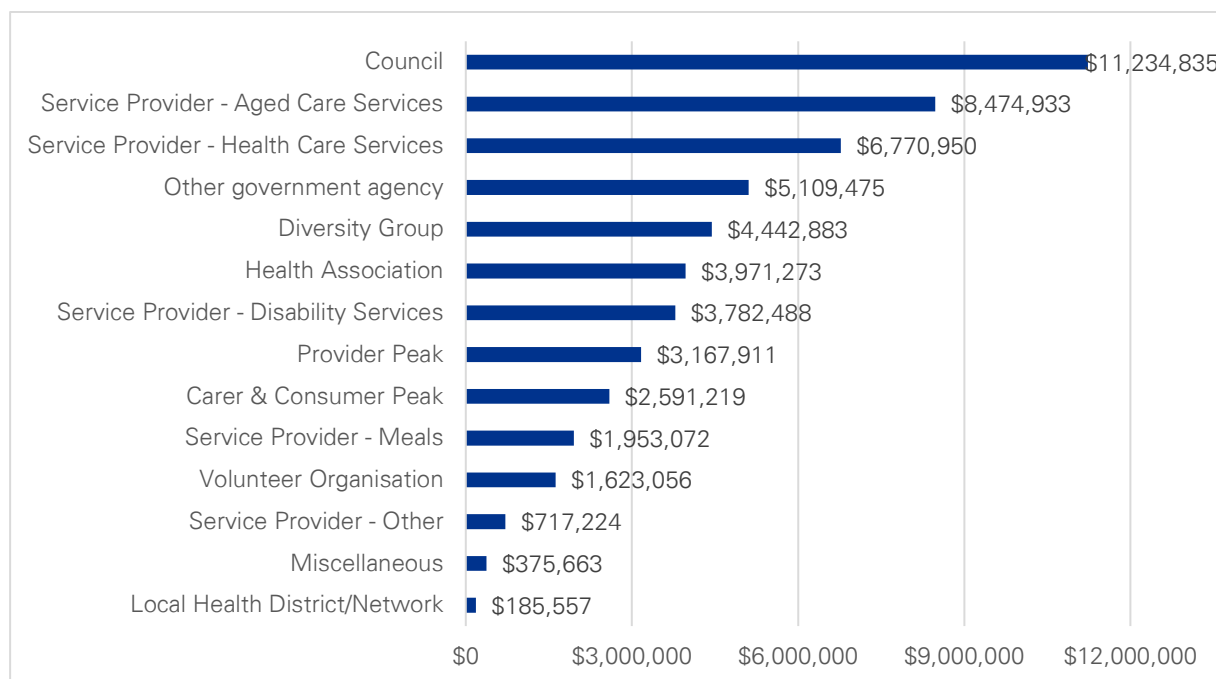
Source: KPMG analysis, 2020

This table has been developed by assuming that funding is distributed evenly across the service type categories each provider was coded against. For example, in 2018/19 Provider "A" received \$2,788,635 in funding. KPMG's PR coding indicated this organisation provided four "Service Type Categories", specifically, information to providers, issue identification and escalation, partnerships and collaboration and volunteer workforce. KPMG's method assumes that \$697,159 was assigned to each of these "service type categories," i.e. \$2,788,635/4. It should also be noted that this table relies on information provided in PRs to classify "deliverables" to Service Type Categories, however PRs varied substantially both in detail and quality between organisations and did not always clearly discern the types of activities being delivered.

2.4.3 Funding by type of organisation

As part of analysis undertaken during this project, KPMG categorised organisations based on their "core business". Core business refers to the primary area or activity that an organisation focuses on as part of its operations. Figure 6 below outlines the 2018/19 funding by coded organisation type. As seen in Figure 6, the organisation type receiving the most funding was Council. On average, these 117 councils (mostly in NSW and Victoria) received just under \$100,000 each (\$96,024).

Figure 6: Funding by organisation type in FY 2018/19



Source: KPMG analysis, 2020

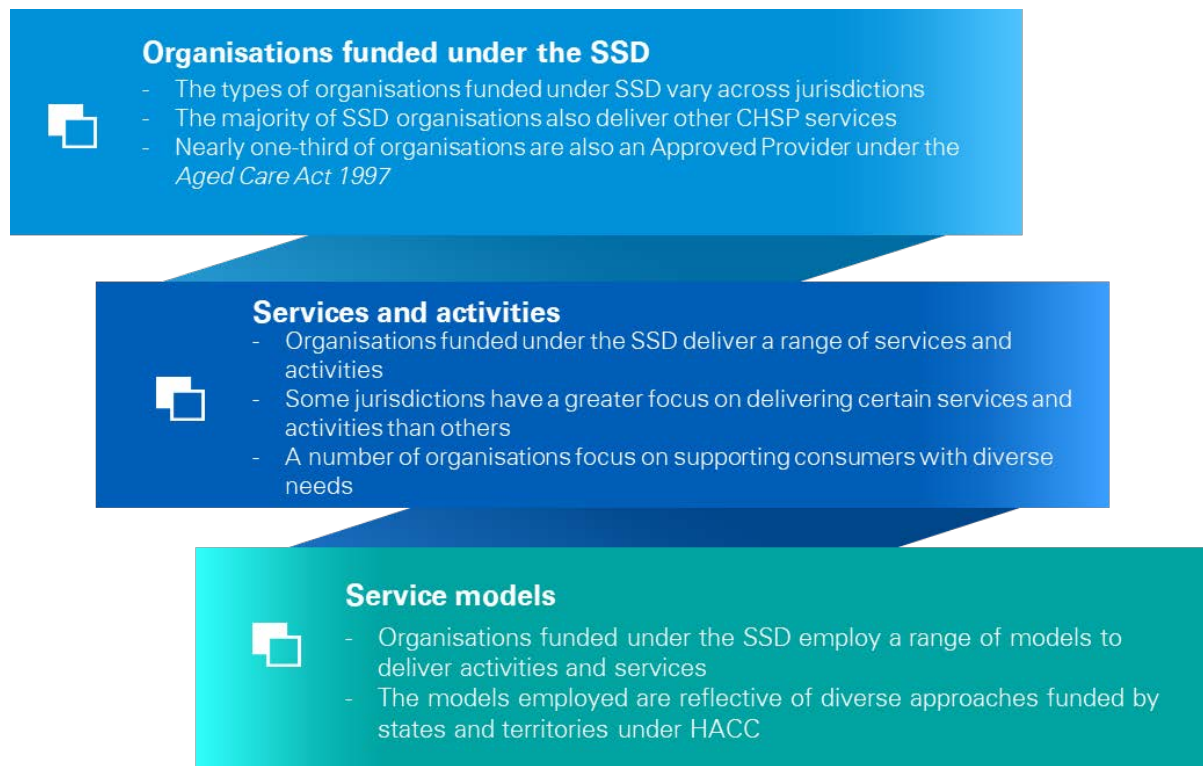
3. Findings



3.1 SSD is diverse in nature

SSD was established by consolidating a range of state and territory administered programs (see Section 2 for more detail), each distinct in terms of what services were delivered and how they were delivered. As such SSD, including the activities delivered, who is funded and the models employed to distribute services across jurisdictions are diverse. These areas of diversity are illustrated in Figure 7 and described further below.

Figure 7: Diverse nature of SSD

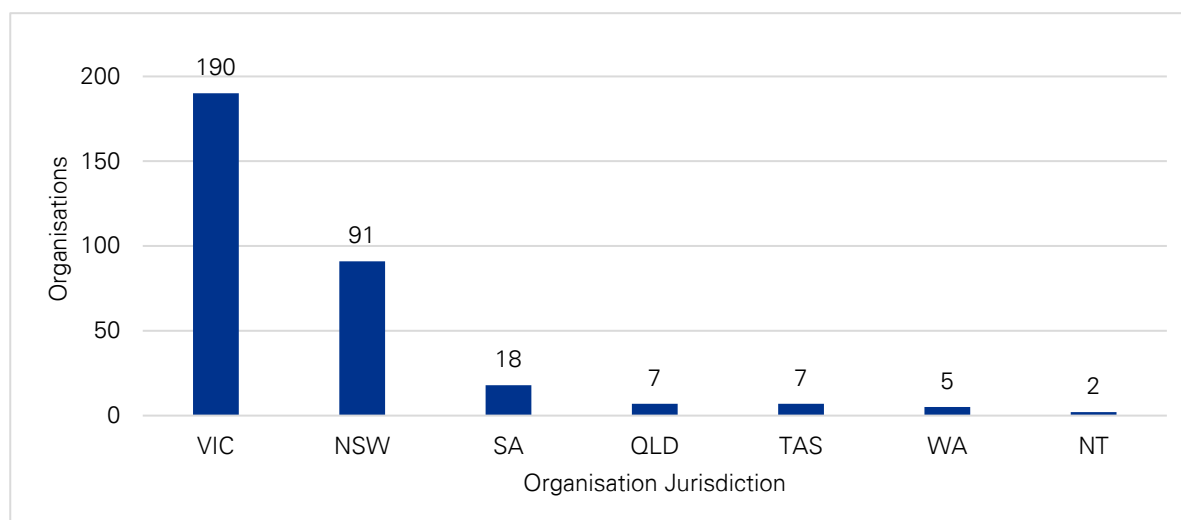


Source: KPMG, 2020

3.1.1 Organisations funded under SSD

There are a total of 320 organisations funded under SSD in FY 2019/20. As illustrated in Figure 8, the majority of funded organisations (88 per cent) deliver services in Victoria (190 organisations) and NSW (91 organisations).

Figure 8: Organisations funded under SSD in 2019/20 by jurisdiction

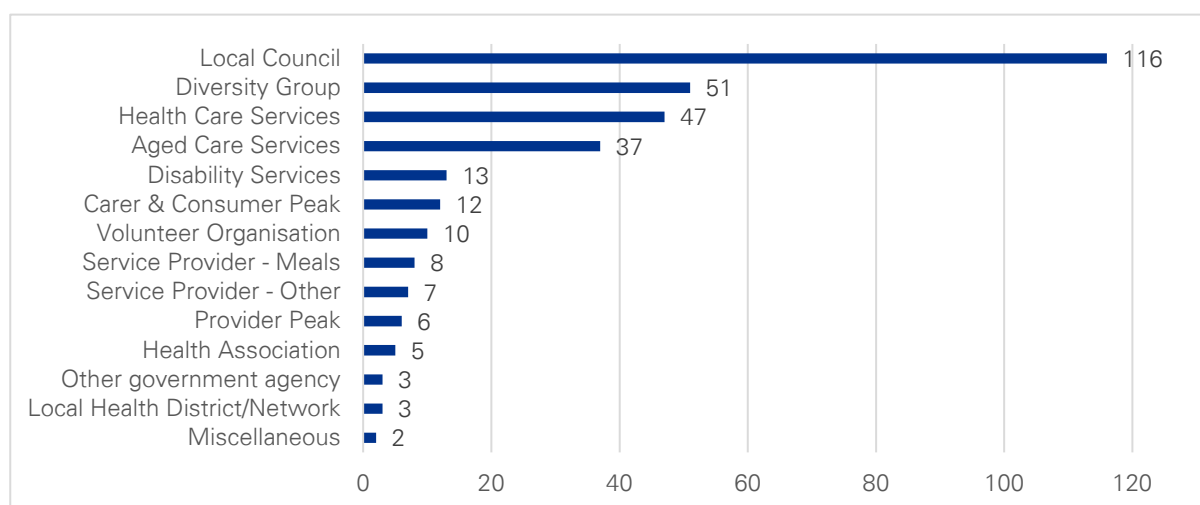


Source: KPMG analysis of CHSP Data Extract Report, 2020

The types of organisations funded under SSD vary considerably, nationally and across different jurisdictions.³ Local Governments (Councils), Diversity Groups and Health Care Services represent 67 per cent of organisations (214 of 320 organisations) funded under SSD. The distribution of organisations classified by their “core business” is outlined in Figure 9. Refer to **Appendix C** for a description of each of these categories. Organisations funded under SSD also vary in size, geographical location and focus. While some organisations focus on delivering supports and services on a state wide basis, e.g. peak bodies, others have a local or regional focus, e.g. local government.

³ As part of analysis undertaken during this project, KPMG categorised organisations based on their “core business”. Core business refers to the primary area or activity that an organisation focuses on as part of its operations.

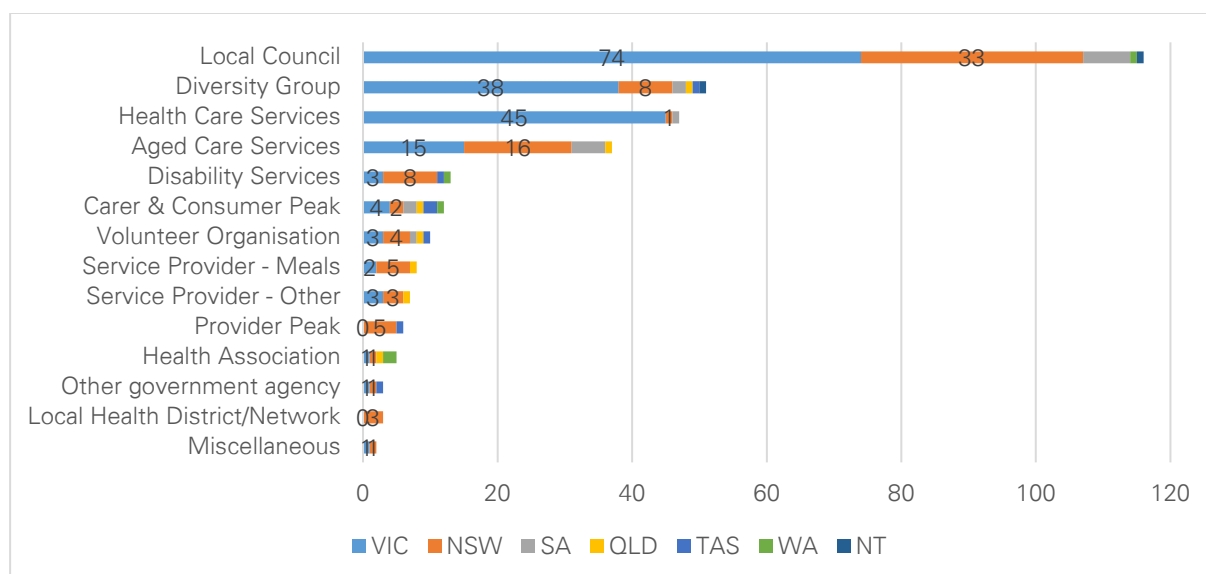
Figure 9: Organisations funded under SSD by core business



Source: KPMG analysis of CHSP Data Extract Report, 2020

Councils have historically acted as a front door for older people seeking information and access to services, including aged care. This is reflected in the high proportion of Local Councils that are funded to deliver SSD activities (116 of 320 organisations or 36 per cent). NSW and Victoria in particular, have utilised local government to deliver SSD services (74 in Victoria and 38 in NSW). This is illustrated in Figure 10 below.

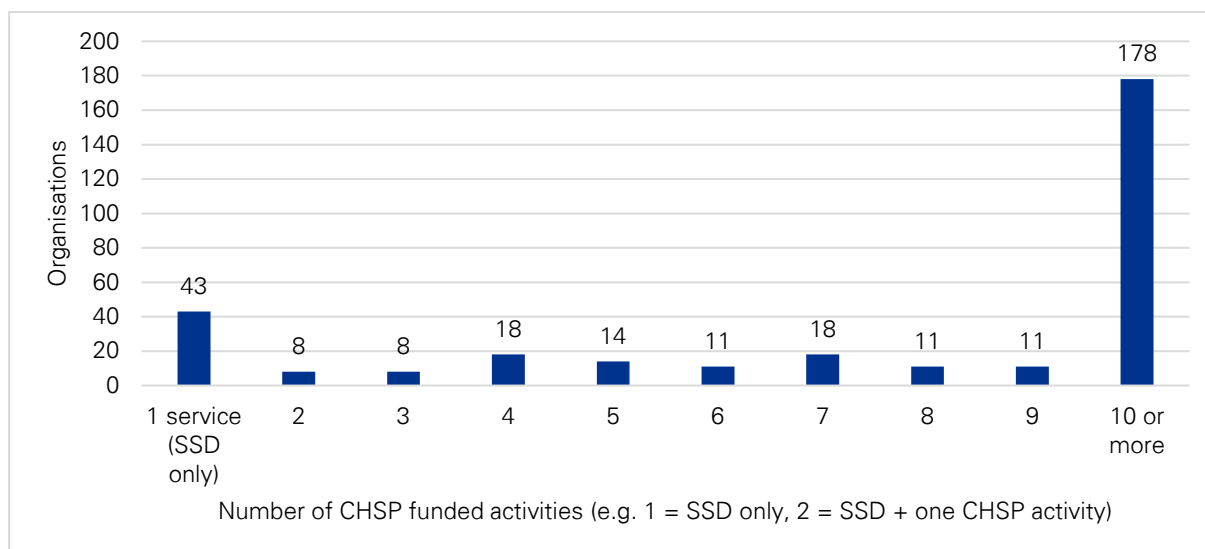
Figure 10: Organisations funded under SSD by core business and state



Source: KPMG analysis of CHSP Data Extract Report, 2020

Analysis of the organisations funded under SSD with CHSP and other aged care service data was undertaken to explore if organisations deliver other aged care services. The majority of organisations (87 per cent or 277 of 320) that receive SSD funding also receive funding to deliver other CHSP service types. Only 43 organisations that received SSD funding in 2019/20 are funded for SSD alone. The majority of organisations that deliver services under SSD (56 per cent) are funded to deliver 10 or more service types under SSD. This distribution is outlined in Figure 11.

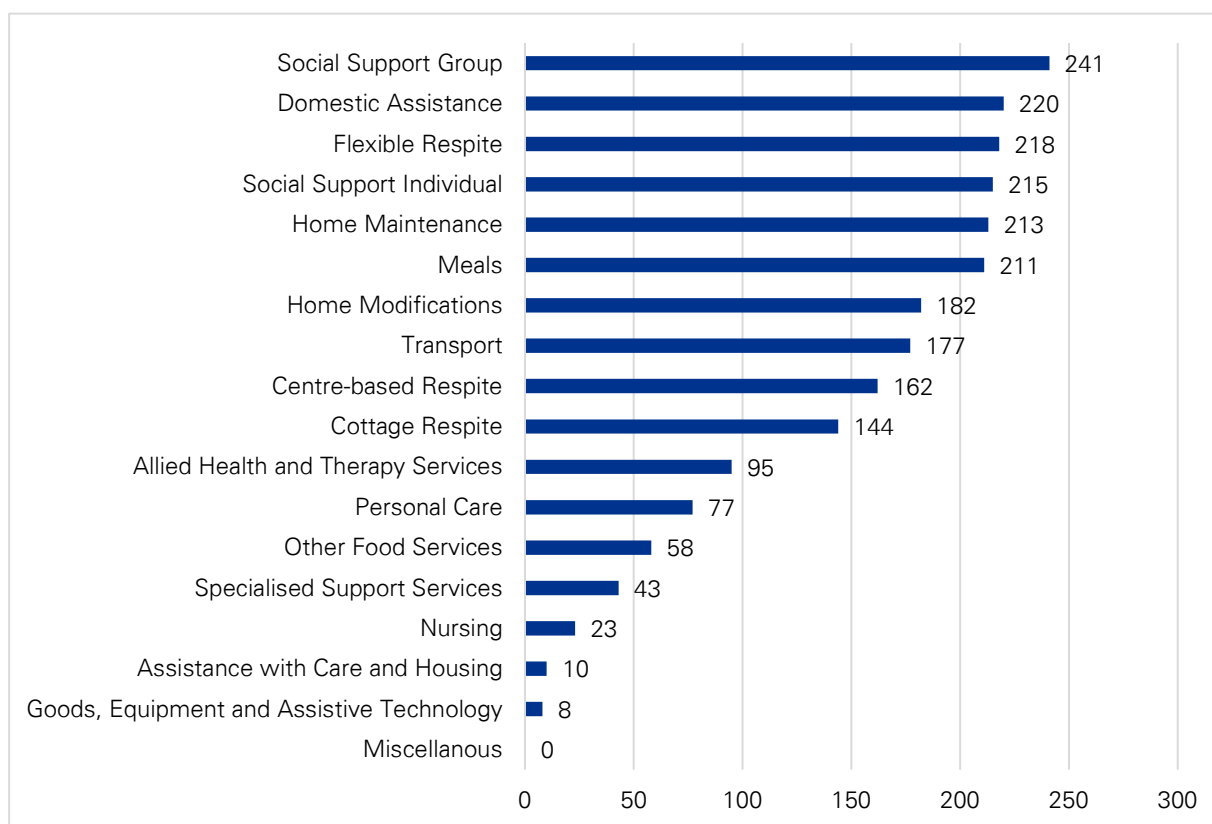
Figure 11: Organisations funded under SSD and other CHSP service types



Source: KPMG analysis of CHSP Data Extract Report, 2020

Over 200 organisations funded under SSD are also funded to deliver CHSP social support, domestic assistance, flexible respite, home maintenance and meals (as illustrated in Figure 12). A smaller proportion of organisations funded under SSD (under 100) are funded to deliver allied health, other food services, personal care, nursing and goods and equipment.

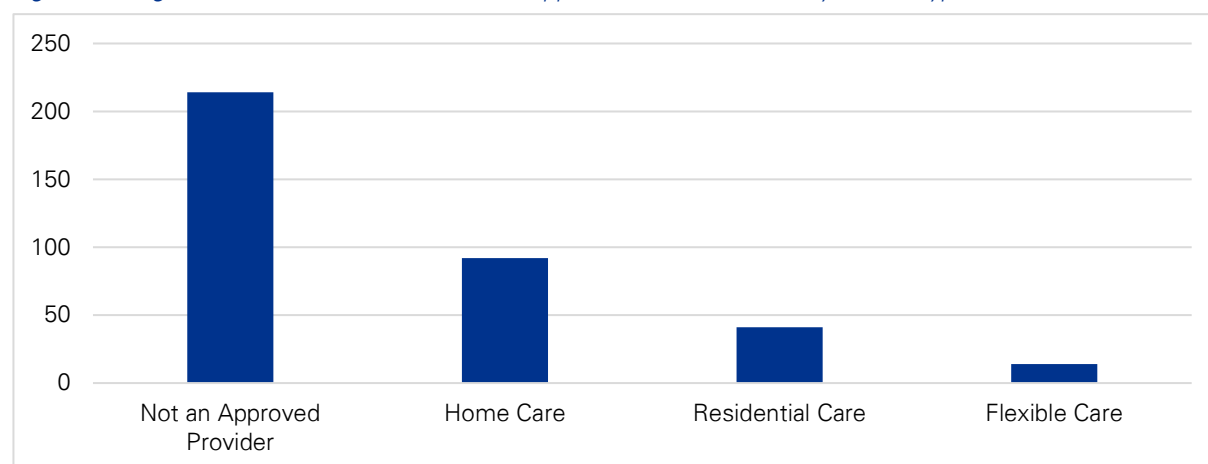
Figure 12: SSD Funded organisations and other CHSP activities



Source: KPMG analysis of CHSP Data Extract Report, 2020

Some organisations funded under SSD are also approved to deliver other aged care services (as illustrated in Figure 13). A total of 106 organisations funded under SSD were identified to be an approved provider under the *Aged Care Act 1997*, i.e. they are approved to deliver Home Care Packages (HCPs), Residential Care and / or Flexible Care.⁴

Figure 13: Organisations funded under SSD and Approved Provider Status by service type



Source: KPMG analysis of CHSP Data Extract Report, 2020

Some organisations funded under SSD are also funded to deliver other sector support and development activities in the aged care system. For example, a number of organisations funded under the Aged Case System Navigator Trial (i.e. partner organisations of the main funded organisation COTA Australia) are also funded under SSD, including Co.As.It, Council of the Ageing (COTA) NSW, Dementia Australia, Multicultural Communities Council of Illawarra, COTA Tasmania, Migrant Resource Centre (Southern Tasmania), COTA Victoria, COTA South Australia, and Northeast Health Wangaratta.

3.1.2 Services and activities delivered under SSD

The services and activities funded under SSD are also diverse in nature. In order to analyse the activities and services delivered by SSD providers at a whole of service type level, KPMG undertook thematic coding of PRs submitted by providers. The services and activities presented in PRs were broadly coded into 11 categories of services.⁵ A description of the types of activities and services delivered under each category is included in Table 1.

⁴ There were 106 organisations funded under SSD in 2019/20 that were matched to the Aged Care Service List. Some required manual matching due to name changes or name abbreviations (e.g. Inc vs Incorporated, Ltd vs Limited).

⁵ Thematic coding was completed by interpreting information provided in the deliverables section of PRs. However, the quality and consistency of information included in PRs varied between organisations. As such, not all PRs clearly discerned the types of activities being delivered by each organisation. Similarly, some activities aligned to multiple categories. Where this was identified, activities were coded to multiple categories.

