

HOME AND COMMUNITY CARE PROGRAM IN
WESTERN AUSTRALIA

GUIDELINES ON
GROWTH FUNDING APPLICATIONS FOR
CENTRE BASED DAY CARE

February 2008



Department of
Health



home and community care

A JOINT COMMONWEALTH AND STATE/TERRITORY PROGRAM
PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED

Further information

For further information about the HACC Guidelines on Growth Funding Applications for Centre Based Day Care contact the Aged Care Policy Directorate in the Department of Health:

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PURPOSE

The purpose of these guidelines is to outline the requirements of the Home and Community Care (HACC) Program in Western Australia (WA) when submitting/assessing applications for funding for capital and recurrent costs for the establishment or development of a Centre Based Day Care (CBDC) facility/program. These guidelines will cover a new service, a service improvement, or an expansion of a service.

AIM

The guidelines aim to support HACC Service Providers and WA HACC Project/Contract Management staff in developing/assessing HACC Growth Funding Applications (GFAs) for the development and delivery of CBDC services to achieve a range of social and practical outcomes for frail aged people, younger people with disabilities, and their carers.

The guidelines provide a structured and planned approach for considering the growth of HACC CBDC services and that are consistent with the WA HACC Program's approach to strategic planning and focus on wellness. The planning framework for CBDC seeks to:

- Ensure that CBDC service provision is not fragmented;
- Avoid duplication of services in a geographical area;
- Provide care closer to home and supports integration into the local community; and
- Prevent Service Providers operating in isolation from each other.

DEFINITION OF CENTRE BASED DAY CARE

CBDC is defined as assistance provided to a client to attend and participate in group activities and is conducted in a centre-based setting. It may also include group excursions and activities conducted by centre staff but held away from the centre.

The major goals of CBDC are to enhance socialisation and to ensure the maintenance or recovery of the client's ability to perform activities of daily living and to ensure that the client learns and maintains a satisfactory level of health-related behaviour, such as nutrition and exercise.

TO WHOM DO THESE GUIDELINES APPLY

These guidelines apply to:

- Employees of the WA Department of Health (WA Health) who are responsible for administering the HACC Program in WA.
- Employees of WA Country Health Service and Metropolitan Area Health Services who administer the HACC Program in WA regions.
- Service Providers who wish to apply for growth funding.

REQUIREMENTS WHEN CONSIDERING FUNDING APPLICATIONS FOR CBDC

The requirements outline the framework for decision making when considering GFAs for the establishment or development of a CBDC facility/program.

These requirements are to be addressed by Service Providers when applying for funding. This information will form part of the HACC growth funding assessment process and will be provided to the Departmental Joint Officer Group (JOG) prior to seeking Ministerial approvals.

To be eligible for CBDC funding organisations should be able to demonstrate the following key requirements:

(a) Funding Sources

HACC capital funding is available to meet partial costs of CBDC establishment. HACC Service Providers are required to contact Lotterywest and/or other potential funding bodies (e.g., LandCorp, Local Government) to secure funding for the development of a centre. This may include land or buildings that are provided at a nominal cost or may be donated.

Fundraising projects, which enable organisations to gain revenue by developing new long-term fundraising strategies, include:

- Approaching Government bodies such as Land Corp, LotteryWest for capital funding.
- Approach local Members of Parliament for assistance.
- Approach Local Government for land that could be leased or suitable land and building availability.
- Research land and buildings available for purchase from Local Government at low cost.
- Research locally owned family businesses who may have land to donate or for lease.
- Fundraising activities.

(b) Demonstrate a clear need for the service

Consideration should be given as to whether CBDC was identified and advertised as a priority in the current year's growth-funding round.

Current evidence to demonstrate the need and justification for the service should be clearly identified using quantitative and qualitative data. In doing so the following should be addressed:

- Level of Need
- Type of Need
- Geographic Area Need
- Target group Need

(c) **Service Delivery**

Demonstrate Best Practice

Organisations must demonstrate services and programs that are aligned to the features of best-practice models of CBDC. These include:

- **Consumer/Client Focus:** ensuring that services are relevant to the client's needs and operate within the Wellness approach. This includes a focus on the client's abilities and their right to provide input into service planning so that their needs are adequately met.
- **Coordination and Integration:** the ability to provide a coordinated service across programs, organisations and levels of service, over time (i.e liaising with other HACC and associated programs).
- **Education:** a level of staff competence ensuring that the knowledge and skills of the staff are appropriate for the delivery of the service.
- **Access:** the ability of the client to obtain services based on respective needs (ie specialised services CALDB, ATSI, people with dementia and younger people with disabilities).
- **Program Assessment and Evaluation:** this includes a commitment to evaluating the service post operation and on a regular basis to assess the effectiveness of strategies and programs.

See associated documents - Centre Based Day Care Report (2007) for further information.

Specialised Target Group

HACC CBDC services may need to be more specialised for some target groups. This would include people with dementia, people from CALD backgrounds, Aboriginal and Torres Strait Islanders and younger people with disabilities.

Duplication of Services

Ensure that support services provided to specific target groups, geographic regions and the number and range of organisations and projects are distributed equitably so that duplication of services is avoided.

Consideration should be given as to whether there are other CBDC services located in the same, or within proximity, to the geographical region as the proposed CBDC. This would avoid duplication of services and would also ensure that transportation of clients to and from the centre is kept within a moderate range.

CBDC Close to Home

Consideration will be given to supporting services locally where practicable and according to the level of client need. For example, clients from CALDB in the Armadale region should be able to access an appropriate CBDC service in their local community.

The advantage of providing CBDC locally is twofold. First, it assists clients to connect with the community and socially integrate with other local people. Second, it avoids long periods of time that clients need to spend on the bus being transported to other centres, which can be costly, timely and problematic for some clients who have a significant functional disability.

The question of whether CBDC is the most appropriate service for a small group should be explored, and consideration should also be given to other forms of HACC support (i.e. social support) where the client group is small.

Linkage to the Community

The CBDC model should include the following components:

- Involvement and support with the community
- Coordination with other