Table 1: Types of activities and services delivered under SSD⁶

| Category | Description |
|--|---|
| Information to consumers | <p>Activities and services related to the development and dissemination of information to consumers, their family members and carers about CHSP, the broader aged care sector, or the interaction of CHSP and the system more broadly. For example:</p> <ul style="list-style-type: none"> Assisting consumers from non-English speaking backgrounds to access CHSP services through the provision of interpreting and translation services Supporting CHSP eligible consumers and their carers to navigate My Aged Care and the broader aged care system through 'hands on' support over the telephone and in person "Our SSD funding is used to support carers, we educate carers on how to use the system on behalf of a loved one and as a consumer themselves" Online training modules for consumers on aged care assessments. |
| Information to providers | <p>Activities and services related to the development and dissemination of information to providers about CHSP, the broader aged care sector, or the interaction of CHSP and the system more broadly. For example:</p> <ul style="list-style-type: none"> Information materials on the Aged Care Quality Standards (the Standards) Newsletters to CHSP providers with updates on changes occurring in the sector. |
| Internal back office functions | <p>Activities and services related to building the capacity of the organisation funded under SSD, through in-house training, development of in-house policies, procedures and guidelines, website maintenance and support for volunteers. For example:</p> <ul style="list-style-type: none"> Volunteer induction and training material for in-house volunteers on privacy, incident reporting and occupational, health and safety Assessing organisational compliance with food preparation standards Review and development of internal policies and procedures. |
| Other CHSP services | <p>Activities and services that align to the objectives of other CHSP services, such as meals, social support and transportation. For example:</p> <ul style="list-style-type: none"> Delivery of meals and development of meal plans Social support groups that involve dancing, games of bingo, morning tea and coffee with cake, raffles, and afternoon meals Transport services for residents within the community to support community access. |
| Issue identification and escalation | <p>Activities and services related to seeking feedback from consumers and providers locally about how the CHSP is working in practice and escalating issues to the Department. For example:</p> <ul style="list-style-type: none"> A survey to seek feedback from CHSP providers on the needs of the local community Local and regional meetings and working groups aimed at discussing and resolving local and regional issues. |

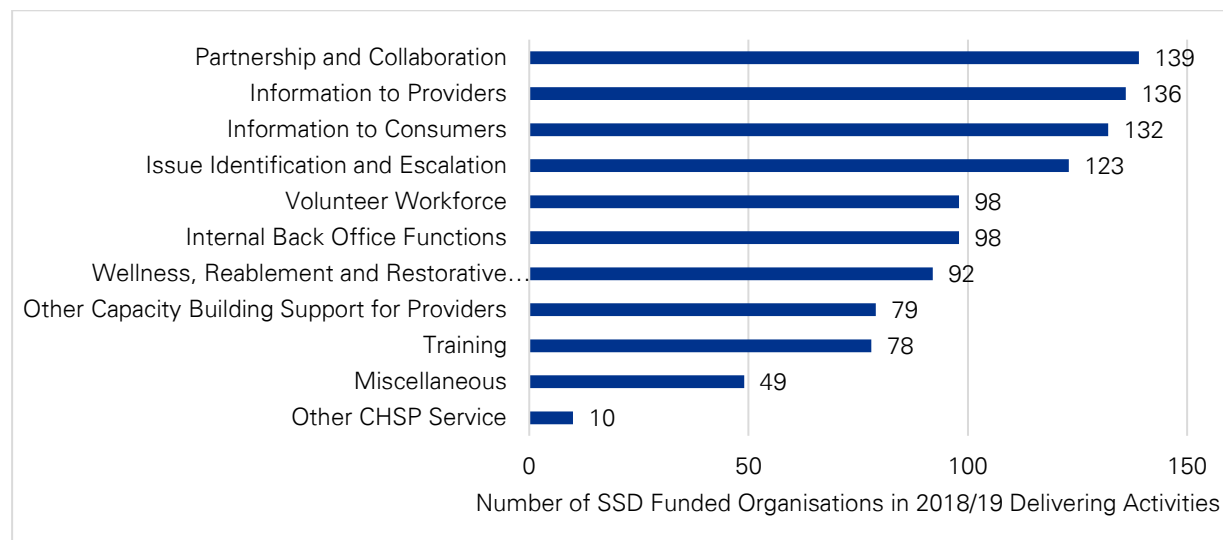
⁶ Quotations included in this table have been gathered from consultations with SSS providers.

| Category | Description |
|--|--|
| Training | <p>Activities and services related to the development and delivery of training to providers and their workforce. For example:</p> <ul style="list-style-type: none"> • Training to improve the skills and capability of staff to deliver aged care on topics such as elder abuse, palliative care, dementia, fall prevention, fire safety, infectious diseases, and hygiene • Cultural competency training • Specialised training on the health needs of consumers, such as in relation to diabetes, arthritis and oral health. |
| Other capacity building support for providers | <p>Activities and services related to broader capacity building of providers, such as through the provision of best practice resources, self-assessment tools and policies and procedures. For example:</p> <ul style="list-style-type: none"> • Supporting CHSP providers to develop diversity and inclusion plans • Workshops and forums on Lesbian Gay Bisexual Transgender and Intersex (LGBTI) inclusion and unconscious bias. |
| Partnerships and collaboration | <p>Activities and services related to networking and promoting working partnerships / collaborations across the sector. For example:</p> <ul style="list-style-type: none"> • Quarterly meetings with primary care providers to promote shared understanding of the needs of the region and to discuss shared interests • Sector wide aged care forums • “We set up forums for CHSP to meet with other organisations in the local area, it provides them with an opportunity to network, sharing ideas and combat feelings of isolation.” |
| Volunteer workforce | <p>Activities and services related to strengthening, enabling and working with the volunteer workforce. For example:</p> <ul style="list-style-type: none"> • Support and training to volunteers to adhere to requirements under the CHSP • Employing a Volunteer Coordinator to work six hours per week to recruit and supervise volunteers to provide CHSP services. |
| Wellness, reablement and restorative care/client centricity | <p>Activities and services related to embedding wellness, reablement and restorative care in service delivery. For example:</p> <ul style="list-style-type: none"> • Training and workshops for CHSP providers focused on understanding and applying wellness and reablement principles in service delivery • Networking meetings and events aimed at sharing learnings and best practice on wellness and reablement. |
| Miscellaneous | <p>Activities and services that did not neatly align to one of the other categories:</p> <ul style="list-style-type: none"> • Development of policy papers on particular issues impacting the sector or older Australians. Examples of policy papers or submissions presented in PRs included a submission on changes to the National Screening and Assessment Form, submission to the Inquiry into Credit and Financial Services targeted toward at-risk Australians and submission for the Victorian Gender Equity Bill • Supporting researchers to recruit older residents to participate in studies and research projects • Maintenance and refurbishment of facilities, such as the installation of solar panels and blinds. |

Source: KPMG thematic coding, 2020

Of the 296 PRs that were analysed, the top three categories of services delivered by organisations funded under SSD are partnerships and collaboration, information to consumers and information to providers (as illustrated in Figure 14).

Figure 14: Number of organisations by service type category⁷



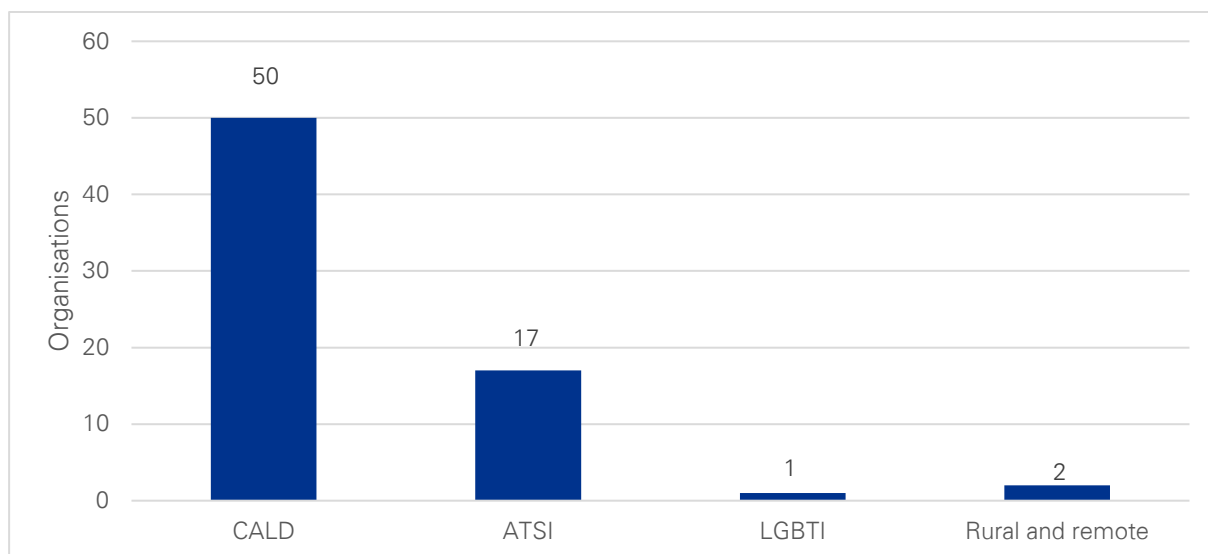
Source: KPMG analysis of CHSP Data Extract Report, 2020

As part of the thematic analysis completed, KPMG investigated whether SSD organisations appear to have a focus on delivering supports that enable diverse needs groups, including Aboriginal and Torres Strait Islander communities and culturally and linguistically diverse (CALD) groups.⁸ This is based on the descriptions provided in the PRs for FY2018/19. Of the 70 organisations that were coded as having a focus on responding to diverse needs groups, the majority focus was on CALD groups (50 of 71 organisations).

⁷ It is important to note that some of the services and activities presented do not meet the objectives of the program. Further detail on the activities and services that do not meet the objectives of SSD is presented at section 3.3.

⁸ Those organisations that specified they support specific diverse needs groups in their PRs or whose mission is to support a particular diverse needs group were thematically coded to the relevant diverse needs group.

Figure 15: Number of organisations focused on supporting consumers with diverse needs



Source: KPMG analysis of CHSP Data Extract Report, 2020

3.1.3 Service models

Organisations funded under SSD employ a range of different models to deliver activities and services. The main models identified include:

- Employing a full time or part time resource responsible for delivering SSD activities
- Co-contributing to a particular function of their business, for example development or updates to a website, or the operation of a helpline
- Subsidising the roles of a number of resources
- Targeted funding towards particular projects or activities such as forums or events.

3.1.4 Jurisdictional approaches

State and territories historically invested in different models and approaches. The different models and approaches currently in place in each jurisdiction are discussed below. Some organisations funded in each jurisdiction either have a national presence, are delivering services that benefit CHSP service providers nationally, or are a nationally focused organisation and have the potential to deliver services nationally (rather than specifically within their funded jurisdiction). Examples include Dementia Australia, Aged and Community Services Australia and UNSW's Home Modification Information Clearinghouse.

It is important to note that there is no funding attributed in the Australian Capital Territory (ACT) to SSD, and only two organisations are funded in the Northern Territory (NT) for a total of approximately \$20,000 per annum.

New South Wales

There are 91 organisations funded in NSW under SSD. These organisations include service providers, state government agencies, peak bodies and local councils. There is a structured arrangement in NSW that involves funded positions dedicated to particular areas with specific

responsibilities. Under the auspice of funded organisations, approximately 57 'Officers' are funded in NSW to deliver sector support activities, including:

- Generalist Sector Support and Development Officers (including Sector Support and Development Officers and Sector Support and Development and Training Officers)
- Multicultural Access Program (MAP) Officers
- Aboriginal or Indigenous Specific Sector Support and Development Officers
- Volunteer Service Officers.

Figure 13 presents the distribution of the above Officers across NSW. There is a large supply of Officers in metropolitan areas of the state, e.g. Greater Western Sydney and the Central Coast regions, compared to rural and remote areas. For example, there are only two funded generalist Sector Support and Development Officers in New England and Orana.

Figure 16: SSD Officers in NSW



Source: SSD Review submission by Ethnic Communities Council of NSW, 2020

Figure 17 presents the distribution of Officers across Greater Sydney. Approximately 67 per cent of Officers are located in inner or outer regions of Sydney compared to 33 per cent in inner or outer areas of regional Sydney.

Figure 17: SSD Officers across Greater Sydney NSW



Source: SSD Review submission by Ethic Communities Council of NSW, 2020

There are a large number of other supports and services that sit outside of these funded structures, but there appears to be a minimal structure to deliver these supports and services. Rather, SSD funded activities appear to have developed over time based on sector need. For example, there are a range of other organisations that are funded to deliver non full time equivalent (FTE) based activities, e.g. "NSW Provider 1" delivers quarterly forums, each with a focus on a particular aged care subject.

Victoria

There are 190 organisations funded to deliver SSD in Victoria, including service providers, state government agencies, peak bodies and councils. The SSD service landscape in Victoria is complex, however four main domains of services and activities were identified:

- **Support for CALD communities:** A number of organisations deliver services and supports that seek to support consumers from CALD communities at a state wide level.
- **Senior Citizen Centres:** The majority of local councils in Victoria receive funding to operate Senior Citizen Centres. These centres offer space for local community groups to undertake a range of recreational and social activities such as bingo, bowls, dancing and craft.
- **Research:** A number of organisations are funded to conduct research projects related to ageing and best practice service delivery, such as research on foot care and circulation.
- **Sector development positions:** There are 31 sector development positions funded in Victoria across three areas: Wellness and Reablement, Diversity and Aboriginal development (described further in Table 2).

Similar to NSW, there are other providers that do not fit within these categories that use funding for a mix of internal and external activities, such as for translation services in supporting consumers to navigate the aged care system or to support direct service delivery such as for internal volunteer coordination and support.

Table 2: Sector development positions in Victoria

| Position | Description |
|--|--|
| Wellness and Reablement Consultants | Wellness and reablement consultants are co-funded by the Department of Health and Human Services to provide practical support and advice to service providers to support the adoption of wellness and reablement approaches. There are two consultants located in each Victorian region responsible for setting the policy agenda for wellness and reablement. Consultants work together (meeting monthly) to build the capacity of the sector with a specific focus on goal-directed care planning. |
| Diversity Advisors | Advisors are located in each of the nine Victorian regions ⁹ , and like the Wellness and Reablement Consultants, the advisors come together monthly to share learnings and discuss strategic priorities. Advisors support and facilitate diversity planning and practice across their region, including supporting CHSP providers to develop diversity plans. |
| Aboriginal Development Officers | There are four Aboriginal Development Officers (ADO) across Victoria. The ADOs support CHSP providers and their staff to improve access to culturally responsive services, including through developing resources for service providers and supporting the development of partnerships in their region. Each of the ADOs run an Aboriginal and Torres Strait Islander network across their catchment. |

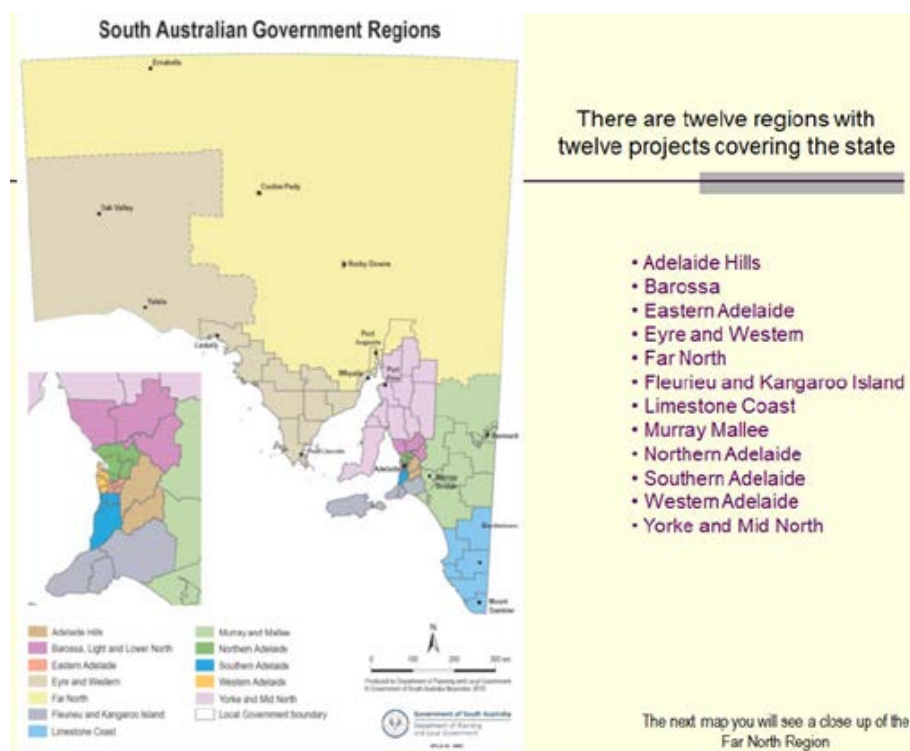
Source: KPMG analysis of the supplied Performance Reports and consultation data, 2020

South Australia

There are 15 state wide structures called 'collaborative projects' in South Australia (SA). Twelve of these are regionally based, two are CALD focused and one is Aboriginal and Torres Strait Islander focused. Regional collaborative projects (illustrated in Figure 18) are funded positions that are focused on building the capacity of CHSP providers in their region, including through networking events, development of information resources and liaising with sector stakeholders in their region. Collaborative projects meet regularly to plan and share information, and also work together on certain state wide or regional initiatives.

⁹ <https://www.rdv.vic.gov.au/regional-partnerships>

Figure 18: Regional Collaborative Projects in South Australia



Source: SSD Review submission by Far North Collaborative Project Officer, 2020

The CALD and Aboriginal and Torres Strait Islander collaborative projects provide state wide supports and services to the CHSP sector. Both CALD projects deliver sector development activities to CALD / Italian specific funded organisations, including the provision of wellness and reablement training, My Aged Care navigation support and support to develop best practice models of care. The Aboriginal and Torres Strait Islander project focuses on supporting Aboriginal and Torres Strait Islander CHSP providers across the state, particularly those based in regional and remote areas. The Aboriginal and Torres Strait Islander project advises CHSP providers on relevant issues and information relating to aged and community care for Aboriginal and Torres Strait Islander people.

In addition to the collaborative projects, five organisations are funded to deliver SSD supports and services. A summary of the activities and services delivered by each organisation is provided in Table 3.

Table 3: Services and activities delivered by SSD funded organisations not operating under the collaborative projects structure¹⁰

| Organisation | Activities and services delivered under SSD |
|----------------------|--|
| SA Provider 1 | <p>SA Provider 1 is a state wide organisation focused on educating and building the capacity of CHSP consumers, carers, advocates and family members, through providing information on:</p> <ul style="list-style-type: none"> • Wellness and reablement • Eligibility and access (e.g. MyGov and My Aged Care) • Rights and responsibilities • Reform initiatives (as they are released). |

¹⁰ Organisation names have been excluded for the purposes of this report.

| Organisation | Activities and services delivered under SSD |
|----------------------|--|
| SA Provider 2 | SA Provider 2 is an organisation focused on building the capacity and capability of volunteers. It uses SSD funding to: <ul style="list-style-type: none"> • Support CHSP providers to recruit and on board volunteers • Deliver wellness and reablement training modules and resources to CHSP providers and their volunteers. |
| SA Provider 3 | SA Provider 3 is a peak consumer representative organisation in SA that is focused on advancing the rights, interests and futures of older people. It uses SSD funding to: <ul style="list-style-type: none"> • Engage local community members, individuals, groups, association members and stakeholders to exchange information on CHSP and aged care reforms • Disseminate information on aged care reforms, CHSP, My Aged Care, wellness and reablement and restorative care. |
| SA Provider 4 | SA Provider 4 is a state wide organisation focused on empowering CALD specific communities. It uses SSD funding to: <ul style="list-style-type: none"> • Deliver a transport service for CALD community groups • Provide induction and training services for volunteers. |
| SA Provider 5 | SA Provider 5 uses their SSD funding to: <ul style="list-style-type: none"> • Facilitate Aboriginal Community Care Forums and state wide CHSP manager meetings that provide information sharing and networking opportunities • Deliver training to CHSP providers on wellness, reablement and restorative care approaches • Work with CALD representatives, interpreters and translators to develop and deliver culturally appropriate training packages and written materials. |

Source: KPMG analysis of the supplied Performance Reports and consultation data, 2020

Queensland

Seven organisations are funded under SSD in Queensland (QLD), including consumer representative organisations, peak bodies and aged care providers. Some organisations funded in QLD have state wide reach whilst others deliver services and activities on a regional basis. Organisations funded in QLD appear to be using SSD both for internal purposes (such as to support service provision within their organisation or for their members) and to support the sector (such as building the capacity of CHSP providers or consumers).

There is also some overlap in the types of activities and services delivered by organisations funded in QLD. For example, both “QLD Provider 3” and “QLD Provider 4” hold information sessions for CALD consumers about the aged care sector and how to navigate the aged care system. A summary of the activities and services delivered by each organisation is provided in Table 4.

Table 4: Services and activities delivered by SSD funded organisations in QLD

| Organisation ¹¹ | Activities and services delivered under SSD |
|----------------------------|---|
| QLD Provider 1 | <p>QLD Provider 1 is a regional organisation focused on building the capacity and capability of volunteers in the local area. It uses SSD funding to:</p> <ul style="list-style-type: none"> • Support CHSP providers to recruit volunteers • Develop and deliver training to volunteers. |
| QLD Provider 2 | <p>QLD Provider 2 is a peak consumer representative organisation in QLD. It uses SSD funding to:</p> <ul style="list-style-type: none"> • Develop information resources for consumers and CHSP providers (e.g. about the Standards, diversity framework and wellness and reablement reporting) • Deliver workshops with CHSP providers (e.g. how to effectively engage consumers on governance and continuous improvement) • Input into policy and planning at a state and Commonwealth level and promotion of Departmental roadshows. |
| QLD Provider 3 | <p>QLD Provider 3 is a consumer representative organisation for people from CALD background. It uses SSD funding to:</p> <ul style="list-style-type: none"> • Deliver cross cultural workshops focused on enhancing the capacity of CHSP providers to deliver culturally appropriate care • Develop and disseminate culturally appropriate information resources for providers (e.g. about how to use the Translating and Interpreting Service (TIS) and how to deliver culturally appropriate care) • Contribute to regional, state and Commonwealth sector meetings and forums. |
| QLD Provider 4 | <p>QLD Provider 4 is a charitable organisation that delivers aged care services and other social services across southern QLD. It uses SSD funding to:</p> <ul style="list-style-type: none"> • Hold information sessions for CALD consumers and present at expos about the aged care system • Deliver training to CHSP providers on working effectively with interpreters and other cross cultural modules • Attend sector wide meetings and events • Build the capacity of its volunteers and other CHSP provider volunteers through the development of training and resources. |
| QLD Provider 5 | <p>QLD Provider 5 is a not-for-profit service provider of residential aged care, community care and retirement living. It uses SSD funding to:</p> <ul style="list-style-type: none"> • Attend sector networking meetings and community expos • Develop training programs and resources for volunteers. |

¹¹ Organisation names have been excluded for the purposes of this report.

| Organisation ¹¹ | Activities and services delivered under SSD |
|----------------------------|---|
| QLD Provider 6 | <p>QLD Provider 6¹² is an association that provides direct care services, as well as some state wide support, education and information. It uses SSD funding to:</p> <ul style="list-style-type: none"> • Hold bi-monthly education sessions and dementia education forums for service providers, and carer support groups and community awareness sessions on dementia • Distribute newsletter • Attend networking meetings. |
| QLD Provider 7 | <p>QLD Provider 7 is a peak body that uses SSD funding to:</p> <ul style="list-style-type: none"> • Develop a service model • Distribute a member satisfaction survey • Provide support to members, including in accounting, HR, marketing and contract negotiation • Develop and disseminate information to members on the aged care system, e.g. 'Friday Fast Facts'. |

Source: KPMG analysis of the supplied Performance Reports and consultation data, 2020

Tasmania

Seven organisations are funded in Tasmania to deliver SSD supports and services including peak bodies, service providers and state government agencies. The majority of organisations funded in Tasmania have state wide reach with the exception of one organisation which operates in the southern region of the state. Organisations funded in Tasmania appear to work both independently and in partnership with one another, for example two organisations work together to develop resources. Organisations funded in Tasmania appear to be primarily using SSD to both support the sector (such as to build the capacity of CHSP providers or consumers) and to support and build the capacity of the volunteering workforce. One provider also uses funding to deliver a program that is focused on reducing social isolation experienced by older people.

There appears to be limited overlap in the types of activities and services delivered by organisations funded in Tasmania. A summary of the activities and services delivered by each of the seven organisations funded in Tasmania is provided in Table 5.

Table 5: Services and activities delivered by SSD funded organisations in Tasmania

| Organisation ¹³ | Activities and services delivered under SSD |
|----------------------------|--|
| TAS Provider 1 | <p>TAS Provider 1 is a state government agency focused on building awareness around older people and their specific nutritional needs. It uses its funding to:</p> <ul style="list-style-type: none"> • Deliver face to face and online training and resources for CHSP staff and volunteers regarding older people and their nutritional needs • Create and promote easy to navigate webpages that house older people's nutrition and physical activity resources and links • Investigate opportunities to increase menu planning support and resources for CHSP services in Tasmania. |

¹³ Organisation names have been excluded for the purposes of this report.

¹³ Organisation names have been excluded for the purposes of this report.

| Organisation ¹³ | Activities and services delivered under SSD |
|----------------------------|--|
| TAS Provider 2 | <p>TAS Provider 2 is a state wide service provider focused on increasing the independence and inclusion of older people. It uses its funding to:</p> <ul style="list-style-type: none"> • Develop and maintain a range of information resources about assistive technology, techniques and accessible design with a focus on reablement and independence • Deliver workshops that aim to provide links between assistive technology and the wellness and reablement principles of CHSP • Operate a call centre to answer queries related to assistive technology and wellness and reablement • Provide a walk-in display centre staffed by occupational therapists with a range of equipment for people to try, aimed at increasing wellness and reablement. |
| TAS Provider 3 | <p>TAS Provider 3 is a peak body focused on building the capacity and capability of volunteers across Tasmania. It uses its funding to:</p> <ul style="list-style-type: none"> • Provide education and training to CHSP service providers to assist them in developing and applying volunteer management practices aligned with the National Standards for Volunteer Involvement • Increase the knowledge and skills for volunteer managers in relation to best practice management of volunteers • Implement strategies to support organisations funded under the CHSP in transitioning their volunteer workforce to a client-directed care environment. |
| TAS Provider 4 | <p>TAS Provider 4 is a peak body focused on building the capacity of aged care consumers. It uses its funding to:</p> <ul style="list-style-type: none"> • Deliver peer to peer support programs to assist older Tasmanians to engage with the aged care system • Facilitate state wide forums to collect feedback from CHSP providers and consumers on the current system • Develop processes to support discharge planning, assisting with My Aged Care referrals and assessments. |
| TAS Provider 5 | <p>TAS Provider 5 is a peak body focused on educating the sector on aged care reforms and the system. It uses its funding to:</p> <ul style="list-style-type: none"> • Develop and disseminate information on the CHSP and its interaction with the broader aged care system • Broker, coordinate and deliver training and education to service providers, the workforce and consumers that are responsive to client needs • Consult with providers to determine and update on needs and gaps in knowledge / skills. |
| TAS Provider 6 | <p>TAS Provider 6 is a state wide body focused on supporting both the volunteer workforce and aged care consumers. It uses its funding to deliver a program which is focused on reducing social isolation experienced by older people.</p> |

| Organisation ¹³ | Activities and services delivered under SSD |
|----------------------------|---|
| TAS Provider 7 | <p>TAS Provider 7 is a regional organisation focused on supporting the CALD community to integrate into the broader aged care community. It uses its funding to:</p> <ul style="list-style-type: none"> • Undertake information, education and training in the area of culturally sensitive service provision to build the capacity and competency of the sector • Disseminate communications and an aged care newsletter to share, with CALD communities, relevant information provided by the Department on policies, reforms, programs, services, activities and decisions • Hold regular meetings with new and emerging CALD communities on available aged care services, how to navigate through My Aged Care, and how to utilise services to meet clients' goals and the wider community services available. |

Source: KPMG analysis of the supplied Performance Reports and consultation data, 2020

Western Australia

Five organisations are funded in Western Australia (WA) to deliver SSD supports and services, including peak bodies, service providers and a council. Organisations funded in WA appear to be using SSD both for internal purposes, such as to support service provision within their organisation and to deliver services akin to those delivered under the SSS sub-program (such as continence advisory services). Another provider appears to be using funding to deliver activities similar to those delivered under the SSS, for example continence advisory services.

There also appears to be some overlap in the types of activities and services delivered by organisations funded in WA. For example, two organisations facilitate support groups for carers and deliver dementia advisory services. A summary of the activities and services delivered by each of the seven organisations funded in WA is provided in Table 6.

Table 6: Services and activities delivered by SSD funded organisations in WA

| Organisation ¹⁴ | Activities and services delivered under SSD |
|----------------------------|---|
| WA Provider 1 | <p>WA Provider 1 is a state wide peak body focused on providing support, education and information to assist people living with dementia as well as their families and carers. It uses its funding to:</p> <ul style="list-style-type: none"> • Deliver leadership team sessions and training workshops for CHSP providers and carers • Facilitate carer support groups. |
| WA Provider 2 | <p>WA Provider 2 is a state wide body focused on providing specialist information and advice, resources, carer support through counselling, education / training, social support and carer advocacy and representation. It uses its funding to:</p> <ul style="list-style-type: none"> • Identify sector training and information needs through carer consultations • Facilitate carer support groups and carer information sessions, e.g. on managing challenging behaviours and organising respite • Deliver dementia advisory services. |

¹⁴ Organisation names have been excluded for the purposes of this report.

| Organisation ¹⁴ | Activities and services delivered under SSD |
|----------------------------|--|
| WA Provider 3 | WA Provider 3 is a state wide peak body that focuses on building awareness in relation to older people and their specific bladder and bowel health needs. It uses its funding to deliver education and informational sessions for CHSP service providers based on needs and knowledge gaps. |
| WA Provider 4 | WA Provider 4 is a local council operating in regional WA. It uses its funding to: <ul style="list-style-type: none"> • Deliver wellness and reablement training to support staff • Conduct audits on staff in the field to ensure that they are following wellness and reablement principles in the home. |
| WA Provider 5 | WA Provider 5 is a state wide service provider focused on increasing the independence and inclusion of older people. It uses its funding to: <ul style="list-style-type: none"> • Deliver online workshops and conduct regular outreach sessions to CHSP service providers • Operate a helpline to answer queries related to assistive technology and wellness and reablement. |

Source: KPMG analysis of the supplied Performance Reports and consultation data, 2020

3.2 Some providers are adopting innovative models and approaches

A number of innovative models and approaches were identified during the Review. It is important to note that this Review did not consider the efficacy of particular sector support and development models and approaches generally. The models and approaches presented in this section are also not exhaustive. The examples presented were identified through analysis of qualitative and quantitative data gathered during the Review, and that were selected if they were unique and appeared to be or were reported to be efficient and effective in achieving the objectives of SSD.

| Evidence-based resources for the sector | |
|---|---|
| Developing an evidence base for home modifications | <p>UNSW receives SSD funding to operate and contribute to the Home Modification Information Clearinghouse (HMInfo). The HMInfo is an information service that collates, reviews and creates the evidence base for best practice in modification of the home environment to support people with self-care, participation and autonomy. HMInfo publishes evidence-based literature reviews, educational papers, summary bulletins and factsheets, drawing on research about how particular built environments (i.e. products, materials and services) impact human autonomy and wellbeing outcomes. Published content include best practice information on 'Hot Water Safety in Bathrooms' and 'Slip Resistant Floor Surfaces'.</p> |
| Information and resources for CHSP providers | |
| Your Side Sector Support website | <p>Your Side Australia receives SSD funding to operate and contribute their online website https://sector.yourside.org.au/. The website is specifically dedicated to communicating with sector stakeholders on events and sector news. The website provides information on:</p> <ul style="list-style-type: none"> • Improving skills and opportunities to share good practice and learn from others • Accessing tailored courses and workshops specifically designed to assist CHSP providers with the current sector changes • Networking opportunities with colleagues from other organisations <p>Sector stakeholders can also register to receive the Your Side eBulletin through this website which provides stakeholders with the latest information on the sector changes and reforms.</p> |
| <p>Ethnic Communities Council (ECC) receives SSD funding to support services provided by Migrant Access workers and CHSP organisations in particular to CALD communities in NSW. Due to the large geographical coverage, recently an innovative approach was taken by ECC by designing 'Multicultural Exchange Hub' for ageing website, which will be launched post July 2020. The site's purpose is to assist ECC coordinators to streamline how to do business, have a more significant impact, reach a broader geographical audience while reducing travel costs, and convening the Multi-cultural Access Program (MAP) network more uniformly and effectively.</p> <p>The information on the website has been designed for all CHSP providers, to assist them in delivering excellence in culturally appropriate care and to have access to resources including contact details for local CALD SSD – Multicultural Access Officers in their area to book in in-house training sessions. In addition, the site allows Google analytics to report on who, how, what, information was disseminated and to how many subscribers/ the list of subscribers. The coaching and booking system for training and online forums will allow identification of state-wide trends, challenges and training needs.</p> | |
| Volunteer Management Reviews | <p>Volunteering Tasmania (VT) receives SSD funding to assist CHSP providers with advice, support, research and advocacy in regards to volunteer involvement and management practices. VT provides one-on-one direct support to providers in the format of Volunteer Management Reviews (VMRs) and Check-Ups in relation to the National Standards for Volunteer Involvement. Two VMRs are offered free to CHSP providers within the SSD funding, the objectives of this project are to work collaboratively with the provider to:</p> <ul style="list-style-type: none"> • Review the requirements of a volunteer program for the provider • Develop frameworks for recruitment, induction and training, and retention • Develop written resources for recruitment strategies, policies and procedures, and a volunteer manual • Volunteering Tasmania will provide 6 hours of coaching for the CHSP providers Volunteer Coordinator/s staff. |

Resources for CHSP providers

Sustainable Aged Care Business Incubator (Incubator)

Ethnic Communities' Council of Victoria (ECCV) receives SSD funding to operate the Incubator. The Incubator is a business support model aimed at assisting small ethno-specific and multicultural (established and emerging) community organisations to achieve business sustainability in the aged care market across Victoria. The Incubator delivers business mentor-ship to its members through tailored training session's and one to one support. Its aim is to advance and strengthen quality niche aged care services supply to assist a great proportion of culturally and linguistically diverse older people across Victoria, providing the real choice and control and empowering individuals in need.

Collaboration and coordination between SSD organisations

Multicultural Access Program (MAP) Network in NSW

The Ethnic Communities Council of NSW receives SSD funding to operate the MAP network in NSW. The network is comprised of 12 members in NSW and meets on a bi-monthly basis. The MAP Program provides support to both the aged, community care service providers and CALD communities so that consumers have a better understanding of the Commonwealth and State Commonwealth Home Support Programs. The MAP aims to support older CALD Australians, younger people with a disability and their carers to live more independently at home and in the community and to reduce the potential early entry to residential or institutional care. This is achieved by developing and sharing resources and strengthening the capacity of MAP workers.

Community Health Services in Victoria receive funding for a Diversity Advisor. Diversity Advisors are responsible for promoting collaboration and partnerships through a range of settings including regional forums, one to one conversations, communities of practice and best practice forums. They work with peak bodies to develop activities and disseminate appropriate resources, research and development opportunities to CHSP providers. Diversity Advisors have developed excellent relationships with their local communities and understand the needs of their region. They provide a connecting role between peak bodies, diverse community members/groups and CHSP service providers by facilitating networking opportunities and access to specialist services. For example to support CHSP service providers understand the needs of Care Leavers and Parents separated from children by forced adoption, Diversity Advisors worked with Peak bodies to co-design a forum built on their stories and lived experiences.

Diversity Advisors

SA Collaborative Projects

The Collaborative Projects is 15 projects across South Australia that work under four strategic aims, collaboration, reform, engagement and responsiveness, with the objective of building the capacity of CHSP providers. Of the 15 projects, 12 are regionally based, 2 are CALD specific and one is Indigenous specific. Each region / target cohort has an Activity Work Plan that reflects the four strategic aims, with specific deliverables unique to the needs of the individual regions. Where there are commonalities Projects work together to roll out state-wide events including the development of information resources and networking events with SSD providers and training. The Collaborative projects meet regularly to plan and share information and discuss the commonalities of each region / target cohort and how they can support each other to achieve the overall objective.

Resources for CHSP providers and consumers

**Aboriginal Aged Care
Directory**

IDEAS receives SSD funding to continually update a comprehensive directory of services and supports for Aboriginal Aged Care in the Riverina Murray region including Wagga Wagga, Griffith, Albury, Leeton, Tumut and Deniliquin and nearby regional and rural areas. The directory includes information about local services focused on supporting Aboriginal people available in the region, including aged care, health, accommodation, housing, transportation, rights and decision making.

3.3 Not all activities meet the objectives of SSD

As noted in Section 2.2, activities funded under SSD are required to meet at least one of six objectives. Investigation of AWP and PRs submitted by SSD providers revealed that not all activities and services being delivered under SSD appear to meet the objectives. More than half of SSD providers (58 per cent, or 180 SSD providers) appear to be delivering activities or services that do not meet the objectives of SSD. These activities and services include:

- Activities and services that are focused on **building the capacity of the organisation funded under SSD** rather than the capacity of other CHSP organisations, such as in-house training, website maintenance and support for in-house volunteers
- Activities that align to the objectives of **other CHSP sub-programs**, such as social support, transport and meals
- **Property maintenance** and refurbishment of facilities
- Operating Senior Citizens Centres.

These out of scope activities are described in more detail below.

Building the capacity of the organisation funded under SSD

Ninety-eight organisations appear to be using their SSD funding to support the delivery of aged care services or activities within their own organisation, rather than for capacity building. These activities are focused on building the capacity of the organisation funded under SSD, such as:

- **In-house training:** Including delivering cultural competency training to staff to support them to effectively communicate and work with consumers from CALD backgrounds
- **Volunteer support:** Developing and delivering volunteer induction training
- **Reviewing service delivery and internal practices:** Reviewing feedback and complaint systems or conducting reviews of care plans
- **Marketing and communications:** Website maintenance and updating the organisational details on the My Aged Care website.

Provision of other CHSP services

The Review also found that some SSD providers use funding to provide services that align to the objectives of other CHSP service types, including:

- **Transport services:** Transport services are currently funded under the CHSP Community and Home Support sub-program. Some organisations are using funding to deliver transport services to consumers, for example to employ volunteer drivers. One council also reported operating a bus share register – a central booking service for local CHSP organisations and community groups to book buses to transport aged care consumers to social groups.
- **Meals:** Meals services are currently funded under the CHSP Community and Home Support sub-program. A number of providers reported using funding under SSD for meals services, including to subsidise the preparation and delivery of meals, as well as to conduct administrative activities such as the development of meal plans or to assess compliance with food preparation standards.

- **Social Support:** Social support services are currently funded under the CHSP Community and Home Support sub-program. The Review found that SSD funding is being used to deliver individual and group social support-type activities, such as dancing and exercise classes. It was also found that SSD providers are using funding for social support type activities that would be considered out of scope for the Social Support sub-program, for example day trips to the Crown Casino in Melbourne.

Some organisations also appear to be using funding to support NDIS providers or in relation to NDIS clients.

Property maintenance and refurbishment of facilities

Some providers reported using SSD funding for the management and maintenance of their facilities. Examples included the development of asset maintenance plans, refurbishment of buildings and installation of solar panels. One provider reported using \$21,000 of funding to refurbish their own facility (for example laying new flooring, installing roof safety systems, renovating kitchens and expanding bathroom access) in order to increase the organisation's capacity to offer services to their local community.

Senior Citizens Centres

Senior Citizen Centres are commonly funded and / or provided by local governments across Australia. These centres offer space for local community groups to undertake a range of recreational and social activities such as bingo, bowls, dancing and craft. The majority of local councils in Victoria receive funding under SSD that supports the operation of some of their Senior Citizen Centres. While the CHSP Manual does not prescribe that Senior Citizens Centres are out of scope, SSD funding which is used for Senior Citizens Centres appears to cover the operating expenses of Senior Citizen Centres such as cleaning costs, waste collection and utility bills, which may not generally be considered in scope for SSD.

3.4 There are inconsistencies across SSD

There are a range of inconsistencies across SSD, including:

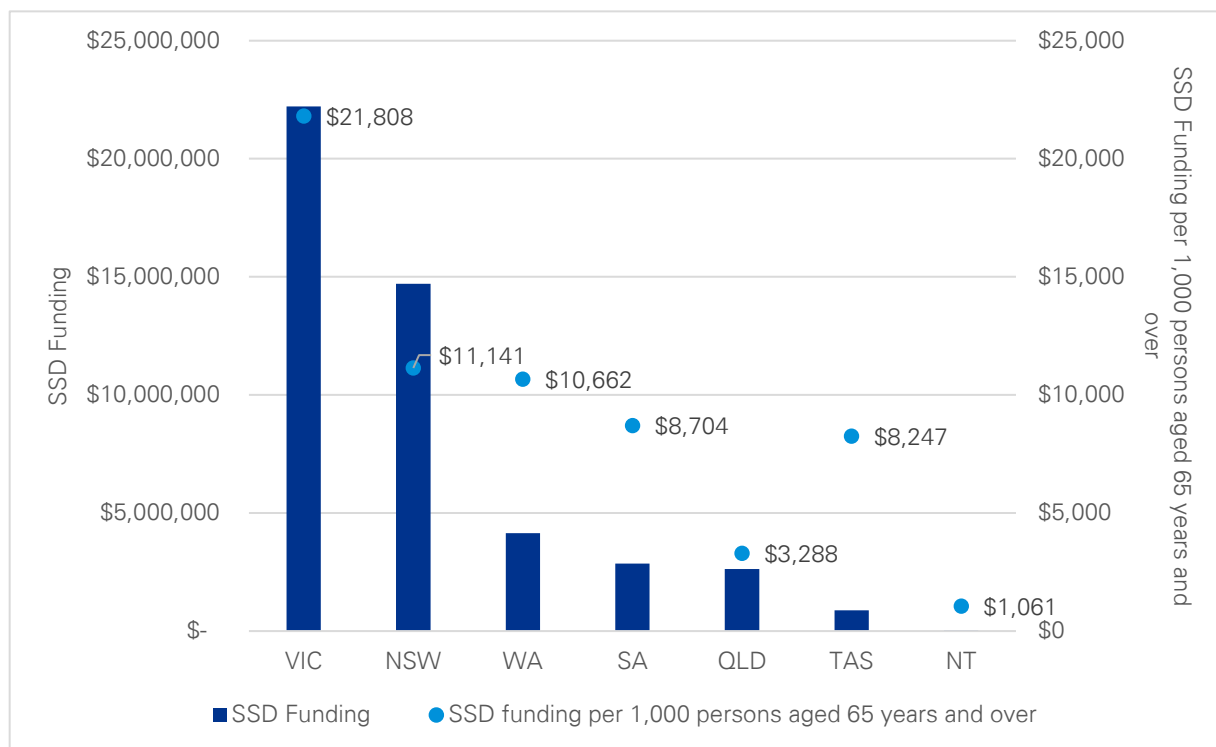
- Funding disparities across jurisdictions
- Differences in the distribution of funding across organisations
- Disparities in the activities and services funded in each jurisdiction.

These are described further below.

Funding disparities across jurisdictions

As noted in Section 2.4, the majority of funding under SSD is provided to organisations in Victoria and NSW. Organisations within these two jurisdictions received 77.8 per cent of the funding in FY2019/20 despite having 57.9 per cent of the population aged 65 years and over as at September 2019. The funding per 1,000 persons aged 65 years and over shows marked differences across jurisdictions. For example, Victoria receives \$21,808 for every 1,000 persons aged 65 years and over, whereas QLD receives \$3,288 for every 1,000 persons aged 65 years and over. The funding distribution is illustrated in Figure 19.

Figure 19: SSD funding by jurisdiction (blue bars) and funding per 1,000 persons aged 65 years and over (blue dots)

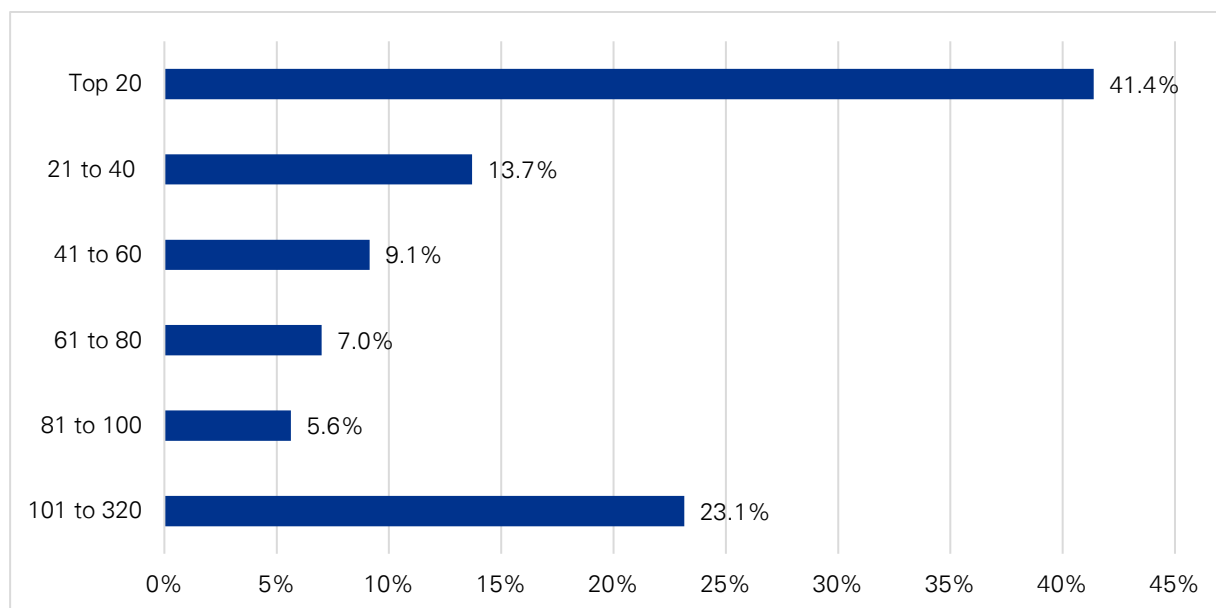


Source: KPMG analysis of CHSP Data Extract Report and ABS Australian Demographic Statistics September 2019

Differences in the distribution of funding across organisations

Less than 10 per cent of organisations (31 organisations) received 50 per cent of SSD funding, i.e. there are a large number of organisations receiving “relatively small” amounts of funding. Figure 20 outlines this distribution. For example, the top 20 organisations in terms of funding received 41.4 per cent and the bottom 220 received 23.1 per cent of the \$47.5 million of SSD funding in FY2019/20.

Figure 20: SSD funding by organisation 2019/20



Source: KPMG analysis of the CHSP Data Extract Report, 2020

Disparities in the activities and services funded in each jurisdiction

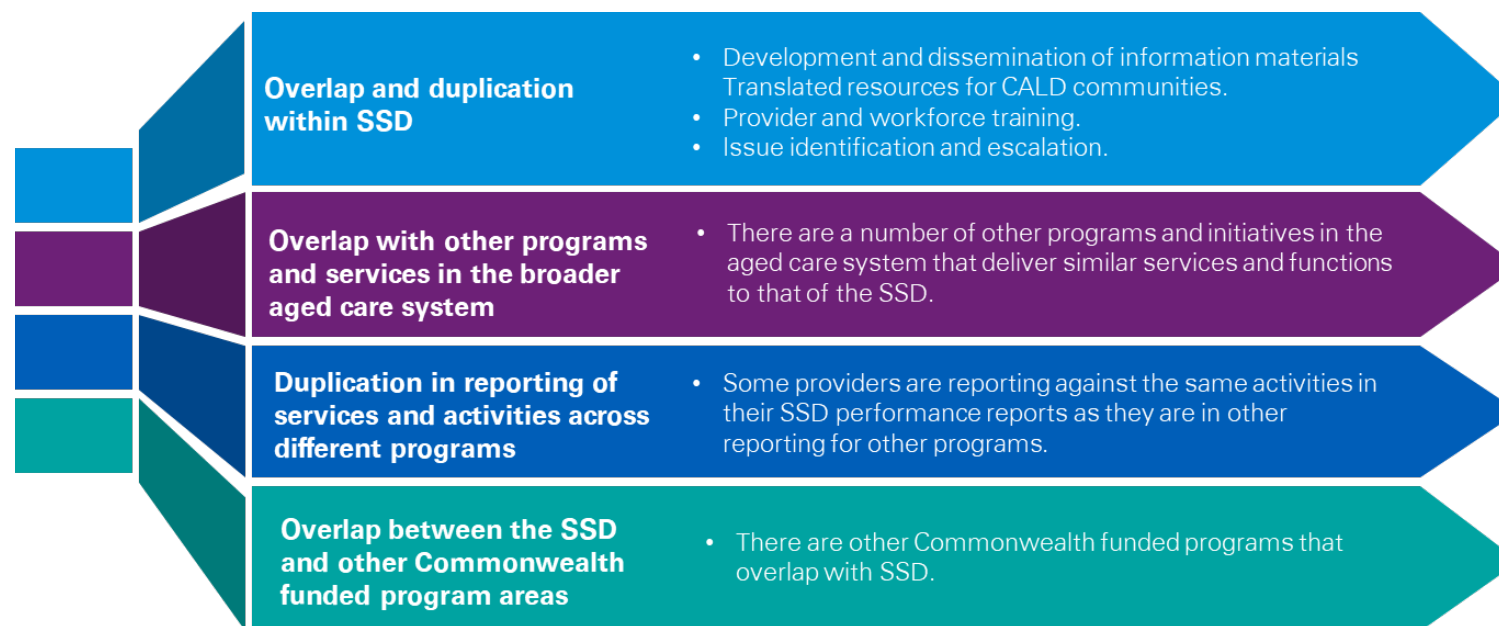
There are also inconsistencies in the types of activities and organisations funded under SSD, including:

- National organisations are only funded in some jurisdictions. VIC Provider 1 is a national provider of blindness and low vision services in Australia but is only funded to carry out sector support activities in Victoria.
- Networks of state and territory associations are only funded in a selection of jurisdictions.
- Some services and activities predominantly funded by other levels of government are funded under SSD in certain jurisdictions. For example, the majority of local councils in Victoria receive funding to operate their Seniors Citizen Centres. These are generally funded by local government in other jurisdictions.

3.5 There is overlap and duplication across SSD and the broader aged care system

A range of Commonwealth-funded programs and activities in the aged care system support the functioning of the aged care system and help aged care providers to effectively deliver aged care services. The Review found there is a level of duplication and overlap between the activities and services funded under SSD and those funded by each of these programs in the broader aged care system. There also appears to be some overlap and duplication in the activities and services provided under SSD. This overlap and duplication is illustrated in Figure 21 and described further below.

Figure 21: Overlap and duplication in SSD



Source: KPMG, 2020

3.5.1 Overlap and duplication within SSD

There appears to be some overlap in the activities and services delivered under SSD. Some organisations which have a state wide remit appear to be delivering the same services in a jurisdiction. For example:

- Two organisations in WA offer support groups for carers of people living with dementia
- In SA, there are two organisations funded to provide support to CALD communities as a Collaborative Project; however, one organisation's remit is limited to the Italian community and the other has a broader focus on all CALD communities.

There is also duplication in the activities and services delivered under SSD. This is likely resulting in inefficiencies and, in some cases, inconsistency in how information and training is delivered to the sector. Some key areas of duplication are described below.

Information materials

A reasonable number of organisations funded under SSD develop and disseminate resources and information materials about the aged care system. These include fact sheets and guidance documents for CHSP providers, consumers, their family members and carers about how to navigate My Aged Care, what is involved in an assessment, complying with the Standards, CALD specific aged care supports and services, and the impact of aged care policy reforms on the delivery of CHSP supports and services. However, it appears that many of these organisations are developing materials and resources in isolation of one another and developing resources and materials that present the same or similar information. For example, a number of organisations develop and disseminate monthly newsletters that provide duplicative information on the CHSP service system and broader aged care reform updates provided by the Department. A number of these resources also replicate resources published and / or that are readily available on the Department, the Aged Care Quality and Safety Commission and the My Aged Care websites. There is also the risk that, when disseminating information materials, the incorrect information is not presented or is not sufficiently tested with consumers.

Translated resources for CALD communities

Fact sheets and resources published by the Department about reform and policy changes, or about the aged care system generally and how to access it, are not always translated into other languages and / or are only translated into a selection of languages. Some organisations use SSD funding to translate government materials for CALD communities. It appears there is some duplication in the resources published by different providers. For example, multiple organisations have translated the Standards guidance document provided by the Department into Chinese, Greek, Italian and Russian.

Provider and workforce training

Nearly one-quarter of SSD providers use funding to develop and deliver training to CHSP providers. While training cuts across a range of domains, it appears that a number of organisations are delivering training across the same or similar areas, such as how to implement wellness and reablement approaches to care in addition to how to recruit and manage volunteers.

3.5.2 Overlap with other programs and services in the broader aged care system

Sector development programs and initiatives are used by governments across other service sectors to build sustainable and high quality service systems.¹⁵ They are focused on building the capacity and capability of key actors within service systems, such as consumers and their family members and carers, the workforce, service providers and peak bodies, to achieve better outcomes for service users.

While there is variability across service systems, these programs and initiatives can be broadly categorised into the following core functions:

Figure 22: Sector development and support functions



Source: KPMG, 2020

The aged care system in Australia is similarly supported by such programs and initiatives. SSD is one such initiative that is focused on building a sustainable and high quality service system.

The Review identified a number of other programs and initiatives in the aged care system that deliver similar services and functions. Some key areas of overlap include:

- SSD, SSS and Aged Care Navigator Trials fund organisations to support consumers to understand, engage with and navigate the aged care system

¹⁵ <https://www.facs.nsw.gov.au/download?file=416846>
<https://education.nsw.gov.au/early-childhood-education/working-in-early-childhood-education/sector-development>
<https://www.dss.gov.au/disability-and-carers/programs-services/what-is-the-ndis-jobs-and-market-fund>
<https://dlgc.communities.wa.gov.au/GrantsFunding/Pages/Sector-support.aspx>

- SSD, SSS, DBMAS, National Dementia Support Program (NDSP) fund organisations to provide education, training and other resources or advice to aged care providers and their staff on the needs of people living with dementia
- SSD, SSS and NDSP each fund organisations to provide information and support to people living with dementia and their carers
- PICAC, SSD and SSS fund organisations to develop information resources and conduct workshops and education sessions for consumers from CALD communities. They also deliver training for aged care providers and the workforce on the needs of CALD communities
- The Remote and Aboriginal and Torres Strait Islander Aged Care Service Development Assistance Panel (SDAP Panel), Aged Care Quality and Safety Commission, the Department and SSD each play a role in providing information and training to aged care providers on how to meet their regulatory obligations.

Table 7 overleaf provides a list of aged care programs and services, and details which aspect of these organisations intersects or overlaps with SSD. The programs and initiatives presented are not exhaustive, but rather reflect programs and initiatives with a primary focus on sector support and development. There are other programs and initiatives funded in the aged care system that have a role in delivering some of the functions presented, for example assessment organisations and service providers play a secondary role in supporting consumers and their carers to navigate the aged care system.

As noted previously, KPMG also sought to understand the specific intersections between SSD and the SSS. The results of this investigation are documented below.

Table 7: List of aged care programs and services and their overlap with SSD

| Program / service | Description | Advocacy | Navigational support | Information and awareness | Education and training | Change management | Sector leadership |
|--|--|----------|----------------------|---------------------------|------------------------|-------------------|-------------------|
| Department of Health | The Department is responsible for aged care policy and programs. As such, it plays a role in providing information and training to aged care providers and consumers on the aged care system and providing guidance to providers on how to meet program requirements. | | | ✓ | ✓ | ✓ | ✓ |
| Aged Care Quality and Safety Commission | The Aged Care Quality and Safety Commission (the Commission) is responsible for regulating the aged care system. As such, it plays a role in providing information and training to aged care providers and consumers about the aged care system and providing guidance to providers on how to meet their regulatory requirements and adopt best practice in service provision. | | | ✓ | ✓ | ✓ | ✓ |
| Sector Support and Development | SSD is a service type under the CHSP. The objective of SSD is to support the development of the home support service system and enable CHSP service providers to operate effectively in line with the objectives of the CHSP and within the context of the broader aged care system. | | ✓ | ✓ | ✓ | ✓ | ✓ |

| Program / service | Description | Advocacy | Navigational support | Information and awareness | Education and training | Change management | Sector leadership |
|--|--|----------|----------------------|---------------------------|------------------------|-------------------|-------------------|
| Specialist Support Services Sub-Program | The SSS is a sub-program under the CHSP. The objective of the SSS is to provide services that meet the needs of older people living at home, such as to support people with a particular condition such as dementia or vision impairment. The program comprises a mix of direct service delivery, tailored support and expert advice. It also provides support to other service providers to meet specialised needs of those clients through awareness raising, information sharing and education. | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Aged care system navigators | The Aged Care System Navigator measure includes four programs of trials that are testing different models to help people to understand and engage with the aged care system. The trials provide face to face, telephone and online supports to help people to understand what aged care services are available to meet their needs, to connect with My Aged Care and to choose and access aged care services. | | ✓ | ✓ | | | |

| Program / service | Description | Advocacy | Navigational support | Information and awareness | Education and training | Change management | Sector leadership |
|---|---|----------|----------------------|---------------------------|------------------------|-------------------|-------------------|
| My Aged Care | My Aged Care is the central gateway for older Australians to access aged care services. Part of the remit of My Aged Care is to offer information to older people and their families about aged care and how to access aged care (over the telephone, through fact sheets, online etc.). | | | ✓ | | ✓ | |
| Dementia Behaviour Management Advisory Service (DBMAS) | DBMAS provides support and advice to service providers and individuals caring for people living with dementia where behavioural and psychological symptoms of dementia are impacting a person's care. This includes education and training for care providers. | | | | ✓ | | |
| Dementia Training Program | The Dementia Training Program offers a national approach to accredited education, up skilling, and professional development in dementia care. | | | | ✓ | | |
| National Dementia Support Program | The National Dementia Support Program funds education programs, services and resources that aim to improve awareness and understanding about dementia and increase the skills and confidence of people living with dementia, their carers, families, health professionals, volunteers and community contacts. | | | ✓ | ✓ | | |

| Program / service | Description | Advocacy | Navigational support | Information and awareness | Education and training | Change management | Sector leadership |
|---|--|----------|----------------------|---------------------------|------------------------|-------------------|-------------------|
| National Aged Care Advocacy Program | The National Aged Care Advocacy Program provides free, confidential and independent advocacy support to older people, their families and representatives across Australia. | ✓ | | | ✓ | | |
| Partners in Culturally Appropriate Care (PICAC) | <p>PICAC organisations conduct a range of activities, including training, information sessions, workshops, and resource development that aim to:</p> <ul style="list-style-type: none"> • Support aged care providers to deliver culturally appropriate care to older people from CALD communities • Help older CALD consumers and their families make informed decisions about their aged care needs. | ✓ | | ✓ | ✓ | | ✓ |
| The Remote and Aboriginal and Torres Strait Islander Aged Care Service Development Assistance (SDAP) Panel | The SDAP Panel consists of suitably qualified organisations engaged by the Department to provide specialist advice and assistance to eligible aged care providers. A function of the SDAP Panel is sector support, including assisting providers to re-position their business or adopt changes to the aged care system. | | | | ✓ | | |

| Program / service | Description | Advocacy | Navigational support | Information and awareness | Education and training | Change management | Sector leadership |
|---|--|----------|----------------------|---------------------------|------------------------|-------------------|-------------------|
| Aged Care Education and Training Incentive Program | The Aged Care Education and Training Incentive Program provides incentive payments to aged care workers who complete certain training courses. | | | | ✓ | | |
| National Continence Program (NCP) | The NCP is a national program to support the prevention and management of incontinence. One of the main aims of the NCP is to increase awareness of bladder and bowel health through information and support. | | | ✓ | ✓ | | |
| LGBTI Sensitivity Training and Resources | The Silver Rainbow LGBTI Aged Care Awareness Training Project delivers training to aged care service providers, assessment teams and other stakeholders to raise awareness of LGBTI people and their ageing related issues, and provide the knowledge and skills basis for organisations and their staff to become more LGBTI inclusive. | | | | ✓ | | |
| Assistance with Care and Housing (ACH) | ACH is a sub-program under the CHSP. The objective of the ACH is to support those who are homeless or at risk of homelessness to access appropriate and sustainable housing as well as community care and other support services, including through navigational support. | ✓ | ✓ | | | | |

| Program / service | Description | Advocacy | Navigational support | Information and awareness | Education and training | Change management | Sector leadership |
|--|---|----------|----------------------|---------------------------|------------------------|-------------------|-------------------|
| Funding agreements with Peak Bodies | The Department has existing agreements in place with different peak bodies representing the sector across Australia to facilitate thought leadership in the sector and seek guidance on reform. | | | | | | ✓ |

Source: KPMG, 2020

Overlap between SSD and the SSS

KPMG conducted specific data collection activities to understand the intersection between SSS and SSD. This included a survey to SSS providers and consultations with a sample of SSS stakeholders. Analysis of data collected through these activities revealed there is overlap between SSD and SSS. This section presents an overview of this overlap. More detailed findings from the SSS survey are provided in **Appendix E**.

About SSS

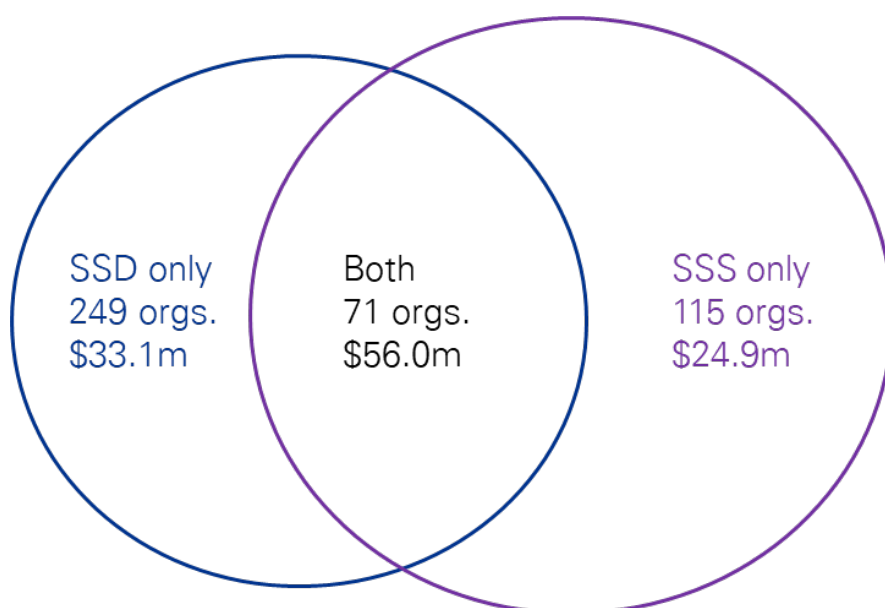
SSS is a service type under the Community and Home Support sub-program of the CHSP.

The objective of SSS is to provide services that meet the specialised needs of older people living at home. This includes a mix of direct service delivery, tailored support and advice, as well as providing support to other service providers to meet the specialised needs of their consumers through awareness raising, information sharing and education. These services are delivered across five service sub-types:

- Continence advisory services
- Dementia advisory services
- Vision support services
- Hearing support services
- Other support services.

In 2019-20, 186 organisations received SSS funding of \$66.6 million dollars (i.e. this is almost \$20 million more than the 320 organisations that received \$47.5 million of SSD funding). There is substantial overlap in the organisations that receive funding. In total, \$114 million of funding is provided across the two programs, but 71 organisations receive funding from both SSD and SSS. This totals \$56 million for these 71 organisations. The overlap is outlined below.

Figure 23: SSD and SSS funding overlap in 2019/20

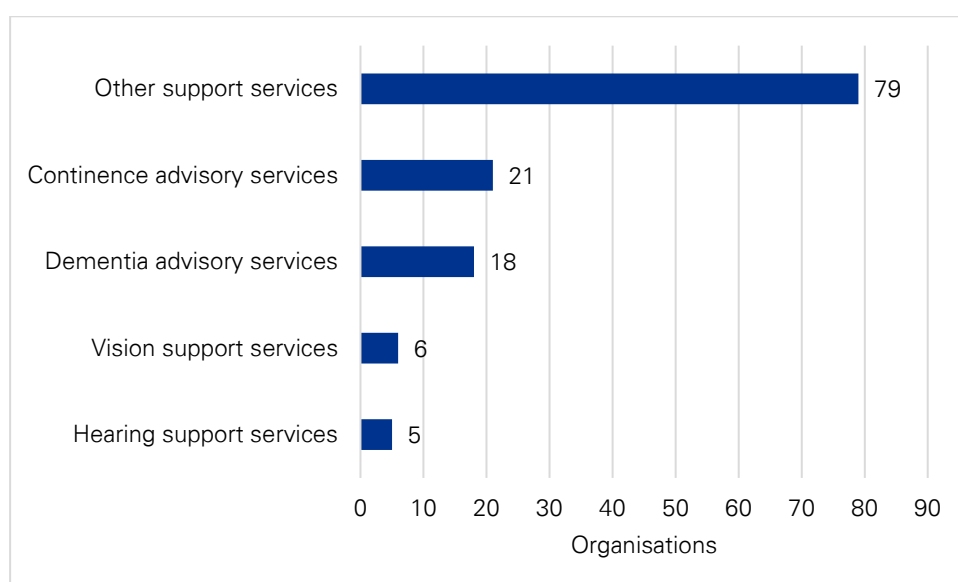


Source: KPMG, 2020

Areas of overlap and duplication

Of the 93 organisations that responded to the SSS survey, 79 reported delivering 'other support services' and activities that align to the objectives of SSD. This was followed by Continence advisory services with 21 organisations selecting this option (Note: organisations could select multiple responses for this question.) This distribution is outlined in Figure 24 below.

Figure 24: Distribution of service sub-types selected by survey respondents



Source: SSS Survey

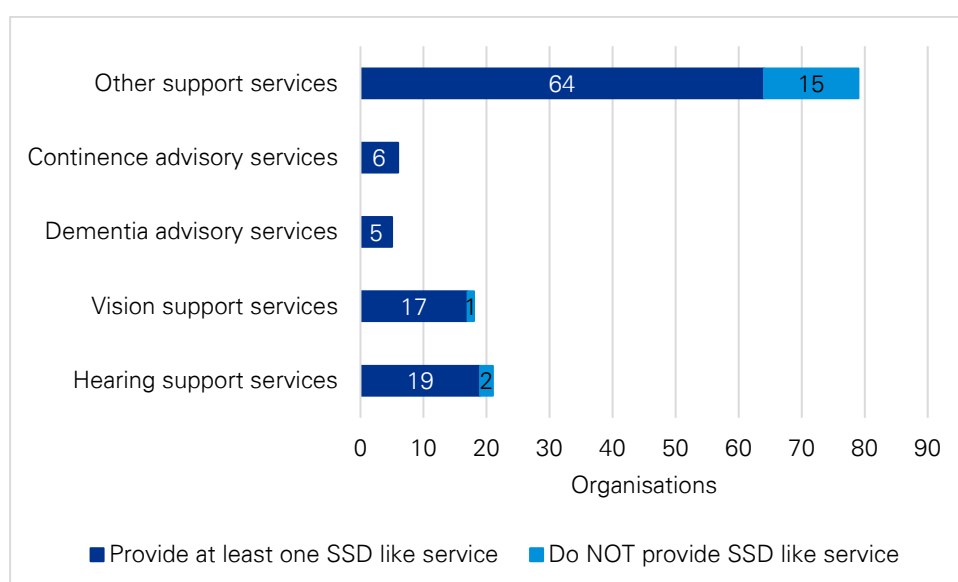
Organisations were then asked a consistent suite of questions related to these service sub-types. These related to where services are delivered (by ACPR), recipients and services and activities that closely align to SSD. These activities were:

- Developing and disseminating information on the CHSP and its interaction with the broader aged care system

- Embedding wellness, reablement and restorative care approaches into service delivery
- Strengthening the capacity of CHSP service providers to deliver quality services that are responsive to client needs, including clients with diverse needs
- Brokering, coordinating and delivering training and education to service providers, the workforce and consumers
- Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system
- Supporting and maintaining the volunteer workforce.

The 'other support services' sub-type of SSS appears to have the most overlap with SSD, with 64 of 79 organisations reporting they receive funding under the 'other support services' sub-type and reporting they deliver at least one service and activity that aligns to the objectives of SSD. This is illustrated in Figure 25.

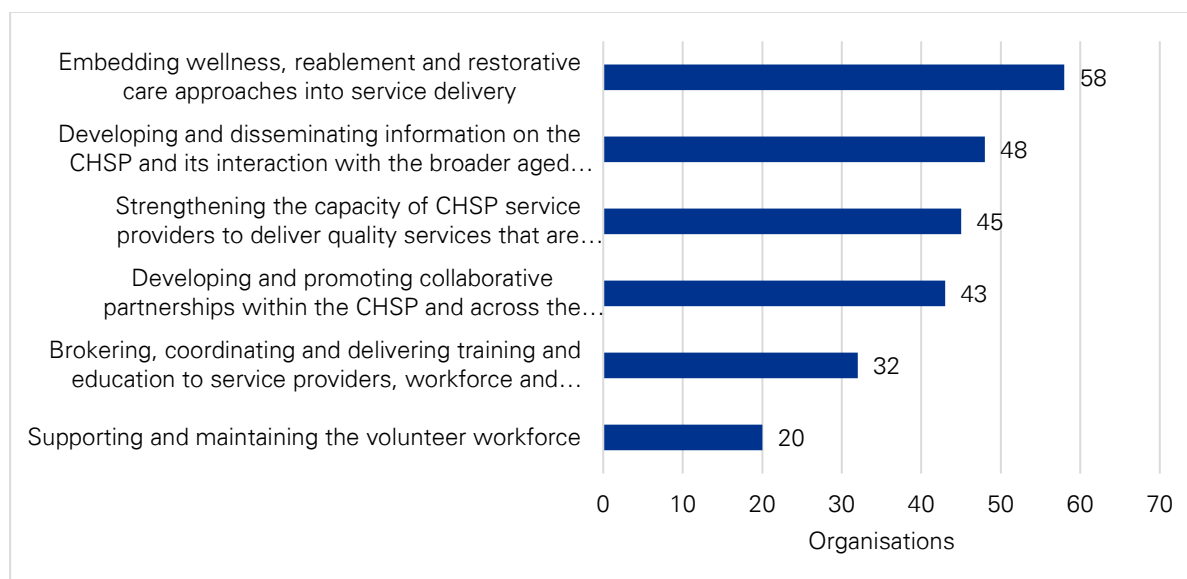
Figure 25: Distribution of service sub-types selected by survey respondents



Source: SSS Survey

Of the organisations that are funded under the 'other support services' sub-type and that indicated they deliver services and activities that align to the objectives of SSD, 73 per cent (58 of 79) indicated they deliver services and activities that are focused on embedding wellness, reablement and restorative care approaches, strengthening the capacity of CHSP service providers, developing and disseminating information on the CHSP and developing and promoting partnerships within CHSP (as illustrated in Figure 26). Note that respondents could select multiple responses to this question.

Figure 26: Number of organisations that selected “other support services” that appear to be delivering activities against “SSD like” program objectives



Source: KPMG analysis of SSS survey, 2020

For example:

- A number of organisations reported using funding to support older people who are hard to reach or who experience difficulties engaging with the aged care system with support to navigate the system and to engage with My Aged Care¹⁶:

“Access and Support Officer (A&SO) assist clients to understand, navigate and access the following services.”

- Some organisations reported interpreting services to enable consumers to get access to services:

“A lot of our consumers have experienced trauma or are unable to speak English. We provide them with information and hold their hand through the My Aged Care process.”

- Some organisations use funding to up skill CHSP providers on wellness, reablement and restorative care approaches into service delivery:

“We provide training to CHSP service providers on wellness, reablement and restorative approaches and how to implement them across all areas of service delivery, from service planning to field delivery.”

- Some organisations use SSS funding to establish partnerships across the sector and to deliver training on how to adapt service delivery to special needs groups:

“We convene forums and inter-agencies that build the capacity of services to improve quality and respond to special needs. These include training for workers on assessing, developing care plans and delivering services for CALD and ATSI consumers.”

Additional findings from the SSS survey are presented at **Appendix E**.

¹⁶ Quotations included below have been collated from survey responses and consultations with SSS providers.

3.5.3 Duplication in reporting of services and activities across different programs

Some SSD organisations are funded to deliver similar services and activities under multiple Commonwealth-funded sector support programs. The Review found examples of organisations presenting the same or similar deliverables in their AWP as they are funded to deliver under other aged care programs.¹⁷ As noted in Section 3.1.3, some SSD providers use funding to cross-subsidise other functions of their organisation. It may be the case that funding is used across multiple programs to enable organisations to deliver a particular type of service or support.

3.5.4 Overlap between SSD and other Commonwealth-funded program areas

There also appears to be some overlap in the activities delivered under SSD and that provided by other Commonwealth-funded program areas. Some SSD funded organisations are delivering services and activities under SSD that are similar or the same as that offered through other Commonwealth-funded programs. For example:

- Some SSD providers are using funding to offer interpreting services to consumers, particularly to support navigation through My Aged Care. This service is already offered through the Commonwealth TIS
- Some SSD funded organisations provide specific support services and activities for carers. These services and activities are also funded under the Carers Gateway through the Integrated Carer Support Service.

3.6 SSD is making a positive contribution to the sector

SSD is well received among both SSD providers and CHSP providers and is making positive contributions to the sector. SSD providers and CHSP providers consulted as part of the Review reported that SSD is valued in the sector and in particular:

- Supports and facilitates the development of partnerships across the sector so that service providers are able to rapidly resolve issues at a local level and work together to provide “wrap around support” to consumers
- Enables hard to reach consumers or those with diverse needs to get access to services
- Builds the capacity of CHSP providers to adapt to change occurring in the sector.

This is described further below.

¹⁷ It is important to note that the examples presented were identified during stakeholder consultations and the Review did not systematically examine the extent to which this is occurring more broadly.

3.6.1 SSD supports and facilitates partnerships and collaboration across the aged care sector

One of the objectives of SSD is to develop and promote collaborative partnerships across the aged care sector, including between CHSP providers and other related entities such as Primary Health Networks (PHNs). Nearly half of SSD providers (49 per cent) reported that they use SSD funding for networking and collaboration activities (see Figure 15), both for organising events and for participating in events.

SSD providers indicated that one of the key strengths of SSD is that it effectively supports and facilitates partnerships and collaboration across the aged care sector, including between CHSP providers and other related entities such as PHNs. These partnerships enable organisations to support consumers more holistically by working together to deliver services.

“SSD helps all of our organisations to work together and to collaborate – it is the “glue” that holds the whole system together.”

Some of the main benefits of networking events, forums and formal structures identified by SSD providers and CHSP providers included that they:

- Support CHSP providers and their workforce to gain a deeper understanding of change occurring in the sector and to share best practice approaches to service delivery. For example, a number of SSD providers cited facilitating regional forums with local CHSP service providers to discuss current and local issues relating to dementia care and to share learnings on best practice service delivery practices.
- Enable CHSP providers to troubleshoot and resolve issues impacting service delivery at a local level.
- Offer an opportunity for CHSP funded organisations to meet each other and other stakeholders in the sector, and work together to provide wrap around responses to consumers. This was identified to be particularly important in the context of what is perceived to be an increasingly competitive service landscape in aged care. Competition between service providers is perceived to be a barrier to collaboration between service providers.

An example of a forum funded under SSD is provided below.

The **Inner West Area Sector Support Development and Training Service** invited service providers to attend a best practice forum focused on quality in aged care. The forum aimed to ensure CHSP funded organisations implement evidence-based strategies to meet the Aged Care Quality Standards, Diversity Framework and to adopt wellness and reablement approaches to service delivery. The forum was also an opportunity to link CHSP funded organisations with each other. This enabled the sharing of learnings and resources in relation to the implementation of the Aged Care Quality Standards. Some CHSP funded organisations noted that partnerships formed at the forum also resulted in joint service delivery initiatives.

3.6.2 SSD helps consumers to understand and navigate the entire aged care system

SSD providers also commented that SSD is an important mechanism in assisting consumers, particularly those who are hard to reach or with diverse needs, to understand and navigate the aged care system by providing them with hands on support and information resources.

Navigational support was reported to be critical in supporting consumers as they first interact with the aged care system and at transition points between different levels of service. For example, local governments reported using funding to support consumers to transition to higher levels of care, such as to access a HCP.

SSD also supports consumers to navigate the interface with other service systems, for example to access to health services.

While many SSD providers acknowledged that a focus on the broader aged care system is technically not one of the objectives of SSD, they felt that SSD and related aged care programs should be viewed as a whole system rather than as a stand-alone initiative. Consumers are at the centre of the system and do not view services through their programmatic structures, such as CHSP. Providing advice beyond the boundaries of SSD was therefore seen as good practice in taking a consumer-centric approach.

3.6.3 SSD supports CHSP providers to adapt to change

The CHSP and broader aged care sector have undergone significant change and reform over the past 10 years. Stakeholders reported that SSD has been fundamental in assisting service providers to adapt to changes.

SSD has played a critical role in supporting CHSP providers to adapt to sector reform, including the Standards, wellness and reablement and My Aged Care. SSD providers perform a key capacity building role, specifically in relation to assisting service providers to adapt to reform and policy changes, adopt best practice models in service models and translate reform / policy changes. For example:

- Following the **introduction of the RAS**¹⁸, some SSD providers facilitated forums for hospital social workers, allied health professionals, general practitioners, local government representatives, RAS assessors and CHSP service providers. The forums provided service providers with an opportunity to understand the changes in the assessment processes and to meet their local RAS organisations.
- As part of the 2018 funding extension of the CHSP, the Department revised program requirements of CHSP service providers to increase the focus of service provision on **wellness and reablement**. This included a requirement for all CHSP providers to submit a wellness and reablement report annually to the Department. SSD providers have played a key role in translating wellness and reablement reforms into tangible activities, for example providing one on one training to staff members of smaller rural communities on how to effectively put wellness and reablement principles into practice.
- The **Aged Care Quality Standards** were introduced on 1 July 2019 and established a single set of standards for providers across the aged care system. SSD providers have played a role in educating CHSP providers on what the changes mean for them, for example facilitating targeted information sessions. These sessions aimed to draw out key themes and educate providers on how they would need to adjust their policies, procedures and practices to ensure compliance. Feedback from service providers documented in AWP evidence the value CHSP providers gain from these session.

¹⁸ The RAS was introduced in 2015 to undertake assessments independent of service delivery of older people requiring entry level supports under the CHSP. Prior to its introduction, assessments of need were directly undertaken by service providers.

3.7 There are a number of areas for improvement

The Review found that while there are a number of strengths associated with SSD, there are also opportunities to make improvements. These are described in more detail below.

3.7.1 While SSD providers value the broad nature of the objectives, the role and scope of SSD remain unclear

The objectives of SSD are broad in nature, spanning from the production and dissemination of information to maintaining the volunteer workforce. This means there are a range of activities and services delivered under SSD.

The majority of SSD providers consulted as part of the Review valued the flexibility offered by SSD and reported that the high level nature of the objectives enabled them to tailor their approach to the local needs of their community and trial new and different services and activities.

There is, however, limited accompanying guidance on what is in scope of SSD. Guidance provided to SSD providers with regards to the role and intent is limited to information included in the CHSP Manual. The SSD sub-section of the CHSP Manual provides a brief overview of objectives, suggested service types, out of scope activities and appropriate settings for delivery.

The limited guidance regarding what is in scope and the broad nature of SSD objectives are likely to be contributing to inconsistencies and duplication of service delivery. SSD providers appear to be interpreting the objectives in different ways and are delivering a broad range of services within each objective. For example, the activities delivered under the objective 'build the capacity of Commonwealth Home Support Programme providers to deliver entry-level community aged care services' range from delivering marketing campaign-like activities to increasing awareness of available supports to delivering training activities for CHSP providers.

The broad nature of the objectives may also be a contributing factor to providers using funds in unintended ways, for example using funding to facilitate volunteer recruitment and retention in-house, rather than to support other CHSP providers.

While valuing the flexibility offered by SSD, providers also commented that they would benefit from clarity regarding the policy intent of SSD to ensure their activities are adapted to reflect this.

The objectives of SSD also overlap with each other. Objectives currently include those specific to types of activities (information for consumers) and focus areas (wellness and reablement). For example, activities aligned to the objective 'embedding wellness, reablement and restorative care approaches into service delivery' are often related to activities focused on training and education providers, their workforce, or consumers. There is an opportunity to streamline the objectives and to provide more specific guidance regarding activities and services that are in scope under each objective to ensure providers are delivering on Departmental priorities and objectives.

3.7.2 Duplication and overlap across SSD are driving inefficiencies

As noted previously, there is duplication and overlap in the activities and services delivered under SSD. This is likely to be resulting in inefficiencies and, in some cases, inconsistency in how information and training is disseminated across the sector. For example:

- A number of providers produce monthly newsletters that aim to update the sector on changes, developments and upcoming events. Whilst this may act as a platform for information to be disseminated to the sector, these activities are duplicative of Departmental communication channels and often present the same or similar information.
- A number of providers produce resources on how to meet requirements under the Standards. The resources contain similar information to that of the Commission's resource 'Guidance and Resources for Providers to support the Aged Care Quality Standards'.
- Nearly one-quarter of SSD providers use funding to develop and deliver training to CHSP providers. It appears that a number of organisations are delivering training across the same or similar areas, such as how to implement wellness and reablement approaches to care as well as how to recruit and manage volunteers. This training is often designed and developed in isolation of one another. This may result in duplication in the materials developed and inconsistencies in how content is being delivered by SSD providers.

3.7.3 There are disparities in the distribution of funding and activities across jurisdictions

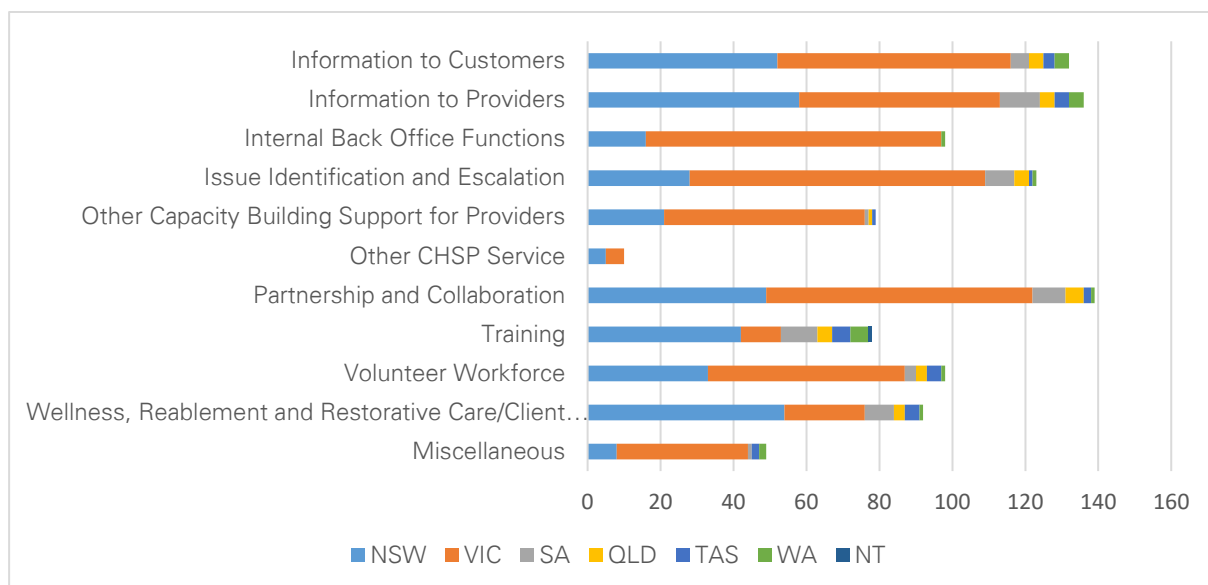
As discussed in Section 3.1, there are inconsistencies in the distribution of funding across jurisdictions and to different organisations under SSD. These inconsistencies likely reflect a level of inequity, including in:

- The level of funding provided to each jurisdiction
- The types of activities and services available in each jurisdiction
- How different organisations are funded for similar activities.

The Review found that the majority of funding provided through SSD is distributed to organisations in Victoria and NSW. While these are the most populated states in the country, the funding per capita reflects a level of inequity. For example, Victoria receives \$21,808 for every 1,000 persons aged 65 years and over, whereas Queensland receives \$3,288 for every 1,000 persons aged 65 years and over. This means there is a level of inequity in investment in sector development and support across jurisdictions.

As illustrated in Figure 27, not all services and activities are equally distributed or made available across each jurisdiction. For example, only NSW, Victoria and SA organisations appear to receive funding specifically targeted at supporting Aboriginal and Torres Strait Islander consumers and providers.

Figure 27: Activity Type Delivery by organisation and jurisdiction



Source: KPMG Analysis of the supplied Performance Reports, 2020

In addition, while the Review was unable to ascertain and compare how much funding each organisation receives for specific activities, it is possible, given the historical nature of funding arrangements under HACC, that there are disparities in the funding amounts provided to different organisations for the same activities.

3.7.4 Collaboration and coordination between SSD providers could be strengthened to maximise the effectiveness of services

Collaboration and coordination can drive efficiencies in service delivery and maximise the effectiveness of services provided. Where available and consistently implemented, collaboration and coordination practices between SSD providers can be highly effective. The Review identified a number of good practice examples of SSD providers working together to share resources, resolve local issues and learn from one another.

However, not all SSD providers are aware of what other services or activities are being delivered under SSD or who is funded in their local region. The majority of SSD providers commented that they would value being able to connect with other SSD providers. Such an opportunity may contribute to addressing duplication and overlap in service delivery by enabling providers to adjust their services and activities based on what is already available in their region and to share resources, ideas and lessons learnt.

3.7.5 There are varying levels of awareness of SSD within the aged care sector

The level of awareness of SSD amongst stakeholders consulted as part of this Review was varied. For example, not all CHSP providers consulted were aware of SSD or had benefitted from its services. Other CHSP providers noted that, while they had accessed SSD funded services and activities, it was not always clear that it had been provided through SSD.

A number of reasons were raised by stakeholders as contributing to the lack of awareness across the sector, including:

- Not all SSD providers clearly discern that the services they deliver are funded under SSD
- There is limited publicly available information on SSD and through CHSP networks. Publicly available information about SSD is limited to that contained in the CHSP Manual found on the Department's website and on a selection of SSD provider websites
- While SSD is national, not all activities and services are available in all jurisdictions or regions. For example, there is a high proportion of SSD providers operating in metropolitan areas of NSW compared to rural NSW
- There is limited available guidance about how SSD providers should acknowledge SSD funding when delivering services.

3.7.6 The quality and consistency of reporting by SSD providers is varied

There is a high level of variability in the quality and consistency of reporting by providers. Analysis of PRs highlighted inconsistencies in the following areas:

- Not all providers completed all required questions or sections of the report template or provided a clear description of the services and activities delivered
- Some organisations changed or removed sections of the template prior to submitting their report
- Some providers replicated the same content across multiple reporting periods.

The structure, format and frequency of reporting are currently not producing consistent or quality data. The issues related to reporting that were identified during the Review are described further below:

- **Guidance on how to complete the reporting:** There is limited available guidance about how to report and what to include in the reporting template. This may be contributing to inconsistencies in how providers have completed reports.
- **Information captured in the reporting template:** The current reporting template focuses primarily on capturing quantitative outcomes achieved by SSD providers, and limits the space for SSD providers to qualitatively report to 300 characters per deliverable. This means providers are limited in the amount of detail they can provide to the Department regarding the activities they deliver or the outcomes achieved. SSD providers commented that they would value being able to share more information with the Department on how they are delivering on the objectives of SSD. Current reporting arrangements also do not provide the Department with visibility of the balance of funds distributed to different activities across SSD as funding is attributed at the organisation rather than activity level.
- **Format and layout of the reporting template:** PRs are currently completed in an Excel format. Capturing data in this way enables SSD providers to update the document intermittently and have multiple authors contribute to the same document and complete reporting offline, i.e. without internet access. The Excel format also allows the Department to link PR data with other data sets and to manipulate data into different formats; however, there are opportunities to improve the consistency of reporting by restricting provider ability to edit certain fields and introducing consistency in the use of font and types of questions. For example, the template currently includes a mixture of both drop down boxes and radio boxes

which can be both difficult to complete and difficult for the Department to analyse. The current template also allows providers to leave certain questions or sections incomplete.

While ensuring data integrity can be challenging, it is an essential component in ensuring accurate measurement of outcomes. There is an opportunity to improve the monitoring and oversight of SSD and the evidence base for future decision making.

The Review also found that all SSD providers, regardless of the size of their organisation or the funding they receive, are required to report on progress against deliverables funded under SSD in the same way. This means reporting requirements are likely to be occupying a significantly higher proportion of some organisations' (i.e. those that receive smaller amounts of funding) funding envelopes than others and detracting from using funding for direct provision of activities and services.

3.7.7 The level of engagement with the Department could be improved

SSD is funded and administered by the Department in partnership with the Hub. The Department, through FAMs in the Hub, is responsible for working alongside SSD providers to determine what activities will be delivered during a funding period (as per the AWP), distributing funds to each provider, and the review of provider performance against their funded activities. Additionally, the Department has a broader role in providing information and resources regarding reforms occurring in the sector. Stakeholders reported they would benefit from further engagement from the Department, in particular to:

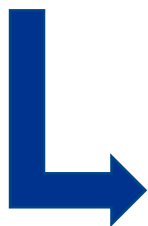
- **Escalate issues to the Department:** SSD providers commented they are often the 'eyes and ears' on the ground and identify where issues are arising, both with regards to the CHSP and the broader aged care sector. Although it was noted by some stakeholders that they had well established communication channels with the Department, others are uncertain about who to contact within the Department with such information.
- **Seek guidance and clarity on policy changes and reform:** SSD providers play a key role in training and educating CHSP providers and consumers on changes to the aged care system. The ability of SSD providers to effectively support the sector and deliver activities is dependent on the consistency and accessibility of Departmental guidance and training on aged care reforms and changes. Some SSD providers noted they would benefit from a clear communication channel with the Department to seek guidance around specific changes and initiatives so that information and training delivered to the sector by SSD providers is correct and consistent with policy intent.

4. The future of SSD



4.1 Key considerations to inform the future design of SSD

There are a number of important considerations in exploring the future of SSD.

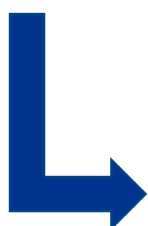


How to deliver sector support activities in a consistent and holistic way across the aged care system

The Review found that there is significant overlap between SSD and existing aged care programs and activities. While overlap exists, this does not always necessarily represent “duplication”. Stakeholders consistently reported on the value of the activities being delivered under SSD, particularly in the context of ongoing reform occurring in the sector and the increasing complexity of consumer needs which necessitates the provision of navigational support. There is opportunity to consider SSD and the activities delivered in the context of the broader aged care system, how these activities and services can be delivered in a more consistent and holistic way, and how overlap and duplication can be removed.

How the Department can leverage initiatives like SSD to manage and communicate change to the sector in a consistent and systematic way

The level of change that has been occurring in the sector, and that is likely to continue to occur at the conclusion of the Royal Commission into Safety and Quality in Aged Care (Royal Commission), highlights the ongoing importance of activities and services that support providers, consumers and the workforce to understand and navigate change. However, the approach taken across the aged care system appears to vary significantly by policy area, program and sector support organisation. This is likely to be causing duplication in efforts and inconsistencies in how policy is communicated and interpreted by stakeholders across the system. There is an opportunity to reflect on the Department’s approach to managing sector change generally and to consider how changes to policy and programs can be managed and communicated to the sector in a more consistent and systematic way.

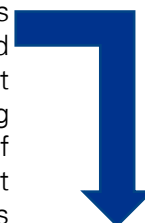


What the Department’s broader priorities are with regards to sector support and development

SSD funds a broad range of activities and services. The areas funded are reflective of historical funding arrangements and priorities of state and territory governments, and how funding was transitioned from HACC to the CHSP. There is an opportunity for the Department to reflect on the activities and services delivered under SSD and what the Department’s broader priorities are for sector support and development type initiatives generally. This includes exploring what activities and services the Commonwealth Government is willing to support in the aged care system moving forward, what models or programs are employed to fund such activities and services and what the target outcomes are. By establishing a clear and defined vision for sector support generally, the Department can ensure there is alignment of activities across the aged care system, and discontinuation of activities that are not a priority for government or that are already delivered elsewhere.

How reporting burden can be set proportionately to funding

SSD is diverse. As such, it will always be difficult to measure and compare outcomes under a service type that is so diverse without significant administrative burden being placed on providers. The Review also found that all SSD providers, regardless of the size of their organisation or the funding they receive, are required to report on progress against deliverables funded under SSD in the same way. This means reporting requirements are likely to be occupying a significantly higher proportion of some organisations' (i.e. those that receive smaller amounts of funding) funding envelopes than others and detracting from using funding for direct provision of activities and services. In considering the future reporting requirements of SSD, the Department could consider how the reporting burden can be set proportionately to funding attributed to each provider. For example, limiting the level of information required of providers that receive smaller amounts of funding and / or requiring providers that receive higher amounts of funding to report additional information on the activities delivered and outcomes achieved.



The need for better and more consistent data sets to inform decision making

While the Review was able to broadly understand what is being delivered under SSD and some of its strengths and challenges, a lack of access to consistent and quality data from PRs limited the ability of the Review team to understand and measure the overall effectiveness of SSD. Without access to high quality data about performance, it is challenging for the Department to measure overall effectiveness and determine its future direction.

There is a need for better and more consistent data sets to inform decision making. Improved monitoring and oversight would assist the Department in addressing inconsistent application of objectives, risks with respect to inconsistency and contribute to a holistic view of the application of sector development across the aged care sector. The process should focus on collecting information and analysing activity relating to the inputs, outputs and outcomes of providers and the activities they deliver under SSD.

The extent to which the CHSP requires a dedicated sector support program

The CHSP currently encompasses a range of activities and services that are focused on direct service delivery, navigational support and sector support. In comparison, other service programs (i.e. Home Care, Residential Aged Care and Flexible Care) that exist in the aged care system are solely focused on direct service delivery. As part of considering the future of the aged care system, the Department could consider the extent to which the CHSP requires a dedicated sector support program when other direct service delivery functions operate on their own. In addition, the Department could consider if there is value in SSD activities being applied across the entire aged care sector.



What the evidence base is for particular models and activities

This Review did not explore the efficacy of sector support and development initiatives generally. Such an investigation may be beneficial to understanding which sector support and development models deliver better outcomes for government, providers and the community. It may be the case that certain models are better suited to particular functions performed under SSD than others. For example, a best practice

principle for accessing service systems is the ability for consumers to access services when and where they need them and to enable a 'no wrong door' approach. Allocating proportionately smaller amounts of funding to a larger number of organisations may be a better model to providing navigational support in the aged care system (as consumers seek support from a range of different providers and service systems, e.g. councils, health system etc) and this may support a 'no wrong door' approach. By comparison, delivering information materials and training for providers has the ability to realise benefits associated with economies of scale if resources and materials are produced on a larger scale by a smaller number of providers. However, evidence would need to be gathered to understand what approaches represent best practice.

The impact and timing of any changes on the sector

The activities and services funded under SSD have been in place for a number of years and the service type itself is valued by the sector. As such, any reprioritisation process and change to SSD may be contentious and require significant change management to transition existing and new providers (and their workforce) to a new model.

The government has also signalled its intent to consolidate the CHSP and HCP under one single care at home program. Consolidating these two programs will require a significant redesign process. Any future redesign of SSD could be undertaken in the context of designing the future care at home program.



4.2 Recommendations

While SSD in its current form makes a positive contribution to the sector, there is a need for significant change to:

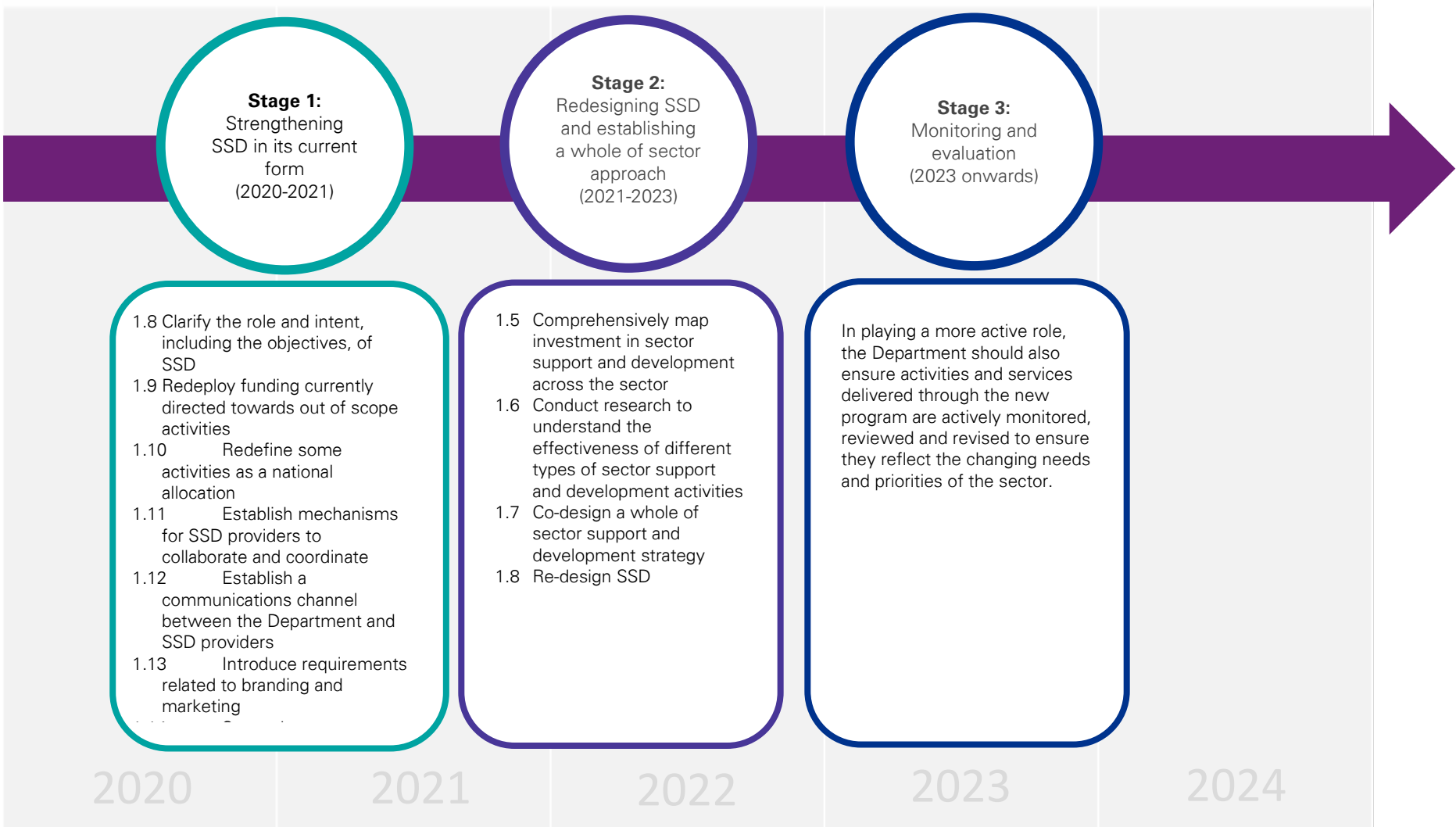
- Improve equity of access for consumers and providers across the sector
- Remove duplication and overlap between programs and services
- De-fund services that are not consistent with the Department's priorities.

In order to do this, a series of recommendations have been proposed to redesign SSD and to establish a national, whole of sector approach to sector support (to which a redesigned SSD would be aligned).

Such change will require significant work, both in terms of designing the future arrangements and in implementing a new approach, including managing change across the sector. As such, a staged approach has been recommended – one which sees moderate adjustments to SSD in the short term to strengthen SSD in its current form, and in the longer term, the Department establishing a whole of sector strategy for sector support, to which a redesigned SSD is aligned. Taking a staged approach to implementation will help to manage the change process across the sector.

Figure 28 below presents a high level view on the changes proposed over time.

Figure 28: Approach to strengthening SSD



Source: KPMG, 2020

Recommendations are detailed further below.

4.2.1 Stage 1: Strengthening SSD in its current form (2020-2021)

In the first stage, the Department should focus on refining and strengthening SSD to clarify its purpose and intent, and reduce overlap and duplication. A range of recommendations have been made to support this process. Changes proposed include revising the approach to performance reporting so the Department can gain clearer visibility of the services delivered under SSD and the outcomes achieved. Doing so will build a stronger evidence base to support decision making for future investment in SSD and sector support activities more broadly across the sector.

A key focus during Stage 1 should be clarifying the role and intent of SSD, and therefore ensuring activities and services are delivered in line with this intent and the Department's broader priorities. This recommendation is described below.

Additional recommendations are presented in Table 9 and are framed across three main domains of a program lifecycle: Planning, Service Delivery and Monitoring and Oversight.

1.1 Clarify the role and intent, including the objectives, of SSD

The SSD objective and service-type description are not precise enough to target services or assess their effectiveness. The SSD objective refers to the development of the service system and enabling providers to be effective. The activity types are largely generic, such as information dissemination, training, and supporting partnerships. Only two activities have specific goals – embedding wellness and reablement and strengthening the capacity of providers to be responsive to consumers with diverse needs.

These very broad parameters have enabled a wide variety of activities to operate without a cohesive direction and with very little accountability for outcomes. This has also meant that there is no sense of prioritisation of the effort. For example, while the SSD objective implies a focus on service providers, information dissemination to consumers is also permitted. Preliminary findings suggest that the balance of services to providers versus consumers is around 10 to 1 in favour of providers. However, there is nothing to guide whether this is the appropriate balance.

In the short term, the Department needs to provide greater clarity and precision to service providers about the priorities for SSD activity. However, these priorities should not be static – they should reflect emerging policy priorities and address known service issues as they apply to different service types, including areas of need for consumers. This requires a living SSD plan that sits outside of the manual, and that establishes current priorities for SSD providers. The plan should be regularly updated in consultation with the sector. The SSD plan should inform the work-programs of SSD providers, whether that be training curriculum, the nature of strategic partnerships or consumer-facing activities.

This would provide more clarity to existing providers in the short term about the Department's priorities and expectations, ensuring timely and relevant support for providers and consumers. In the longer term, the Department should reconsider the objective and scope of the SSD program, and the corresponding distribution of funds across the activities and geographic regions that are funded.

Should a living SSD plan be adopted, the SSD objective and service type description in the CHSP Manual should be refined to provide more clarity about the objective, refer to the plan, and remove reference to priorities such as wellness and reablement and supporting diverse needs (which should be identified in the plan). A suggested revised objective and service description is set out below.

| Objective | To improve capability of CHSP service providers to deliver high quality services for clients in accordance with government priorities, and to support clients to engage with the aged care system. |
|--------------------------|---|
| Service Type Description | <p>The following activities must be undertaken with a focus on the priorities set by the Department in the SSD plan.</p> <ul style="list-style-type: none"> • Supporting consumers to engage with the aged care system through: <ul style="list-style-type: none"> – Information provision – Help with system navigation – Collecting and providing feedback to government on consumer requirements. • Capability building and change management for CHSP service providers, through: <ul style="list-style-type: none"> – Training and education – Networking and information sharing – Establishing and maintaining partnerships between providers. |

The first SSD plan should be developed to inform services in 2021/22, drawing on findings of the Royal Commission into Aged Care Quality and Safety. It should include more detailed priorities for both strands of activity (providers and consumers). For example, rather than “embedding wellness and reablement in to service delivery”, it could provide more specific guidance, such as disseminating information about wellness and reablement and encouraging providers to participate in online training and a community of practice currently being developed by the Department.

Out of scope activities

While the Department specifies in the CHSP Manual that certain activities are out of scope of SSD, this list of activities should be broadened to include activities that were found to be delivered under SSD during this Review but do not align to the Department’s objectives. For example, the following activities could be prescribed within the CHSP Manual as out of scope:

- Activities and services that only benefit the organisation funded under SSD, for example internal training, review of policies and procedures, marketing and communications materials, police checks and other administrative activities related to service delivery. Using funding to support internal staff members to participate in external activities, such as forums, conferences and collaboration activities, should also be included in this category. As funding under SSD is focused on building the broader sector, SSD activities and funding should be directed towards the broader sector, including other aged care providers and consumers, rather than within an SSD provider’s organisation.
- Capital works such as the development or refurbishment of property.
- Provision of other CHSP services. While this is already prescribed under the CHSP Manual, the Department should include specific examples of service types not included in SSD in addition to social support (i.e. meals, transportation etc). The Department should also consider providing guidance to providers on examples of these activities (either in guidance material or the CHSP Manual) of activities that are not within scope of SSD, i.e. examples of social support activities currently being delivered under SSD that are out of scope.

- Interpreting services may be provided to consumers and their family members and carers, but should only be provided if TIS or the language required is not available, and only in relation to the objective of SSD, i.e. for the purposes of supporting a consumer to understand and access the aged care system. It is also important that the gap is communicated to the relevant parts of the Department to allow consideration of changes to the system, rather than SSD being a stop gap for other programs.

The Department should also keep a national register of policy decisions made by FAMs regarding out of scope activities to ensure there is clarity across all program managers and there is consistency in decision making across jurisdictions.

How SSD providers should align to broader Departmental and Commission activities

It is important to note that a range of actors play a role in building the capacity of aged care providers, their workforce, and consumers. The Department and the Commission specifically play a role in delivering information and training on the aged care service system, best practice service delivery and changes to policy or regulatory requirements. The Department should align the activities and services delivered by SSD providers to that delivered by other actors within the aged care system. For example, the Department could specify in guidance material that any activities such as the development of information materials and resources should only be completed with consideration of what is already made available by the Department and Commission.

Table 8: Short to medium term recommendations

| Planning | | | | |
|----------|---|---|--|---|
| # | Recommendations | Related findings | Key benefits | Key risks and considerations |
| 1.1 | <p>Clarify the role and intent, including the objectives, of SSD</p> <p>The Department should clarify the role and intent of SSD, and therefore ensure activities and services are delivered in line with this intent and the Department's broader priorities.</p> <p>In the short term, the Department needs to provide greater clarity and precision to service providers about the priorities for SSD activity. This should be reflected in a living SSD plan which sits outside of the CHSP Manual and establishes current priorities for SSD providers.</p> <p>The Department should also specify what activities and services are out of scope and how SSD providers should align to broader Departmental and Commission activities.</p> | <ul style="list-style-type: none"> Not all activities meet the objectives of SSD While SSD providers value the broad nature of the objectives, the role and scope of SSD remain unclear | <ul style="list-style-type: none"> Provide clarity on what is and is not within scope of SSD Provide clarity for the aged care sector on what the purpose of the service type is and what its intended outcomes are Reduce the activities and services delivered under SSD that are out of scope or do not align to the Department's priorities | <ul style="list-style-type: none"> Providing greater clarity with regards to what services are within scope of the service type may require some providers to adjust their work plan to align to the objectives of SSD. The Department will need to support this change management process, including through hands on support to providers to identify and implement alternative strategies. These changes may have an impact on the workforce at a provider level if funding is relinquished or activities and services are redeployed in a way that means the skillsets of existing staff are no longer appropriate for what is to be delivered. |
| 1.2 | <p>Redeploy funding currently directed towards out of scope activities</p> <p>The Department should work with FAMs and SSD providers to identify out of scope activities being delivered across SSD, including those that only benefit the funded organisation. Where activities are identified, the Department should work with</p> | <ul style="list-style-type: none"> Not all activities meet the objectives of SSD There are disparities in the distribution of | <ul style="list-style-type: none"> Remove out of scope activities currently being delivered under the service type | <ul style="list-style-type: none"> Some SSD providers may choose to relinquish funding rather than redirect it towards priority activities. Where possible, this funding should be redistributed towards regions or jurisdictions with more limited sector support available. |

| Planning | | | | |
|----------|---|--|---|---|
| # | Recommendations | Related findings | Key benefits | Key risks and considerations |
| | impacted SSD providers to require providers to redirect funding towards in scope activities (as identified through recommendation 1.1 above). Some providers may wish to cease funding rather than redirect activities. Any excess funding should be redirected to jurisdictions with a limited SSD presence or to priority activities. The Department should also seek to transition SSS activities that meet the objectives of SSD into SSD. | <p>funding and activities across jurisdictions</p> <ul style="list-style-type: none"> There is overlap between SSD and the SSS | <ul style="list-style-type: none"> Remove overlap across SSD and SSS | <ul style="list-style-type: none"> This process will require some providers to adjust their work plan to align to the objectives of the service type. The Department will need to support this change management process, including through hands on support to providers to identify and implement alternative strategies. These changes may have an impact on the workforce at a provider level if funding is relinquished or activities and services are redeployed in a way that means the skillsets of existing staff are no longer appropriate for what is to be delivered. |
| 1.3 | <p>Redefine certain activities as a national allocation</p> <p>In the short term, the Department should redefine certain activities that have a national focus and/or benefit CHSP providers and consumers nationally as a national allocation. For some providers, this is unlikely to represent a material change but will create a clearer picture of the geographical distribution of sector support services under SSD and where gaps currently exist in specific jurisdictions or in service availability.</p> <p>For some providers, this will allow them to direct activities to a broader audience (i.e. across all jurisdictions) and contribute to a reduction in the disparities in distribution of funding and activities available across jurisdictions.</p> | <ul style="list-style-type: none"> Some organisations funded in each jurisdiction either have a national presence, are delivering services that benefit CHSP service providers nationally, or are a nationally focused organisation There are disparities in the | <ul style="list-style-type: none"> Greater clarity on distribution of funding across jurisdictions and activities and models that are nationally focused Reduce disparities in funding across jurisdictions | <ul style="list-style-type: none"> Such a change may also support future design work by the Department through identifying activities and a model that could be applied nationally or where efficiencies would be gained by procuring services on a national level. |

| Planning | | | | |
|----------|---|--|--------------|------------------------------|
| # | Recommendations | Related findings | Key benefits | Key risks and considerations |
| | Examples of providers that would be suited to a national allocation include Dementia Australia and UNSW's Home Modifications Clearinghouse. | distribution of funding and activities across jurisdictions. | | |

| Service Delivery | | | | |
|------------------|--|---|---|---|
| # | Recommendations | | Benefits | Risks and considerations |
| 1.4 | <p>Establish mechanisms for SSD providers to collaborate and coordinate</p> <p>The Department should establish specific mechanisms for SSD providers to collaborate and coordinate. Such mechanisms could include:</p> <ul style="list-style-type: none"> • A community of practice for SSD providers to share good practice, information and resources and lessons learnt. Communities of practice could be established at a national level or across jurisdictions or different types of activities / services. • A central repository for SSD providers to share information and resources. This could include training resources, fact sheets, best practice guides etc that are developed using SSD funding. The Review identified examples of this already occurring in the sector that could be leveraged in designing such a mechanism (for example the NSW Multicultural Access Program Network's resource website). | <ul style="list-style-type: none"> • Collaboration and coordination between SSD providers could be strengthened • Duplication and overlap across SSD are driving inefficiencies | <ul style="list-style-type: none"> • Reduce duplication and overlap • Increase efficiency of service delivery through sharing of knowledge and resources • Increase knowledge of peers among providers and provide additional opportunities to network and collaborate | <ul style="list-style-type: none"> • Establishing such mechanisms will have an administrative impact on the Department. The Department should consider how existing SSD providers that are leaders within the sector may be procured to undertake this work. |
| 1.5 | <p>Establish a communications channel between the Department and SSD providers</p> <p>The Department should establish a clear communications channel between the Department and SSD providers to facilitate escalation of programmatic issues and sharing of insights into how the CHSP and the aged care sector more broadly is working in practice and where issues are arising.</p> | <ul style="list-style-type: none"> • The level of engagement with the Department could be improved | <ul style="list-style-type: none"> • Improve consistency and quality of change management activities delivered by SSD providers • Improve visibility of issues | <ul style="list-style-type: none"> • The Department will need to ensure communication channels are effectively resourced to ensure issues can be identified and feedback can be provided to SSD providers on the outcome of an investigation. • The Department will need to coordinate across program areas to effectively identify |

| Service Delivery | | | | |
|------------------|--|--|--|---|
| # | Recommendations | | Benefits | Risks and considerations |
| | This channel should also be used to provide guidance to SSD providers on specific change or initiatives being implemented by government to ensure information and training being delivered to the sector by SSD providers is consistent and accurate. | | occurring within SSD and the broader CHSP | opportunity for SSD providers to support specific policy changes and initiatives. |
| 1.6 | Introduce requirements related to branding and marketing The Department should introduce requirements in relation to marketing and branding. This could include requiring SSD providers to specify in any outward facing materials or documentation, such as training, resources, websites, fact sheets etc., that activities and services have been funded by the Department under SSD. | <ul style="list-style-type: none"> There are varying levels of awareness of SSD within the aged care sector | <ul style="list-style-type: none"> Improve awareness of SSD in the sector | <ul style="list-style-type: none"> Introducing these requirements will place some additional administrative burden on providers to action. The Department will need to publish specific guidance on how to brand materials and what can and cannot be specified on different resources and documents. Guidance material used across other programs for this purpose could be used to inform the guidance material developed for SSD on branding and marketing. |

| Monitoring and oversight | | | | |
|--------------------------|--|---|--|--|
| # | Recommendations | | Benefits | Risks and considerations |
| 1.7 | <p>Strengthen Performance Reporting</p> <p>The Department should revise the PR template to improve the accuracy and consistency of reporting by SSD providers and to enable SSD providers to share more information on outcomes achieved. This should include changes to data captured and the format of the template. Current reporting arrangements in particular do not provide the Department with visibility of the balance of funds distributed to different activities across SSD. As part of capturing additional data, the Department could request a breakdown of funding used across each sub-objective by providers to gain a clearer view on how funding is used and to support future decision making on weighting attributed to each sub-objective.</p> <p>Changes to the PR template should be accompanied by clearer guidance or instructions on how to complete the template.</p> <p>The current reporting arrangements require all SSD providers to report in the same way, regardless of provider size or level of funding. In making adjustments to the reporting arrangements, the Department could also consider revising requirements to limit the level of reporting required of providers that receive relatively small amounts of funding. A threshold could be established that, for example, requires providers that receive under a certain amount of funding to provide written confirmation that the funding has been expensed according to their</p> | <ul style="list-style-type: none"> • The quality and consistency of reporting by SSD providers is varied • Increased visibility of how funding is used across SSD | <ul style="list-style-type: none"> • Strengthen evidence base for the future • Improve ability of SSD providers to report on outcomes • Increased ability of the Department to monitor and oversee the service type | <ul style="list-style-type: none"> • The Department will need to work with the grants Hub to ensure any changes made to the PR template are communicated to and adopted by SSD providers. |

| Monitoring and oversight | | | | |
|--------------------------|---|--|----------|--------------------------|
| # | Recommendations | | Benefits | Risks and considerations |
| | <p>AWP. Such a process should not displace existing engagement channels and processes between SSD providers and the Hub which form an important component of monitoring and oversight of SSD providers.</p> <p>Specific recommendations regarding changes to the PR template were made during the Review and are provided in Appendix F.</p> | | | |

Source: KPMG, 2020

4.2.2 Stage 2: Redesigning SSD and establishing a whole of sector approach (2021 – 2023)

The review found that a range of different programs deliver sector support across the aged care system. The development of this 'network' of programs and services has occurred over time as the sector has evolved, as services have been consolidated under the Commonwealth and need has arisen within the sector. However in undertaking this Review, it is clear that a number of programs and services overlap or are duplicative of one another. It is unclear whether this 'network' is meeting the needs of the sector, and it is unlikely that the Department is gaining true efficiencies or consistency in how services are delivered.

In the context of reform that is likely to continue following the Royal Commission and the changing needs of consumers, the workforce and providers, there is a need for a whole of sector strategy to be developed to guide the Department's investment in sector support activities moving forward.

Once a whole of sector strategy is established, SSD should be redesigned to align to the vision and priorities presented in the strategy and should be designed in a way that:

- Funds best practice models and approaches
- Delivers equitable access to consumers, the workforce and service providers across jurisdictions
- Complements the other programs and services funded in the aged care system.

Any redesign process should take into account recommendations made by the Royal Commission regarding sector support. SSD can also be used as a vehicle to drive reform and the adoption of change across the sector that is expected in response to Royal Commission findings and recommendations.

These Stage 2 recommendations are described further below.

2. Develop a strategy for sector support and development in the aged care system

The Department should establish a whole of sector strategy to guide investment in sector support and development activities across the sector. The strategy should establish a clear and defined vision for sector support generally. This will ensure activities delivered across the aged care system are aligned to the vision and delivered in a consistent and holistic way, i.e. overlap and duplication that currently exists between different programs is removed, and priority investment areas are addressed. This will involve three key activities:

- Comprehensively map investment in sector support and development across the sector
- Conduct research to understand the efficacy of different types of sector support and development activities
- Co-design the strategy.

These are described further below.

2.1 Comprehensively map investment in sector support and development across the sector

In the early stages of design, the Department should comprehensively map investment in sector support and development activities across the aged care sector. While this Review considered the intersections and overlap of SSD with other sector support and development activities in the aged care system, analysis of each program, what is delivered and how it is delivered was within scope of this review. The purpose of this mapping exercise is to gain a detailed understanding of each

program, how they work together as a system and to gather learnings from each program to inform a future program. This mapping should include consideration of interfacing sector support activities delivered through other levels of government (such as the Carers Gateway). The mapping exercise should articulate:

- What activities are funded
- Who is funded
- How much funding is provided for each activity
- Where services are delivered
- How each program is structured, including objectives and outcomes
- What lessons have been learnt and / or evidence has been gathered on the effectiveness of the program.

2.2 Conduct research to understand the effectiveness of different types of sector support and development activities

The Department should also consider undertaking a study to explore the evidence base for sector support and development models generally. Such an investigation may be beneficial to understanding which sector support and development models deliver better outcomes for government, providers and the community, and therefore which models or activities should be invested in. This research should explore the following key questions:

- How is sector support and development defined in other sectors?
- What models or approaches are used for the aged care sector internationally?
- What models or approaches are used in other sectors, both locally and internationally?
- How effective are each of these models or approaches in building the capacity and capability of their target audiences?

By this stage, the Department may also have gathered better and more consistent data through reporting arrangements under SSD to inform decision making for the strategy.

2.3 Co-design a whole of sector support and development strategy

The strategy should build on this preliminary work and establish the vision for sector support and development across the aged care system. The strategy will be the overarching document by which investment in sector support and development activities is determined and prioritised. All sector support and development activities delivered under the aged care system should align to this strategy.

Such a strategy must be consistent with planned reform (such as an integrated assessment workforce and integrated care at home program) and future reform which will be defined following the completion of the Royal Commission. The strategy should include:

- A vision for sector support and development activities within the aged care system and guiding principles
- Identification of strategic priorities which reflect what the Department will and will not fund in the sector with regards to sector support and development
- Enablers and investment required to support the implementation of the strategy
- A view on the expected outcomes of the strategy and how progress can be monitored and evaluated.

The strategy should also:

- Recognise the role of other Commonwealth Departments and levels of government with regards to sector support and development in the aged care sector.
- Consider the extent to which sector support, including navigational support, can be delivered in a way which complements existing mechanisms that are in place to support access to the aged care system. Navigational type activities will always be required to assist vulnerable and hard to reach cohorts to access service systems such as aged care. Navigational support as a type of activity pivots between sector support and access functions. In considering the future directions of sector support, it is important to consider the provision of this type of service in the context of the frameworks that support both functions (i.e. My Aged Care and a sector support and development strategy). Any services or activities funded under a sector support program related to navigational support must complement, and not duplicate or over complicate, the current mechanisms to access the aged care system, which already involve a range of players (such as My Aged Care contact centre and website, Aged Care System Navigator trials, assessment organisations, service providers and health professionals).
- Consider how the Department approaches and manages change within the sector. The sector support and development strategy can be used to set a clear view on how policy changes are managed in the sector, including how they are communicated, how providers and consumers are supported to adapt to change, and how programs like SSD are used to deliver components of change management initiatives.

The Department should co-design the strategy with the sector. This may be conducted through a series of co-design workshops where the strategy's core components are designed and validated with sector stakeholders.

2.4 Redesign SSD

Once a whole of sector strategy has been developed, the Department should undertake a redesign process for SSD. SSD will be one of a number of vehicles for which sector support and development priorities in the whole of sector strategy are addressed. As such, the redesign of SSD should be carefully considered in the context of the other programs and services that are invested in so that SSD complements, rather than duplicates, other programs.

The purpose of the redesign process is to realign SSD to the whole of sector strategy and to reconfigure SSD in a way that:

- Removes disparities in funding and service availability
- Funds evidence based practices and approaches
- Removes duplication and overlap with other services and activities.

The new program should align to the vision and priorities of the new strategy and should be designed in collaboration with the sector. The new program should be designed **based on best practice models and approaches for sector support** and also be based on **best practice principles for program management**, including with consideration of adopting a commissioning approach.¹⁹ Such an approach would see the Department play a more active role in identifying whole of population needs and defining the volume and types of services to be delivered through the program. This approach would contribute to a reduction in overlap and duplication of service delivery.

¹⁹ Commissioning is an approach to service delivery increasingly used by government that involves three key phases: strategic planning, procurement of services and monitoring and evaluation.

The program may include **different models of commissioning for different types of services**, some of which are national, some of which have a jurisdictional focus and some of which delineate service delivery to a local / regional level. For example, activities where the Department would gain efficiencies in procuring services on a national level such as the design of training and information materials, should be conducted in such a way.

As part of redesigning the program, the Department should also consider the types of organisations best placed to deliver these services, including whether local, regional or nationally focused organisations may be used and the extent to which providers of aged care services should be contracted to deliver sector support activities. Aged care reforms have focused on introducing independence between assessment and service provision. While the Review identified that a mixture of organisations deliver SSD, including existing CHSP providers and approved providers, it may be the case that the Department seeks to adopt similar principles in the provision of sector support and development. Any decisions made should be informed by best practice and evidence gathered in the development of the strategy.

The new program should seek to **address disparities in funding across jurisdictions** by planning investment in such a way that delivers equity of funding to each jurisdiction. This could be done through making available a similar level of funding per capita (people aged 65 and over) for each jurisdiction when procuring services that are state or local-based. Where services are procured on a national basis, the Department should ensure service delivery by nationally focused organisation is distributed equally across the country.

The redesign process would involve the following key steps:

- **Co-design the parameters of the Program:** Defining co-design with the sector: the case for change (i.e. defining what problem the Department is seeking to solve through SSD), who the target audience is, the desired outcomes for SSD, the underpinning principles, and what activities will be delivered under SSD to achieve the desired outcomes (based on best practice approaches and models).
- Document the outcomes of the co-design process in a **Program Logic** model
- Develop a **monitoring and evaluation framework** to monitor short, medium and long term outcomes for the program and to monitor performance and progress of funded providers
- Develop an **implementation plan**, including a change management approach, which establishes how the Department will 'go to market' for services, how any transition process between existing and new providers will be managed etc.

Some key principles that could guide the program's future redesign are presented in Figure 29.

Figure 29: Principles for a future SSD



Source: KPMG, 2020

Some key considerations in redesigning SSD are presented below.

While the Review did not **explore the issue of whether there is a need for a solely CHSP specific sector support program**, the CHSP is the only program in the aged care system that has a dedicated sector support service type. A number of the activities funded under SSD are broad in nature and extend beyond the confines of the CHSP. In seeking clarity, consistency and simplicity across the aged care system, it may be beneficial to extend SSD to be a whole of aged care initiative. Such a decision should be made with consideration of the future direction of other programs and services funded to deliver sector support and development activities across the aged care system. This should also include consideration of consolidating other sector support and development programs currently available in the aged care system to ensure there is a consistent and systematic approach to delivering sector support activities moving forward. This could include transitioning certain activities into the new program or transitioning certain activities delivered within SSD into other programs and services.

4.2.3 Stage 3: Monitoring and evaluation (2023 and onwards)

In playing a more active role, the Department should also ensure activities and services delivered through the new program are actively monitored, reviewed and revised to ensure they reflect the changing needs and priorities of the sector. Monitoring and evaluation of the new SSD should be guided by the Monitoring and Evaluation Framework and the underpinning performance monitoring arrangements established with funded providers.

4.2.4 Next steps

While SSD is making positive contributions to the sector, there are a range of improvements that could be made to strengthen the effectiveness and efficiency of service delivery. The Review also found there is overlap and duplication across the aged care system. In the longer term, there is a need to clarify the Department's broader priorities for sector support and development, and how these can be achieved in a consistent and holistic way. Such changes will contribute to increased efficiency and effectiveness of sector support activities and reduce complexity across the aged care system.

As noted above, any changes that are made should be conducted in collaboration with the sector, be informed by evidence and best practice, and with consideration of the current state and future direction of other programs within the broader aged care system.

Appendices



Appendix A: Consultation Guides

Review of the Sector Support and Development (SSD) program

Consultation Guide: SSD Providers

Background

The Commonwealth Home Support Programme (CHSP) helps senior Australians access entry-level support services to live independently and safely at home. The CHSP was established on 1 July 2015 and consolidated a range of State and Territory administered programs, each distinct in terms of what services were delivered and how they were delivered.

The Sector Support and Development program (SSD) is a sub program of the CHSP. The objective of the SSD is to support the development of the home support service system and enable CHSP service providers to operate effectively in line with the objectives of the CHSP and within the context of the broader aged care system.

The SSD supports both CHSP providers and consumers by:

- Developing and disseminating information on the CHSP and its interaction with the broader aged care system
- Embedding wellness, reablement and restorative care approaches into service delivery
- Strengthening the capacity of CHSP service providers to deliver quality services that are responsive to client needs, including clients with diverse needs
- Brokering, coordinating and delivering training and education to service providers, workforce and consumers
- Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system
- Supporting and maintaining the volunteer workforce.

KPMG has been engaged by the Department of Health (the Department) to undertake a review of the SSD program. The focus of the review of the SSD program (the Review) is to identify:

- What outcomes have been achieved
- What opportunities exist to improve the SSD program
- If there have been any inconsistencies in how the program, and activities under the program, have been funded and delivered
- If there are any gaps or duplication in service provision compared to the objectives of the program
- If there are any models or activities delivered by service providers that could be applicable more broadly.

Stakeholder engagement

As part of the Review, consultations will be held with relevant stakeholders in November 2019. Stakeholder consultations will seek to cover a representative sample of organisations that are funded under the SSD as well as other sector stakeholders such as Commonwealth Home Support Programme (CHSP) providers, peak bodies and consumer representative organisations.

KPMG will be undertaking a mix of focus groups and one-on-one interviews with stakeholders. The consultations will be conducted by senior team members of the KPMG project team, and will be conducted in a semi-structured way making use of the questions provided below.



Objectives of this consultation

The purpose of this consultation is to seek views on the SSD program, including:

- What is working well with the SSD program and what are the areas for improvement?
- What intersections exist with other programs in the broader aged care system.

Consultation questions

Service delivery

1. What supports and services does your organisation provide under the SSD program and how have these changed over previous years?
2. How long has your organisation been delivering services under the SSD program and how long have you been in your current role?
3. Who are the recipients of your support?
4. How do you tailor service delivery to meet the needs of different cohorts?
5. Which objectives of the SSD does your supports and services align to?
6. What are the factors that assist you or hinder you from delivering these supports and services?
7. Have you identified any gaps in the SSD program? If yes, what are they and how do they affect service delivery?
8. How does your geographical location affect demand for services and your ability to provide services required?
9. In your view, what are the experiences of SSD program recipients?
10. Where there are SSD providers funded for similar things in the same geographical area, how is this managed?
11. If you deliver other services outside of the SSD program what are the advantages from a provider and/or client perspective of doing both?

SSD program

12. From your perspective, what are the desired outcomes of the SSD program?
13. What are the strengths of the SSD program?
14. What are some of the key challenges facing the SSD program?
15. What do you see as the future challenges of the SSD program?
16. What opportunities exist to improve the SSD program?
17. From what you have observed are there opportunities to broaden the scope of the program?

Program objectives

18. Do you feel that the SSD program is meeting its intended objectives?
19. What are the factors that assist you or hinder you from meeting these objectives?
20. Are the current SSD program objectives fit for purpose?
21. Is there anything else you would like to comment on?

Contact us

If you would like to contact the KPMG project team following the consultation please do so using the below contact details:

AU-FMSSDReview@kpmg.com.au



Review of the Sector Support and Development (SSD) program

Consultation Guide: Government Agencies

Background

The Commonwealth Home Support Programme (CHSP) helps senior Australians access entry-level support services to live independently and safely at home. The CHSP was established on 1 July 2015 and consolidated a range of State and Territory administered programs, each distinct in terms of what services were delivered and how they were delivered.

The Sector Support and Development program (SSD) is a sub program of the CHSP. The objective of the SSD is to support the development of the home support service system and enable CHSP service providers to operate effectively in line with the objectives of the CHSP and within the context of the broader aged care system.

The SSD supports both CHSP providers and consumers by:

- Developing and disseminating information on the CHSP and its interaction with the broader aged care system
- Embedding wellness, reablement and restorative care approaches into service delivery
- Strengthening the capacity of CHSP service providers to deliver quality services that are responsive to client needs, including clients with diverse needs
- Brokering, coordinating and delivering training and education to service providers, workforce and consumers
- Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system
- Supporting and maintaining the volunteer workforce.

KPMG has been engaged by the Department of Health (the Department) to undertake a review of the SSD program. The focus of the review of the SSD program (the Review) is to identify:

- What outcomes have been achieved
- What opportunities exist to improve the SSD program
- If there have been any inconsistencies in how the program, and activities under the program, have been funded and delivered
- If there are any gaps or duplication in service provision compared to the objectives of the program
- If there are any models or activities delivered by service providers that could be applicable more broadly.

Stakeholder engagement

As part of the Review, consultations will be held with relevant stakeholders in November 2019. Stakeholder consultations will seek to cover a representative sample of organisations that are funded under the SSD as well as other sector stakeholders such as Commonwealth Home Support Programme (CHSP) providers, peak bodies and consumer representative organisations.

KPMG will be undertaking a mix of focus groups and one-on-one interviews with stakeholders. The consultations will be conducted by senior team members of the KPMG project team, and will be conducted in a semi-structured way making use of the questions provided below.



Objectives of this consultation

The purpose of this consultation is to seek views on the performance of the SSD program, including:

- What is working well with the SSD program and what are the areas for improvement
- What intersections exist with other programs in the broader aged care system.

Consultation questions

General

1. What is your division within the Department and how does it relate to the SSD program?
2. What programs are you responsible for that relate to the SSD program and how long have you been in responsible for those programs?

SSD program

3. What other services/supports are delivered that your aware of that intersect and/or duplicate with the SSD program?
4. What are the strengths of the SSD program?
5. What are some of the key challenges facing the SSD program?
6. What opportunities exist to improve the SSD program in the future?

Program objectives

7. What are the needs of older people and CHSP providers and how is/isn't the SSD program currently meeting these needs?
8. In your option, are the SSD program objectives suitable? Why/why not?
9. Is there anything else you would like to comment on?

Contact us

If you would like to contact the KPMG project team following the consultation please do so using the below contact details:

AU-FMSSDReview@kpmg.com.au

Review of the Sector Support and Development (SSD) program

Consultation Guide: CHSP Service Providers

Background

The Commonwealth Home Support Programme (CHSP) helps senior Australians access entry-level support services to live independently and safely at home. The CHSP was established on 1 July 2015 and consolidated a range of State and Territory administered programs, each distinct in terms of what services were delivered and how they were delivered.

The Sector Support and Development program (SSD) is a sub program of the CHSP. The objective of the SSD is to support the development of the home support service system and enable CHSP service providers to operate effectively in line with the objectives of the CHSP and within the context of the broader aged care system.

The SSD supports both CHSP providers and consumers by:

- Developing and disseminating information on the CHSP and its interaction with the broader aged care system
- Embedding wellness, reablement and restorative care approaches into service delivery
- Strengthening the capacity of CHSP service providers to deliver quality services that are responsive to client needs, including clients with diverse needs
- Brokering, coordinating and delivering training and education to service providers, workforce and consumers
- Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system
- Supporting and maintaining the volunteer workforce.

KPMG has been engaged by the Department of Health (the Department) to undertake a review of the SSD program. The focus of the review of the SSD program (the Review) is to identify:

- What outcomes have been achieved
- What opportunities exist to improve the SSD program
- If there have been any inconsistencies in how the program, and activities under the program, have been funded and delivered
- If there are any gaps or duplication in service provision compared to the objectives of the program
- If there are any models or activities delivered by service providers that could be applicable more broadly.

Stakeholder engagement

As part of the Review, consultations will be held with relevant stakeholders in November 2019. Stakeholder consultations will seek to cover a representative sample of organisations that are funded under the SSD as well as other sector stakeholders such as Commonwealth Home Support Programme (CHSP) providers, peak bodies and consumer representative organisations.

KPMG will be undertaking a mix of focus groups and one-on-one interviews with stakeholders. The consultations will be conducted by senior team members of the KPMG project team, and will be conducted in a semi-structured way making use of the questions provided below.



Objectives of this consultation

The purpose of this consultation is to seek views on the SSD program, including:

- What is working well with the SSD program and what are the areas for improvement
- What intersections exist with other programs in the broader aged care system.

Consultation questions

Access to services

1. Has your organisation received services or supports from organisations from SSD? If so, what were/are they?
2. How did / didn't the services or supports meet your needs as an organisation?
3. How are services or supports tailored to meet the needs of your organisation?
4. Is it always clear when your organisation is / isn't accessing SSD-funded supports and services?
5. What other SSD program services or supports are you aware of?
6. Are there services that aren't currently available that your organisation would benefit from? If so, what are they?
7. How does your organisation access required supports or services that aren't available through the SSD program?

Services for consumers

8. Do any of your client's access SSD services or supports? If so, what were their experiences?
9. How are services or supports tailored to different client groups?
10. From your perspective, do supports or services meet the needs of clients? Why/why not?
11. Are there services that aren't currently available that your clients would benefit from? If so, what are they?

Opportunities for improvement

12. Are there overlaps between the supports and services you provide as a CHSP provider and what is provided under the SSD program?
13. How does / does the SSD program meet its intended objectives?
14. What opportunities exist to improve the SSD program in the future for you as a recipient of supports or services?
15. What opportunities exist to improve the SSD program in the future for your clients?
16. Is there anything else you would like to comment on?

Contact us

If you would like to contact the KPMG project team following the consultation please do so using the below contact details:

AU-FMSSDReview@kpmg.com.au



Review of the Sector Support and Development (SSD) program

Consultation Guide: Peak Bodies and Consumer Representatives

Background

The Commonwealth Home Support Programme (CHSP) helps senior Australians access entry-level support services to live independently and safely at home. The CHSP was established on 1 July 2015 and consolidated a range of State and Territory administered programs, each distinct in terms of what services were delivered and how they were delivered.

The Sector Support and Development program (SSD) is a sub program of the CHSP. The objective of the SSD is to support the development of the home support service system and enable CHSP service providers to operate effectively in line with the objectives of the CHSP and within the context of the broader aged care system.

The SSD supports both CHSP providers and consumers by:

- Developing and disseminating information on the CHSP and its interaction with the broader aged care system
- Embedding wellness, reablement and restorative care approaches into service delivery
- Strengthening the capacity of CHSP service providers to deliver quality services that are responsive to client needs, including clients with diverse needs
- Brokering, coordinating and delivering training and education to service providers, workforce and consumers
- Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system
- Supporting and maintaining the volunteer workforce.

KPMG has been engaged by the Department of Health (the Department) to undertake a review of the SSD program. The focus of the review of the SSD program (the Review) is to identify:

- What outcomes have been achieved
- What opportunities exist to improve the SSD program
- If there have been any inconsistencies in how the program, and activities under the program, have been funded and delivered
- If there are any gaps or duplication in service provision compared to the objectives of the program
- If there are any models or activities delivered by service providers that could be applicable more broadly.

Stakeholder engagement

As part of the Review, consultations will be held with relevant stakeholders in November 2019. Stakeholder consultations will seek to cover a representative sample of organisations that are funded under the SSD as well as other sector stakeholders such as Commonwealth Home Support Programme (CHSP) providers, peak bodies and consumer representative organisations.

KPMG will be undertaking a mix of focus groups and one-on-one interviews with stakeholders. The consultations will be conducted by senior team members of the KPMG project team, and will be conducted in a semi-structured way making use of the questions provided below.



Objectives of this consultation

The purpose of this consultation is to seek views on the SSD program, including:

- What is working well with the SSD program and what are the areas for improvement
- What intersections exist with other programs in the broader aged care system.

Consultation questions

Supports and services for consumers

1. What have been the experiences of consumers whom have accessed services and supports from the SSD program?
2. Do supports and services delivered through the SSD program meet the needs of consumers? Why/why not?
3. Do consumers have adequate information regarding the supports and services delivered through the SSD program?
4. Are there services or supports that aren't currently available that consumers would benefit from? If so, what are they?
5. Are there other gaps in the SSD program for consumers?
6. How do consumers access required supports or services that aren't available through the SSD program?

Supports and services for providers

7. What have been the experiences of providers whom have accessed services and supports from the SSD program?
8. Do supports and services delivered through the SSD program meet the needs of providers? Why/why not?
9. Are there services or supports that aren't currently available that providers would benefit from? If so, what are they?
10. Are there other gaps in the SSD program for providers?
11. How do providers access required supports or services that aren't available through the SSD program?

Provision of supports and services

12. If you are funded to provided SSD supports/services how do you integrate these with the functions you perform as a peak?
13. If you are funded to provide SSD supports/services who do you provide services/supports to?

Opportunities for improvement

14. What opportunities exist to improve the SSD program in the future for you as a recipient of supports or services?
15. How does / does the SSD program meet its intended objectives?
16. What opportunities exist to improve the SSD program in the future?
17. Is there anything else you would like to comment on?

Contact us

If you would like to contact the KPMG project team following the consultation please do so using the below contact details:

AU-FMSSDReview@kpmg.com.au

Review of the Sector Support and Development (SSD) sub-program

Consultation Guide: SSS Providers

Background

As you may be aware, KPMG has been engaged by the Department of Health (the Department) to undertake a review of the Commonwealth Home Support Programme (CHSP), Sector Support and Development (SSD) sub-program. As part of this review KPMG is seeking to understand the intersections that may exist between the SSD and other CHSP and aged care service types, including the Specialised Support Services (SSS) sub-program. Of particular interest is what services are being delivered via the SSS sub-type classified as 'Other Support Services'.

To do so, we are conducting consultations with a representative sample of SSS service providers. The purpose of the consultation process is to better understand:

- The services being delivered under SSS
- How SSS is working in practice
- Where intersections with the SSD program may be occurring.

About the consultation process

Consultations will be held with SSS providers in April 2020. Stakeholder consultations will seek to cover a representative sample of organisations that are funded under the SSS.

KPMG will be undertaking focus group sessions with stakeholders via teleconference. The consultations will be conducted by senior team members of the KPMG project team, and will be conducted in a semi-structured way making use of the questions provided below.

Consultation questions

1. What service sub-type/s do you deliver under the SSS?
2. Who are the recipients of your supports and services?
3. Can you provide examples of the supports and services your organisation delivers? For each of these supports and services, can you describe:
 - How often you deliver them
 - Why you have chosen to deliver them
 - The strengths that you associate with the supports and services you deliver
 - Any challenges you are experiencing or opportunities for improvement.
4. Do you target any of your supports or services to special needs groups or other diversity groups? If so, how?
5. What are the factors that assist you or hinder you from delivering these supports and services?
6. In your view, what are the experiences of SSS program recipients?



Intersections with the SSD program

7. Are you funded to deliver SSD supports and services? If so, in your opinion are there any overlaps between the services you deliver under SSD and the services you deliver under SSS? What are they?
8. Is there anything else you would like to comment on?

Contact us

If you would like to contact the KPMG project team following the consultation please do so using the below contact details:

[AU-FMSSDReview.kpmg.com.au](https://au-fmssdreview.kpmg.com.au)

Appendix B: Organisations consulted

| Organisation | Location | Stakeholder group |
|--|----------|-------------------------------|
| SSD Providers Consultation - Monday 18 November - 9 to 11am - KPMG Sydney | | |
| Macarthur Disability Services Ltd | NSW | SSD Provider |
| Canterbury City Community Centre Inc. | NSW | SSD Provider |
| Meals on Wheels Bathurst | NSW | SSD Provider |
| Meals on Wheels NSW Ltd | NSW | SSD Provider |
| 3Bridges Community Limited | NSW | SSD Provider |
| Waverley Council | NSW | Council |
| Ku-Ring-Gai Council | NSW | Council |
| Inner West Council | NSW | Council |
| Local Government Consultation - Monday 25 November - 2 to 4pm - KPMG Melbourne | | |
| Knox City Council | VIC | Council |
| City of Greater Geelong | VIC | Council |
| Moonee Valley City Council | VIC | Council |
| Nillumbik Shire Council | VIC | Council |
| City of Stonnington | VIC | Council |
| City of Port Phillip | VIC | Council |
| Maroondah City Council | VIC | Council |
| Whitehorse City Council | VIC | Council |
| City of Boroondara | VIC | Council |
| Carers and Consumer SSD Provider Peaks Consultation - Tuesday 19 November - 10 to 12pm - Teleconference | | |
| Carers Victoria Inc. | VIC | Carer/consumer representative |
| Municipal Association of Victoria | VIC | Carer/consumer representative |
| Council on the Ageing (Victoria) Inc. | VIC | Carer/consumer representative |
| Council on the Ageing Queensland Ltd | QLD | Carer/consumer representative |
| Council on the Ageing (Tasmania) Incorporated | TAS | Carer/consumer representative |
| Inner Sydney Regional Council for Social Development Incorporated | NSW | Carer/consumer representative |
| Community Industry Group Incorporated | NSW | Carer/consumer representative |
| Community Transport Organisation Ltd. | NSW | Carer/consumer representative |

| Organisation | Location | Stakeholder group |
|---|----------|-------------------------------|
| Federation of Ethnic Communities' Councils of Australia | ACT | Carer/consumer representative |
| Neighbourhood Houses Tasmania Inc. | TAS | Carer/consumer representative |
| Councils - Tuesday 19 November - 2 to 4pm - Teleconference | | |
| Warrnambool City Council | VIC | Council |
| Wagga Wagga City Council | NSW | Council |
| Mildura Rural City Council | VIC | Council |
| Wangaratta Rural City Council | VIC | Council |
| Ballarat City Council | VIC | Council |
| Port Augusta City Council | SA | Council |
| Shire of Esperance | WA | Council |
| Wollongong City Council | NSW | Council |
| City of Victor Harbor | SA | Council |
| City of Salisbury | SA | Council |
| Melton City Council | VIC | Council |
| City of Onkaparinga | SA | Council |
| Diversity Groups - Wednesday 20 November - 10 to 12pm - Teleconference | | |
| Victorian Lithuanian Pensioners Association Inc | VIC | SSD Provider |
| Elders Council of Tasmania Aboriginal Corporation | TAS | SSD Provider |
| The Ethnic Communities Council of Queensland Limited | QLD | SSD Provider |
| Diversity Groups - Wednesday 20 November - 2 to 4pm - Teleconference | | |
| Ethnic Community Services Co-operative Limited | NSW | SSD Provider |
| Ethnic Communities Council of NSW Incorporated | NSW | SSD Provider |
| CO.AS.IT. (SA) Italian Assistance Association Inc | SA | SSD Provider |
| Bungree Aboriginal Association Limited | NSW | SSD Provider |
| Multicultural Communities Council of Illawarra Incorporated | NSW | SSD Provider |
| Multicultural Aged Care Incorporated | SA | SSD Provider |
| Migrant Resource Centre (Southern Tasmania) Inc. | SA | SSD Provider |
| Ethnic Communities Council of Victoria | VIC | SSD Provider |
| COA Sydney | NSW | SSD Provider |
| Bayside City Council | VIC | Council |

| Organisation | Location | Stakeholder group |
|--|----------|------------------------|
| Health Associations, LHDs, and other government agencies - Thursday 21 November - 10 to 12pm - Teleconference | | |
| ACT Council of Social Service | ACT | Government agency |
| State of Tasmania acting through the Department of Health | TAS | Government agency |
| Local Government NSW | NSW | Government agency |
| Western Sydney Community Forum Incorporated | NSW | Health associations |
| Sydney Community Forum Limited | NSW | Health associations |
| Bladder and Bowel Health Australia Inc. | WA | Health associations |
| Dementia & Alzheimer's Australia Ltd | ACT | Health associations |
| Engadine Community Services | NSW | Government agency |
| Provider SSD Provider Peaks - Thursday 21 November - 2 to 4pm - Teleconference | | |
| Transport for NSW | NSW | Provider Peak |
| Tasmanian Council of Social Service Inc | TAS | Provider Peak |
| Aged & Community Services Australia | NSW | Provider Peak |
| SSD Providers - Tuesday 26 November - 10 to 12pm - Teleconference | | |
| Catalyst Foundation | SA | SSD Provider |
| Northern Health | VIC | SSD Provider |
| West Gippsland Healthcare Group | VIC | SSD Provider |
| VincentCare Victoria | VIC | |
| Span Community House Inc. | VIC | SSD Provider |
| Blue Care (The Uniting Church in Australia Property Trust) | QLD | SSD Provider |
| The Corporation of the Synod of the Diocese of Brisbane | QLD | SSD Provider |
| Livebetter Services Limited | NSW | SSD Provider |
| Independent Living Centre (Tas) Inc. | TAS | SSD Provider |
| Royal District Nursing Service Of SA Limited | SA | SSD Provider |
| Just Better Care | NSW | SSD Provider |
| Avivo | WA | SSD Provider |
| Volunteer organisations - Tuesday 26 November - 2 to 4pm - Teleconference | | |
| Volunteering Tasmania (Inc.) | TAS | Volunteer organisation |
| Volunteering SA and NT Incorporated | SA | Volunteer organisation |
| Northern Beaches Community Services Ltd | NSW | Volunteer organisation |
| New England Sector Support Team | NSW | Volunteer organisation |
| Multicultural Communities Council of SA | SA | SSD Provider |
| Booroongen Djugun Limited - Community Care Services | SA | Volunteer organisation |

| Organisation | Location | Stakeholder group |
|---|----------|-------------------------------|
| Bathurst Information & Neighbourhood Centre Inc | NSW | Volunteer organisation |
| CHSP Providers - Wednesday 27 November - 10 to 12pm - Teleconference | | |
| Integrated Living | NSW | CHSP Provider |
| Corumbene Nursing Home for the Aged Inc. | TAS | CHSP Provider |
| People Who Care (Inc.) | WA | CHSP Provider |
| The Junction Neighbourhood Centre | NSW | CHSP Provider |
| St Vincent de Paul Society (NT) Inc | NT | CHSP Provider |
| CHSP Providers - Wednesday 27 November - 2 to 4pm - Teleconference | | |
| Sydney Community Services | NSW | CHSP Provider |
| Life Without Barriers | NSW | CHSP Provider |
| Community Care Options Limited | NSW | CHSP Provider |
| Pintupi Homelands Health Service (Aboriginal Corporation) | NT | CHSP Provider |
| Carers ACT Ltd | ACT | CHSP Provider |
| Carers and Disability Link Incorporated | SA | CHSP Provider |
| Woden Community Service Inc | ACT | CHSP Provider |
| Larrakia Nation Aboriginal Corporation | NT | CHSP Provider |
| Bega Valley Shire Council | NSW | CHSP Provider |
| Social Futures | NSW | CHSP Provider |
| WA Country Health Service | WA | CHSP Provider |
| Provider Peaks - Thursday 28 November - 10 to 12pm - Teleconference | | |
| LASA | National | Provider Peak |
| Catholic Health | National | Provider Peak |
| Consumer representative organisations - Thursday 28 November - 2 to 4pm - Teleconference | | |
| COTA | National | Carer/consumer representative |
| Carers Australia | National | Carer/consumer representative |
| Other organisations consulted | | |
| Centacare Catholic Country SA Limited | SA | CHSP Provider |
| TAPSS Community Care (Inc) | WA | CHSP Provider |
| VisAbility Limited | WA | CHSP Provider |
| Southern Cross Care (WA) Inc | WA | CHSP Provider |
| Eacham Community help Organization Inc | QLD | CHSP Provider |
| RSL Care RDNS Limited | QLD | CHSP Provider |
| ComLink Limited | QLD | CHSP Provider |
| Able Australia Services | VIC | CHSP Provider |

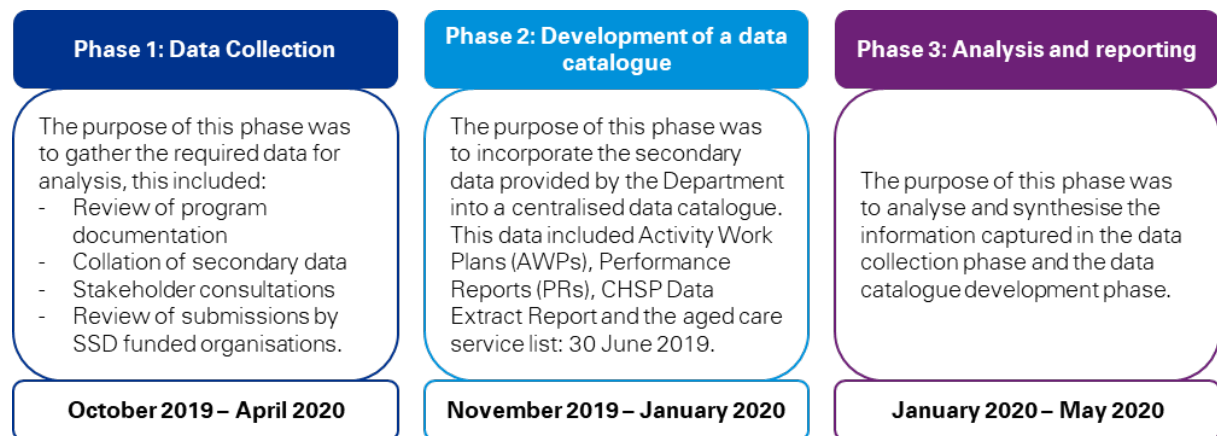
| Organisation | Location | Stakeholder group |
|--|----------|-------------------|
| Belong Blue Mountains Incorporated | NSW | CHSP Provider |
| The Ascent Group Australia Limited | NSW | CHSP Provider |
| Mission Australia | NSW | CHSP Provider |
| Banyule Community Health | VIC | CHSP Provider |
| Pronia | VIC | CHSP Provider |
| Newcastle Meals on Wheels Incorporated | NSW | SSD Provider |
| Meals on Wheels Narrandera Branch Inc. | NSW | SSD Provider |
| Queensland Meals on Wheels Ltd | QLD | SSD Provider |
| Meals on Wheels Dubbo Inc. | NSW | SSD Provider |
| <i>SSS Consultation A</i> | | |
| Hume City Council | VIC | SSS Provider |
| Latrobe City Council | VIC | SSS Provider |
| Action on Disability within Ethnic Communities Inc. | VIC | SSS Provider |
| Australian Greek Welfare Society Limited | VIC | SSS Provider |
| Alzheimer's Association of Queensland Inc. | QLD | SSS Provider |
| Carers Victoria Inc. | VIC | SSS Provider |
| Wangaratta Rural City Council | VIC | SSS Provider |
| Baptist Care (SA) Incorporated | SA | SSS Provider |
| Northside Community Service Limited | ACT | SSS Provider |
| <i>SSS Consultation B</i> | | |
| Chinese Community Social Services Centre Inc. | VIC | SSS Provider |
| Multicultural Communities Council - Gold Coast Limited | QLD | SSS Provider |
| The Multicultural Network Incorporated | NSW | SSS Provider |
| Carers NSW Limited | NSW | SSS Provider |
| Dementia & Alzheimer's Australia Ltd | ACT | SSS Provider |
| Northern NSW Local Health District | NSW | SSS Provider |
| Banyule Community Health | VIC | SSS Provider |
| Community Transport Services Tasmania Inc. | TAS | SSS Provider |
| Nexus Primary Health | VIC | SSS Provider |
| Share & Care Community Services Group Incorporated | WA | SSS Provider |

Source: KPMG, 2020

Appendix C: Methodology for data catalogue and thematic coding

The Review involved three main phases as highlighted in Figure 30 below.

Figure 30: Review methodology



Source: KPMG, 2020

An overview of each phase including the activities completed as part of each phase is presented below.

Phase 1: Data collection

The purpose of this phase was to gather the required data to answer the Review questions. This involved a number of qualitative and quantitative data collection activities. KPMG also sought to understand the intersections between SSD and other CHSP and aged care service types as part of the Review, including the SSS sub-program. KPMG investigated the intersection between the SSS and SSD by completing three data collection activities specific to the SSS. The data collection activities completed during this phase with respect to each program are summarised in Table 10 and detailed further below.

Table 9: Data collection methods

| Program | Data collection methods |
|---------|---|
| SSD | <ul style="list-style-type: none"> • Review of program documentation • Collation of secondary data, including Activity Work Plans (AWPs), Performance Reports (PRs) and CHSP Data Extract Report 2018 supplied by the Department • Stakeholder consultations • Review of submissions by SSD funded organisations. |

| Program | Data collection methods |
|------------|--|
| SSS | <ul style="list-style-type: none"> • Collation of AWP's from a selection of SSS providers supplied by the Department • Stakeholder consultations • Development and distribution of a survey to SSS providers. |

Source: KPMG, 2020

Data collection methods related to SSD

The following data collection activities related to SSD were completed.

Review of program documentation

Publicly available documentation on SSD and other programs and services delivered within the aged care system were reviewed to understand the objectives of SSD and to form a view on the position of SSD within the broader aged care system (analysis provided in Section 3.5 of this report). Documents reviewed as part of this process included:

- 2018 CHSP Program Manual
- Department of Health website
- My Aged Care website.

Collation of secondary data

The Department securely²⁰ transferred a range of data files to KPMG in October and November 2019. This quantitative data included both SSD sub-program funding data and activity level data for each organisation, including:

- AWP's for organisations funded under SSD
- PRs submitted by to the Department by organisations funded under SSD
- CHSP Data Extract Report supplied by the Department
- Aged care service list: 30 June 2019.

Stakeholder consultations

Stakeholder consultations were conducted in October and November 2019. The consultations involved a mix of focus groups and one-on-one interviews with a range of stakeholders, including:

- A sample of organisations that are funded under SSD
- CHSP service providers
- Aged care peak bodies
- Consumer representative organisations.

²⁰ KPMG provided the Department access to its secure file transfer protocol (ftp) tool SendFile. This allowed one KPMG team member to receive all files.

The purpose of consultations was to seek views on SSD, including:

- What is working well
- What opportunities exist to improve SSD
- What intersections exist with other programs in the broader aged care system.

SSD funded organisations and CHSP service providers invited to attend were chosen to ensure that there was appropriate representation across:

- Types of organisations, for example councils, diversity groups, service providers etc.
- Jurisdictions
- Geographical location of organisations, including those operating in rural and remote environments.

Interviews and focus groups were conducted by senior team members of the KPMG project team, and were based on semi-structured consultation guides tailored to each stakeholder group (provided at **Appendix A**).

A full list of consulted organisations can be found at **Appendix B**.

Review of submissions by SSD funded organisations

A number of organisations funded under SSD provided written responses to the Review questions and case studies of activities funded under SSD. Case studies have been developed using the qualitative data gathered from SSD providers to support the findings presented in this report (in Section 3).

Data collection methods related to the SSS

The following data collection activities related to the SSS were completed.

Collation of secondary data

SSS providers are required to agree and document the work to be completed under the SSS during the reporting period in AWP. The Department securely²¹ transferred AWP for a selection of SSS providers to KPMG to understand the activities being delivered under the SSS. These files were reviewed and processed.

Stakeholder consultations

Stakeholder consultations were conducted in April 2020 with SSS providers. This involved two focus groups with SSS providers that deliver 'other support services' and 'advocacy' services. The purpose of the consultations was to further understand the services delivered under the SSS, how SSS is working in practice and where intersections with SSD exist.

The SSS funded organisations invited to attend were chosen to ensure that there was appropriate representation across:

- Types of organisations, for example councils, diversity groups, service providers etc.
- Jurisdictions

²¹ KPMG provided the Department access to its secure file transfer protocol (ftp) tool SendFile. This allowed one KPMG team member to receive all files.

- Geographical location of organisations, including those operating in rural and remote environments.

Focus groups were conducted by senior team members of the KPMG project team, and were based on a semi-structured consultation guide (provided at **Appendix A**).

A full list of consulted organisations can be found at **Appendix B**.

Survey to SSS providers

A survey was developed and distributed to organisations funded under the SSS. The purpose of the survey was to better understand:

- The services delivered under SSS
- How SSS is working in practice
- Where intersections with SSD may be occurring.

SSS organisations were provided with a guide to complete the survey, including a summary of the questions in the survey. This is included at **Appendix D**.

Phase 2: Development of a data catalogue

The purpose of this phase was to incorporate the secondary data provided by the Department into a centralised data catalogue. Over 1,000 data files were securely transferred to KPMG. Quantitative and qualitative data from each individual source was extracted and collated into a central data catalogue. This included:

- AWP for organisations funded under SSD
- AWP for a selection of organisations funded under the SSS
- PRs submitted by to the Department by organisations funded under SSD
- CHSP Data Extract Report supplied by the Department
- Aged care service list: 30 June 2019.

An overview of each data source and the information extracted into the data catalogue is provided in Table 11.

Table 10: Data source and information extracted

| Data Source | Description of information extracted |
|---|--|
| AWPs | <ul style="list-style-type: none"> • Organisation details, funding amounts and activities delivered. |
| PRs | <ul style="list-style-type: none"> • Organisation details, performance indicators (as per AWP), outcome progress and status. |
| CHSP Data Extract Report 2018 supplied by the Department | <ul style="list-style-type: none"> • CHSP and SSD program funding by organisation. |
| Aged care service list: 30 June 2019 | <ul style="list-style-type: none"> • Available from the GEN Aged Care website, this document was used to understand whether SSD funded organisations are also an Approved Provider under the <i>Aged Care Act 1997</i>. |

Source: KPMG, 2020

The draft catalogue incorporated:

- Organisational level information, such as the Organisation Name, Activity Title, Activity ID and State, and additional fields that have been coded by KPMG, such as the Type of organisation, whether an organisation is funded for other CHSP services or an approved provider.
- Activity level information from work plans and PRs, such as the reporting period, deliverables, met status, and additional fields that have been coded by KPMG such as the type of activity that is delivered and whether that activity is targeted at a diverse needs group.

KPMG also thematically coded components of the data catalogue to understand and analyse the types of organisations and activities funded under SSD.

KPMG categorised organisations based on their “core business”. Core business refers to the primary area or activity that an organisation focuses on as part of its operations. Organisations that met the criteria for multiple categories were only assigned to one category. A definition for each category developed is included in Table 12.

Table 11: Categories for SSD organisations

| Category | Description |
|----------------------------------|--|
| Local Council | Local government in each jurisdiction responsible for planning and delivering a range of local services. |
| Diversity Group | An organisation with a specific focus on supporting consumers with diverse needs, including those from CALD backgrounds and Aboriginal and Torres Strait Islander Communities. |
| Health Care Services | An organisation with a specific focus on providing health services. |
| Aged Care Services | An organisation with a specific focus on providing aged care services. |
| Disability Services | An organisation with a specific focus on providing services to people with disability. |
| Carer & Consumer Peak | An organisation with a specific focus on supporting consumers and/or their carers. |
| Volunteer Organisation | An organisation with a focus on building the capacity of volunteers across a range of sectors. |
| Service Provider – Meals | An organisation with a focus on preparing and delivering meals e.g. a designated ‘meals on wheels’ providers. |
| Service Provider – Other | An organisation with a focus on delivering services, but does not appear to be targeting a specific type of services e.g. aged care. |
| Provider Peak | An organisation that represents aged care providers and/or other service providers. |
| Health Association | An organisation with a specific focus on representing the needs of people with a particular condition or providers/professionals supporting people with particular health needs e.g. Bladder and Bowel Health Australia. |
| Other government agency | A government entity that is not a local council, e.g. a state government department. |

| Category | Description |
|--------------------------------------|--|
| Local Health District/Network | A local health service or network responsible for managing public hospitals and providing healthcare in a defined geographical region. |
| Miscellaneous | Organisations that did not neatly align to one of the other categories. |

Source: KPMG, 2020

KPMG also thematic coded deliverables extracted from PRs to understand and analyse the types of activities delivered under SSD. This was completed at an organisation rather than deliverable level. The main reason for this is that the majority of organisations document delivering more than one activity under each deliverable.

Thematic coding was completed by interpreting information provided in the deliverables section of PRs; however, the level of information included in the PRs varied between organisations. As such, not all PRs clearly discerned the types of activities being delivered by each organisation.

A definition for each category developed is included in Table 13.

Table 12: Categories for SSD activities

| Category | Description |
|--|--|
| Information to consumers | Development and dissemination of information to consumers about CHSP, the broader aged care sector, or the interaction of CHSP and the system more broadly. |
| Information to providers | Development and dissemination of information to providers about CHSP, the broader aged care sector, or the interaction of CHSP and the system more broadly. |
| Internal back office functions | Internal administrative and professional functions to build capacity within the organisation such as accounting, marketing, business case development. These functions are only for internal purposes and do not demonstrate any broader role across the sector. This also includes volunteer support, where it is for an organisation's own volunteers. |
| Issue identification and escalation | Identification and escalation of issues within the sector, including: <ul style="list-style-type: none"> • Seeking feedback from consumers and providers through meetings, consultations and forums • Conducting surveys to gain feedback on issues • Escalation issues as indicated to the Department. |
| Other capacity building support for providers | This includes: <ul style="list-style-type: none"> • Back office functions aimed at recipients external to the organisation and/or the sector more broadly • Development and provision of policies and procedures. |
| Other CHSP service | Delivery of CHSP services that aligned with services, other than SSD, as listed in the CHSP Manual Program Manual 2018-2020 such as: <ul style="list-style-type: none"> • Meals • Social support • Counselling. |
| Partnerships and collaboration | Networking and promoting working partnerships / collaborations across the sector supporting these collaborations or working collaboratively with other organisations/groups across the sector. |

| Category | Description |
|--|--|
| Training | Development and delivery of training to providers and the workforce, such as training sessions delivered to staff on topics such as: Elderly Abuse, Palliative Care, Dementia, Heatware, Fall Prevention, Fire safety, Infectious diseases, Hygiene. |
| Volunteer workforce | Strengthening, enabling and working with the volunteer workforce. |
| Wellness, reablement and restorative care / client centricity | Embedding wellness, reablement and restorative care in service delivery through training or other methods. Empowering consumers to be more independent and engaging with consumers/the community to increase awareness of services. |
| Miscellaneous | There may be other activities or supports that are delivered that do not neatly meet one of these categories. This will be flagged and described briefly in free-text. |

Source: KPMG, 2020

Phase 3: Analysis and reporting

The purpose of this phase was to analyse and synthesise the information captured in the data catalogue and data gathered during the other data collection activities to analyse and assess the performance of SSD sub-program. The findings from this analysis are presented in this report.

Appendix D: SSS Survey

Survey Questions and Background Information for the Specialised Support Services (SSS) Survey

Introduction

As you may be aware, KPMG has been engaged by the Department of Health (the Department) to undertake a survey of the Commonwealth Home Support Programme (CHSP), Sector Support and Development sub-program. As part of this review KPMG is seeking to understand the intersections that may exist between the SSD and other CHSP and aged care service types, including the Specialised Support Services (SSS) sub-program. Of particular interest is what services are being delivered via the SSS – Other Support Services service sub-type.

Your participation in this survey is very important as it will help improve our understanding of the services delivered under SSS, how SSS is working in practice and where intersections with the SSD program may be occurring.

What information am I being asked to provide?

We are collecting information from you on the services you deliver under the SSS including your views on the strengths and challenges of SSS. You will be asked to complete a total of 11 questions. Some questions you may be asked to complete more than once to understand what services and activities are being delivered in different Aged Care Planning Regions (ACPRs).

This table provides a summary of the information you will be asked to provide in each section.

| Section | Information you will be able to enter/provide |
|-----------------------------------|--|
| 1 – Organisational details | <ul style="list-style-type: none">• The name of your organisation• Your contact details |
| 2 – Service delivery | <ul style="list-style-type: none">• The sub-types you deliver under the SSS• Where services are delivered• Who the recipients of your services or activities are• If you specialise in delivering services to particular cohorts• Intersections between the SSS, SSD and other aged care programs• Your views on SSS activities |

How do I complete the survey?

We would suggest preparing your responses prior to completing the survey in the online survey tool. The template sent to you via email will assist you to prepare your responses ahead of time.

Preparing information for your response prior to entering your responses in the online survey tool is important as partially completed submissions cannot be saved. The survey must be completed in a single sitting. If you have collated your organisation's responses to the survey questions, completing the survey should take approximately 10 minutes.

Please note, provider specific information collected through this survey will only be made available to the KPMG Project Team and Department of Health personnel. The Department has not yet made any decisions about the release of the SSS survey outcomes however, any reporting and analysis that is published would be at an aggregated level to ensure provider anonymity.

What if I need help completing the survey or would like further information?

Please contact the KPMG team on AU-FMAgedCareSurvey@kpmg.com.au if you require assistance or would like further information.

Section 1 – Organisational details

| # | Question | Response options provided | Definitions or instructions required to complete this response | Example |
|------|---|--|--|--------------------------|
| 1.a) | What is the name of your organisation? | No set options. Free text only | Please enter the full name of the organisation that is funded under the SSS. | Rosebery Care Centre |
| 1.b) | Which state/territory is your organisation funded to deliver the SSS? Please select all that apply | Set response options are provided. There are no free text fields. Respondents must choose at least one response option. <input type="checkbox"/> New South Wales <input type="checkbox"/> Australian Capital Territory <input type="checkbox"/> Northern Territory <input type="checkbox"/> Victoria <input type="checkbox"/> Queensland <input type="checkbox"/> Tasmania <input type="checkbox"/> South Australia <input type="checkbox"/> Western Australia | Please select all states/territories your organisation is funded to deliver the SSS. | |
| 1.c) | Please enter your full name: | No set options. Free text only | Please enter your full name. | John Smith |
| 1.d) | Please enter your position title: | No set options. Free text only | Please enter your job title or role within your organisation. | SSS Program Co-ordinator |
| 1.e) | Please enter your email address: | No set options. Free text only | Please enter your work email address. This needs to be an address you check regularly, in case we need to contact you about your response. | jsmith@roseberycc.com.au |
| 1.f) | Please enter your phone number: | No set options. Free text only | Please enter the phone number that is the best number to contact you on. Please ensure any local | (02) 0426 647 372 |

| # | Question | Response options provided | Definitions or instructions required to complete this response | Example |
|---|----------|---------------------------|--|---------|
| | | | <p>area code, if necessary, is included.</p> <p>You will only be contacted by the KPMG team if there is a query about your response.</p> | |

Section 2 – Service delivery

| # | Question | Response options provided | Definitions or instructions required to complete this response | Example |
|--|---|---|---|---------|
| 2.a) | <p>What service sub-type/s do you deliver under the SSS?</p> <p>Please select all that apply</p> | <p>Set response options are provided. There are no free text fields. Respondents must choose at least one response option.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continence advisory services <input type="checkbox"/> Dementia advisory services <input type="checkbox"/> Vision support services <input type="checkbox"/> Hearing support services <input type="checkbox"/> Other support services | <p>Please select all service sub-type/s your organisation is funded to deliver the SSS.</p> | |
| The following questions (Questions 2.b) to 2.e)) will ask for responses about each service sub-type selected in 2.a). | | | | |
| 2.b) | <p>Which Aged Care Planning Regions (ACPR) does your organisation deliver [insert service sub-type]?</p> <p>Please select all that apply.</p> | <p>Set response options are provided. There are no free text fields. Respondents must choose at least one response option from the 73 listed ACPRs.</p> | <p>Aged care services in Australia are funded and delivered in regions called Aged Care Planning Regions (ACPRs). There are 73 ACPRs across Australia. To find your</p> | |

| # | Question | Response options provided | Definitions or instructions required to complete this response | Example |
|------|--|--|---|---------|
| | | | <p>ACPR, please use the ACPR maps available on GEN.</p> <p>Please select all ACPRs where your organisation is funded to deliver the SSS service sub-type/s.</p> | |
| 2.c) | <p>Who are the recipients of the [insert service sub-type] services your organisation delivers?</p> <p><i>Please select all that apply</i></p> | <p>Set response options are provided. Respondents must choose at least one response option.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consumers accessing CHSP services <input type="checkbox"/> Consumers not accessing CHSP but accessing other aged care services e.g. home care packages <input type="checkbox"/> Consumers not accessing Commonwealth-funded aged care <input type="checkbox"/> Families and carers of consumers accessing CHSP services <input type="checkbox"/> CHSP service providers <input type="checkbox"/> Other Commonwealth-funded aged care service providers <input type="checkbox"/> Other, please specify _____ | <p>Please select all recipients that you deliver SSS activities or services to.</p> | |
| 2.d) | <p>Are any of the [insert service sub-type] services your organisation delivers for consumers targeted at supporting special needs and other groups?</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <p>If respondents answer yes, they will be asked to select the special needs groups that they support, as follows:</p> | <p>While SSS providers will support consumers with a range of needs (including those that meet the definition of a person with special needs), we are interested in understanding if your services or activities are specifically targeted at addressing the needs of a particularly special needs group.</p> | |

| # | Question | Response options provided | Definitions or instructions required to complete this response | Example |
|---|----------|---|---|---------|
| | | <input type="checkbox"/> people from Aboriginal and Torres Strait Islander communities <input type="checkbox"/> people from non-English speaking (culturally and linguistically diverse) backgrounds <input type="checkbox"/> people from the Lesbian, Gay, Bisexual, Transgender and Intersex community <input type="checkbox"/> people who are care leavers <input type="checkbox"/> people who are financially or socially disadvantaged <input type="checkbox"/> people who are homeless, or at risk of becoming homeless <input type="checkbox"/> people who are veterans, including the spouse, widow or widower of a veteran <input type="checkbox"/> people who live in rural or remote areas <input type="checkbox"/> people with disability <input type="checkbox"/> people who experience mental health issues. | <p>Under the <i>Aged Care Act 1997</i>, people with special needs include people who identify with or belong to one or more of the following groups:</p> <ul style="list-style-type: none"> • people from Aboriginal and Torres Strait Islander communities • people from non-English speaking (culturally and linguistically diverse) backgrounds • people from the Lesbian, Gay, Bisexual, Transgender and Intersex community • people who are care leavers • people who are financially or socially disadvantaged • people who are homeless, or at risk of becoming homeless • people who are veterans, including the spouse, widow or widower of a veteran • people who live in rural or remote areas; • people with disability • people who experience mental health issues. | |

| # | Question | Response options provided | Definitions or instructions required to complete this response | Example |
|------|--|--|---|---|
| | | | Please select all categories that apply. | |
| 2.e) | Would you describe any of the [insert service sub-type] services you deliver as involving the following: | <p>Respondents will be asked to describe the activities they deliver and any associated strengths and opportunities for improvement for each category selected. The set response options are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Developing and disseminating information on the CHSP and its interaction with the broader aged care system. <input type="checkbox"/> Embedding wellness, reablement and restorative care approaches into service delivery. <input type="checkbox"/> Strengthening the capacity of CHSP service providers to deliver quality services that are responsive to client needs, including clients with diverse needs. <input type="checkbox"/> Brokering, coordinating and delivering training and education to service providers, workforce and consumers. <input type="checkbox"/> Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system. | <p>We are interested in understanding the services and activities you deliver under these services types. This information is important to provide as it is not currently available through existing reporting arrangements. For each of these services and activities, please describe:</p> <ul style="list-style-type: none"> - What they are - How often you deliver them - Why you have chosen to deliver these services - Strengths associated with the activities / services you are delivering - Challenges you are experiencing and opportunities for improvement. | <p><i>Developing and disseminating information on the CHSP and its interaction with the broader aged care system</i></p> <p>As part of the education sessions we facilitate monthly in Rosebery for service providers on best practice continence management, we prepare and disseminate newsletters on the latest changes occurring in the CHSP sector e.g. changes to the Regional Assessment Service and in the past guidance on adhering to the new Quality Standards. We chose to deliver this service as a result of a local need in the community.</p> <p>One of the strengths of the program and this activity in particular, would be its ability to allow us to provide trusted, timely and user friendly information to service providers.</p> <p>We often receive feedback from providers during these educational sessions on the issues effecting them however we find it challenging to share this information with the Department. We would appreciate if the</p> |

| # | Question | Response options provided | Definitions or instructions required to complete this response | Example |
|---|----------|--|--|---|
| | | <input type="checkbox"/> Supporting and maintaining the volunteer workforce. <input type="checkbox"/> | | <p>Department could look into establishing clear feedback channels for us to share insights.</p> <p><i>Embedding wellness, reablement and restorative care approaches into service delivery</i></p> <p>Our organisation facilitates quarterly regional expos for CHSP providers. As part of these expos we disseminate information on how to embed wellness, reablement and restorative care approaches specifically for consumers with vision and hearing impairments. We chose to deliver this service in response to the Government's focus on wellness and reablement and to support providers in meeting requirements.</p> <p>One of the strengths of the program and the activity noted is its ability to be flexible and responsive to local needs. Adapting the content of the forum based on need contributes to more informed service providers.</p> <p>We find it challenging to find the right person to answer program related questions e.g. what activities we can and can't include in our activity work plans.</p> |

| # | Question | Response options provided | Definitions or instructions required to complete this response | Example |
|---|----------|---------------------------|--|---|
| | | | | <p><i>Strengthening the capacity of CHSP service providers to deliver quality services that are responsive to client needs, including clients with diverse needs</i></p> <p>One of the activities our organisation has delivered is cultural competency training. This is provided to CHSP staff in areas where there are higher populations of cultural and linguistic diversity (CALD) people. This training is completed on an ad-hoc basis and is usually delivered in rural and remote NSW. The training involved educating staff on how to deliver quality services whilst being sensitive to the specific needs of CALD communities. After receiving multiple requests from providers to deliver this training we chose to include it in our activity work plan.</p> <p>A strength of the program and the example mentioned above is our ability to advocate for consumers and ensure that CHSP providers are thoroughly informed on how to best care and support consumers with diverse needs.</p> <p>Consumers and carers often engage with multiple parts of the aged care systems and we find it</p> |

| # | Question | Response options provided | Definitions or instructions required to complete this response | Example |
|---|----------|---------------------------|--|---|
| | | | | <p>challenging to support consumers holistically while only providing the activities and services we are funded for.</p> <p><i>Brokering, coordinating and delivering training and education to service providers, workforce and consumers</i></p> <p>As part of providing dementia advisory services we provide one-on-one training to CHSP service provider staff on best practice dementia care. This is delivered on an ad-hoc basis as we receive requests and across all metro areas of Victoria. This involves spending up to a week with CHSP staff and providing them with theoretical and practical dementia care experiences. We included this activity in our activity work plan after identifying the need in our local community.</p> <p>The strength of this activity would be our ability to tailor the training to the specific needs of the staff. An additional strength of the program is the independence and neutrality of SSS providers, this allows us to gain the trust of the community and advocate on their behalf.</p> |

| # | Question | Response options provided | Definitions or instructions required to complete this response | Example |
|---|----------|---------------------------|--|--|
| | | | | <p>We find the activity work plan objectives slightly ambiguous which sometimes makes designing activities difficult. We would benefit from further guidance from the Department.</p> <p><i>Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system</i></p> <p>Our organisation co-ordinates quarterly regional forums across Queensland where CHSP service providers can get together and discuss current and local issues and share learnings and knowledge. We decided to include this activity in our activity work plan after receiving feedback from providers that they were unaware of other service providers in their local areas.</p> <p>The strength of the program and this activity in particular, is its broad reach, ability to address common issues or gaps and ability to provide greater consistency of messaging.</p> <p>We find the reporting template focuses mainly on quantitative outputs and data meaning to provide examples of the positive</p> |

| # | Question | Response options provided | Definitions or instructions required to complete this response | Example |
|---|----------|---------------------------|--|--|
| | | | | <p>effect our work is having is difficult. We would benefit from more opportunities to demonstrate the outcomes of our work to the Department.</p> <p><i>Supporting and maintaining the volunteer workforce</i></p> <p>Our organisation works with CHSP providers to ensure their volunteering programs adhere to best practice evidence and to the National Standards for Volunteer Involvement. This is done by assisting CHSP providers with the recruitment and training of volunteers.</p> <p>We provide CHSP providers and consumers with a central point of contact. In a rapidly changing policy environment this is key to ensuring providers and the community feel supported and up to date.</p> <p>Due to a lack of available data we sometimes find it challenging to collaborate and share information and resources with other SSS providers. It would be great if the Department could provide us with data on the SSS providers who provide services in our local area.</p> |

| # | Question | Response options provided | Definitions or instructions required to complete this response | Example |
|------|---|--|--|---------|
| 2.f) | Do you have any other comments about the SSS? | This question is optional. Free text only. | Please provide free text on views, concerns or thoughts you may have in regards to the SSS program and the activities delivered under it that you haven't been able to provide through the previous questions. | |

Appendix E: Findings from SSS survey

The SSS Survey collected information from services on what they deliver under the SSS and their views on the strengths and challenges of SSS.

Section 1 of the survey collected organisation details, and Section 2 collected service delivery information, specifically:

- The sub-types delivered under the SSS
- Where services are delivered
- The recipients of services
- If services specialise in delivering services to particular cohorts
- Intersections between the SSS, SSD and other aged care programs
- Views on SSS activities.

There were **93 complete responses** received. This equates to a response rate of **41 per cent**.

Service sub-type

Services could select multiple service sub-types. Of the 93 services that responded, the majority (85 per cent) selected other support services.

Table 13: Services by service sub-type

| Service sub-type | Count | Percentage |
|------------------------------|-------|------------|
| Continence advisory services | 21 | 23% |
| Dementia advisory services | 18 | 19% |
| Hearing support services | 5 | 5% |
| Vision support services | 6 | 6% |
| Other support services | 79 | 85% |

Source: KPMG analysis of SSS survey responses

21 of the 93 organisations selected two or more service sub types. Of these, 13 services selected two sub-types, three services selected three sub-types, two services selected four sub-types and three selected all five sub types. Further analysis of responses provided by organisations that deliver continence advisory services, dementia advisory services and other support services are presented below.

Continence Advisory services

- 21 services selected this option.
- **Who are the recipients?** Continence advisory services were most likely to be delivered to consumers accessing CHSP services, with 19 of 21 services (90 per cent) serving these recipients. Consumers not accessing CHSP but accessing other aged care services were next with 11 of 21 services (52 per cent) selecting this option.

- **Special needs groups?** 13 of 21 services identified that their services were delivered to consumers targeted at supporting special needs and other groups. Of the 13, ten services selected people from CALD backgrounds.
- **Involving specific activities?** 19 of 21 services selected embedding wellness. This distribution is outlined below.

Figure 31: Distribution of selections under continence advisory services



Source: KPMG analysis of SSS survey responses

Exert of answers from the question "Please briefly describe the activities you deliver, their strengths and opportunities for improvement", are outlined below.

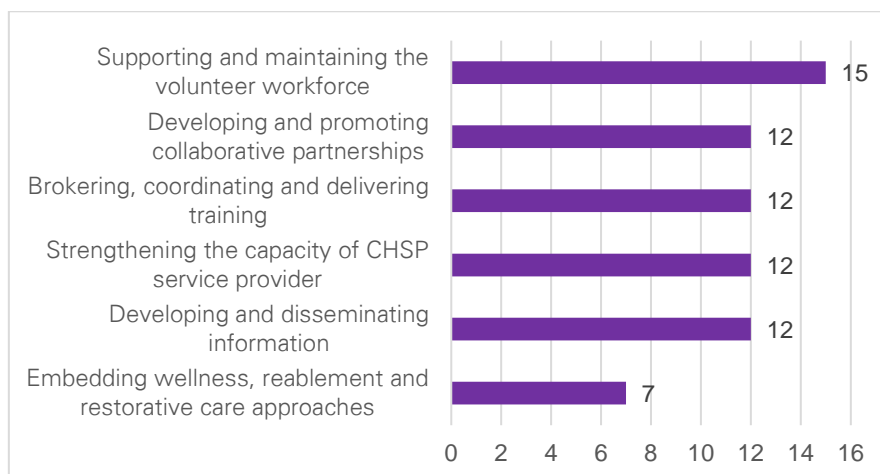
- Developing and disseminating information: *"Nursing continence assessment and referrals to specialists"*
- Embedding wellness, reablement and restorative care approaches into service delivery: *"Focus is on building confidence in self-management, introduction of aids and products to support self-management, considerations for continence concerns which may be impacting wellbeing, identifying additional underlying issues and referrals to GP and other services as needed...."*
- Strengthening the capacity of CHSP service providers to deliver quality services that are responsive to client needs, including clients with diverse needs: *"We as an CHSP organisation are very aware of maintain updated information at all time"*
- Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system: *"We will refer consumers to appropriate specialist that suits the consumers need."*
- Supporting and maintaining the volunteer workforce: *".... Our Organisation holds Volunteer Support meetings every month. The aim of these meetings is to provide peer support for volunteers through sharing of information and experiences..."*

Dementia advisory services

- 18 services selected this option.
- **Who are the recipients?** Dementia advisory services were most likely to be delivered to consumers accessing CHSP services and families and carers of consumers accessing CHSP services, with 15 of 18 services (83 per cent) servicing these recipients.

- **Special needs groups?** 12 of 18 services identified that their services were delivered to consumers targeted at supporting special needs and other groups. Of the 12, 11 services selected people who are financially or socially disadvantaged.
- **Involving specific activities?** 15 of 18 services selected supporting and maintaining the volunteer workforce. This distribution is outlined below.

Figure 32: Distribution of selections under dementia advisory services



Source: KPMG analysis of SSS survey responses

Exert of answers from the question "Please briefly describe the activities you deliver, their strengths and opportunities for improvement", are outlined below.

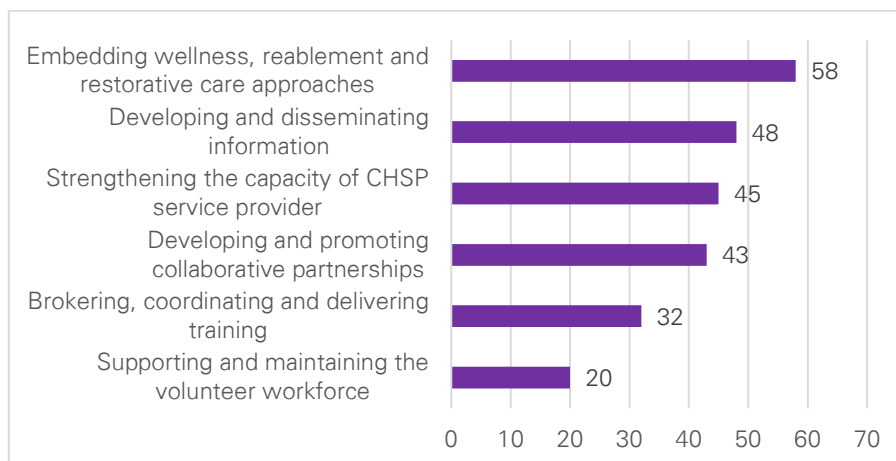
- Developing and disseminating information: "We run information Session and work alongside Dementia Australia."
- Embedding wellness, reablement and restorative care approaches into service delivery: "Each client and their carer are empowered and supported to be involved in decision making. We use the wellness and reablement framework when providing services to ensure the client and the carer can be the best versions of themselves possible."
- Strengthening the capacity of CHSP service providers to deliver quality services that are responsive to client needs, including clients with diverse needs: "The need for ongoing collaboration, communication and partnership with the key aged care providers is pivotal to the ongoing success of the program."
- Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system: "Collaboration with CHSP and other providers to connect carers of their clients to participate in sessions."
- Supporting and maintaining the volunteer workforce: "Our DAS team work closely with local volunteer services and provide dementia awareness training sessions for their staff and volunteers as requested."

Other support services

- 79 services selected this option.
- **Who are the recipients?** Other support services were most likely to be delivered to consumers accessing CHSP services, with 69 of 79 services (87 per cent) servicing these recipients.

- **Special needs groups?** 61 of the 79 services identified that their services were delivered to consumers targeted at supporting special needs and other groups. Of the 61, 47 services selected people from non-English speaking (culturally and linguistically diverse) backgrounds
- **Involving specific activities?** 58 of 61 services selected embedding wellness.

Figure 33: Distribution of selections under other support services



Source: KPMG analysis of SSS survey responses

Exert of answers from the question, "Please briefly describe the activities you deliver, their strengths and opportunities for improvement", are outlined below.

- Developing and disseminating information: "Information packages supplied to all recipients on commencement of supports. Clients are encouraged to work in partnership with support workers."
- Embedding wellness, reablement and restorative care approaches into service delivery: "This is a key and major focus of our service delivery. Features widely within the organisation- client independence and self-management. Embedded in staff practice."
- Strengthening the capacity of CHSP service providers to deliver quality services that are responsive to client needs, including clients with diverse needs: "Constant reviews are carried out on participants, action plans are in place when circumstances or needs change for participants. These are addressed in our action plans."
- Supporting and maintaining the volunteer workforce: "We implement strategies to recruit a volunteer workforce that meets the needs of our ageing population. Being in the higher multicultural area in Australia, we strongly focus on recruitment of volunteers of CALD backgrounds as language and cultural knowledge are invaluable tools in delivering services to CALD seniors."

Appendix F: Recommendations for Performance Reporting

Review of the Sector Support and Development Program:

Opportunities for improvement related to performance reporting under the SSD

Background

The Commonwealth Home Support Programme (CHSP) helps senior Australians access entry-level support services to live independently and safely at home. The CHSP was established on 1 July 2015 and consolidated a range of State and Territory administered programs, each distinct in terms of what services were delivered and how they were delivered.

The Sector Support and Development program (SSD) is a sub-program of the CHSP. The objective of the SSD is to support the development of the home support service system and enable CHSP service providers to operate effectively in line with the objectives of the CHSP and within the context of the broader aged care system.

KPMG was engaged by the Department of Health (the Department) to undertake a review of the SSD sub-program. The purpose of the Review was to analyse and assess the performance of the SSD sub-program.

About this document

The purpose of this document is to provide the Department with insights on how information can be better collected from SSD providers to improve monitoring and oversight of the program. This document includes some high-level findings from the data collection completed during the review related to program reporting and opportunities for improvement to address issues raised. The following aspects of reporting are included:

- Frequency of reporting
- Format of reporting template
- Data captured
- Guidance to support consistency of reporting
- Alignment with Activity Work Plans (AWP).

The following principles were considered in providing advice on the above components of future program reporting:

- The Department is able to effectively oversee service delivery by providers
- SSD Providers are accountable for the funding they receive and how they use it.
- The Department is provided with a level of confidence that the funding is being effectively and meaningfully spent
- The administrative burden placed upon providers and government is minimised
- The level of reporting required under the program is proportionate to the amount of funding delivered
- Performance reporting not only enables government to monitor performance, but to understand challenges experienced during the reporting period so that changes can be made in a timely manner.

High-level findings related to program reporting

Reporting under the SSD program was a key theme during consultations. Stakeholders across the program provided feedback on the format, frequency and structure of reporting and, the provision of reporting process guidance. Stakeholders noted that the current process does not allow for providers to present a complete view on the activities delivered under the program or the outcomes achieved.

Some of the reporting issues identified as part of the review included that:

- Not all providers find the reporting template intuitive or easy to use. Some stakeholders reported that the excel format of the template is clunky, duplicative and unclear.
- The reporting process was reported to be duplicative of other data collection activities required by the Department, for example providers are required to insert fixed organisational level data multiple times across multiple reports
- The current reporting schedule does not provide sufficient flexibility to adjust deliverables during the funding period. There is often a need to adjust the services or activities being delivered under the program to respond to local need and better target activities against objectives as a whole
- A number of providers re-submit the same data across multiple reporting periods
- The current structure of the reporting template focuses primarily on quantitative outcomes achieved by SSD providers, and limits the space for individual responses to 300 characters. This means providers are limited in the amount of detail they can provide to the Department regarding the activities they deliver or the outcomes that are achieved
- There is a lack of clarity among providers regarding how to complete the reporting template and what information should be provided
- Not all providers enter information in a consistent way or quality way. For example, some providers have recorded free text responses in set response columns, while others have incorrectly assessed their overall progress or left fields incomplete.

Without access to high quality data about program performance it is difficult for the Department to measure the overall effectiveness of the program and its future direction.

Opportunities for improvement

Frequency of reporting

SSD providers are currently required to provide performance reports to the Department on a six-monthly basis. The Department should continue to capture data from SSD-funded providers on this basis. This approach enables the Department to track activity outcomes on a granular level, and will improve clarity of what is being delivered in the long term. It will therefore enable an increased visibility of changes in outcomes over time and an organisation's progress throughout the financial year.

Format

Performance reports are currently completed in an Excel format. The Department should continue to capture data from providers in Excel. Capturing data in this way enables SSD providers to:

- a) Update the document intermittently and have multiple authors contribute to the same document
- b) Complete reporting offline i.e. without internet access
- c) Offer continuity to providers in how they report.

The Excel format also allows the Department to link performance reporting data with other data sets and to manipulate data into different formats.

However there are some changes that could be made to the reporting template to improve the accuracy and consistency of reporting. The current template has been setup in a way that allows providers to leave certain questions or sections incomplete. This means not all providers have completed all questions or sections in the document. This limits the Department's ability to monitor the performance of individual providers and to oversee the performance of the program. Similarly, all sections, including questions and instructions are editable in the template. This means providers are able to change or remove sections in the template prior to submitting.

The following changes could be made to the format of the performance reporting template to improve the consistency and accuracy of reporting:

- Require SSD providers to complete all questions within the template. The Department could consider incorporating a function in the front of the document that alerts a provider and the Department when parts of the document have not been completed
- Restrict editing of certain cells within the template, such as headers, instructions and question. This will ensure all sections of the reporting template are completed correctly and the template is unable to be 'broken' by users.

The Department could also consider using an online platform to capture information from providers. An online portal may:

- Allow providers to choose from both set response options (using multiple-choice questions) or enter free text responses (which would be accompanied by content validation)
- Be accessible through a variety of devices including mobile and desktop and responses would be automatically submitted to the Department in a collated way
- Provide the Department with the ability to build a 'force response' function into the survey, which would ensure the completeness of data
- Enable the Department to more easily collate and analyse data collected from providers.

However, given the significance of the investment required to establish a platform or tailor a report in an existing platform, relative to the size of the program, such an investment may not represent value for money.

Layout

There are a number of other aspects of the layout of the current reporting template that could be improved to minimise user navigation and completion time and increase the consistency and quality of reporting by providers. These include:

- Adjusting the size and font of text to be consistent throughout the template. The use of a consistent, easy to read text font and size across the template will assist users to complete the template more easily and effectively.
- Removing all radio boxes. The template currently includes both drop down boxes and radio boxes, updating all radio boxes to multiple selection drop down boxes would ensure consistency across the template.
- Pre-populating any set organisational data (such as Grant Activity ID, Reporting Period etc.) included in the template and that is used to identify an organisation. This will reduce time required by organisations to populate the template and reduce risk of human error.
- Include a hidden worksheet that draws data from cells completed by providers into a single row. This row can be consolidated into a single workbook that can be used to analyse and compare provider performance across the program.

Data collected

As noted above, the quality and consistency of reporting varied across providers. There are a number of improvements that could be made to reporting tab of the performance report to ensure meaningful and accurate information is captured. These are summarised in Table 1 below.

Table 1: Proposed changes to data collected in performance reports

| Row(s) | Section | Key Issue | Changes |
|--------|------------------------|---|--|
| 2 | Service Area | This row is generally not completed by SSD providers and knowledge around aged care planning regions appears low. | Consider removing this field from the reporting template or provide clearer guidance/instructions on what is expected to be captured by providers in this field and how that information should be presented, particularly for organisations that are delivering services in multiple ACPRs. |
| 3 – 4 | Budget and expenditure | This section is currently listed as optional and not all providers are able to anticipate if there would be over or underspends for their activity. | Consider removing this question. Providers are required to acquit funds spent through a financial declaration. This is standard practice in grant management and will provide the Department with the information required to either adjust future funding amounts or claw back unspent funds. If the Department is seeking to clawback funds during the reporting period, this field could be left in the report and be made mandatory. However this activity would be administratively cumbersome for the Department to administer and Departmental efforts may be better directed to other monitoring and oversight activities. |
| 5 – 6 | Stakeholders | This section was both poorly completed by providers and when provided the information was highly variable | Consider removing this section due to providers generally not completing this information. When it was completed the information ranged from very specific stakeholders (e.g. name of a team within an organisation to broad groupings of stakeholders (e.g. a particular CALD group) If this was to be retained very specific guidance around what constitutes a stakeholder and what the Department wants reported will be required. |
| 7 – 9 | Risk | This section was poorly completed by providers. | This section should be broadened to capture issues experienced by providers in delivering services during the project period and action take to address these issues. This section should include a drop down with 'yes' or 'no' response and a free text field. |

| Row(s) | Section | Key Issue | Changes |
|---------|-------------|---|---|
| 10 – 14 | Performance | This quality and consistency of information captured by providers varied in this section. | <p>To enable the Department to more accurately assess the efficiency and effectiveness of activities delivered under the program, this section should capture the following elements:</p> <ul style="list-style-type: none"> - Inputs - Outputs - Outcomes <p>A combination of qualitative and quantitative questions should be used to capture this information. The following changes are recommended:</p> <ul style="list-style-type: none"> - Change the objectives (in Column A) to a drop down response (rather than radio boxes) - Next to column A, consider asking providers to report on the amount of funding used for each type of activity - The deliverables column should capture the following information: what was delivered during the reporting period, how frequently it was delivered and who the recipients of the services were. Instructions should state that the deliverables must align to those prescribed in AWP. - Remove the measures of success column (this change should be reflected in the AWP as well) - Remove the character limit for the outcomes progress cell and instead provide guidance on the level of detail and format in which that information should be provided. <p>Due to the nature of how services are delivered under the program, i.e. delivered by FTE, it will be difficult and administratively cumbersome for providers to segment funding by activities. For this reason, we have not recommended including 'inputs' (i.e. funding) at an activity level.</p> <p>It is also important to note, that due to the breadth of activities delivered by SSD-funded service providers, the Department will be unable to accurately measure and compare the cost vs outputs of services delivered by providers, without significant administrative burden placed on providers.</p> |

Instructions/guidance material

In addition to the above changes to the reporting template, the Department should develop detailed support and guidance documentation to improve the quality and consistency of reporting. Additional guidance or instructions could either be incorporated into the reporting template or be provided as standalone documents. The following tools could be considered:

Glossary/Data dictionary

A glossary of key terminology used in AWP's and Performance reports should be provided to SSD providers to improve clarity regarding the type of information that should be included in performance reporting, and to ensure that SSD providers interpret questions and reporting categories correctly.

Examples of items to be incorporated in the glossary include definitions of:

- Aged Care Planning Regions
- Phrases such as 'outcome progress' and 'measures of success' and examples for each of these
- Categories of activities (e.g. 'issue identification and escalation') and examples for each of these, to enable SSD Providers to correctly label each of the deliverables they are reporting against
- Outcomes categories (e.g. 'met/partially met/not met') and examples for each of these to enable SSD providers to correctly label the level of completion of each of the deliverables.

Guidance material


Detailed instructions and guidance should be given to SSD providers on how to fill out the reporting template and on the type of information that should be provided when reporting on SSD performance. At a minimum, this should include:

1. A **step-by-step** instruction on how to correctly fill out and submit the Performance Report;
2. At least one **detailed example** of a Performance Report that has been filled out correctly and with a sufficient amount of detail
3. Guidance on when and how to incorporate **quantitative outcomes** into a response. Examples of this could include the number of CHSP providers supported during the reporting period, the number of brochures or other information material produced and distributed, or the number of training sessions held as well as the number of attendants at each training session
4. Guidance on when and how to incorporate **qualitative outcomes** into a response. Examples of this could include feedback provided to the organisation from CHSP providers and the community, or statements on the general impact of the activities provided;
5. Explanation of **in-scope and out-of-scope activities**, linking back to the AWP; and
6. Guidance on **how to appropriately report** on performance year on year (e.g. no copy-pasting from previous reports).

Alignment of changes with AWP's

Any changes made to performance reporting should also be reflected in the Activity Work Plans. At a minimum, this should include:

- Alignment of terminology across both documents
- Amendments to the data fields captured about Deliverables to align with fields captured in the revised performance reports
- Avoiding duplication of datasets already obtained with the completion of Activity Work Plans; performance reports should be aimed at adding new information, rather than asking for information in the AWP's. For example, the Department could consider pre-populating information about deliverables from the AWP in the performance reporting template and asking providers to add detail about what was actually delivered.

A photograph of two people sitting on a dark wooden bench, viewed from behind. They are looking out over a vast landscape of rolling hills and mountains under a clear blue sky. The person on the left is wearing a brown jacket and a blue and white patterned hat. The person on the right is wearing a light-colored sweater and a light-colored hat. The bench is made of dark wood and has a metal support leg. The ground is paved with light-colored tiles.

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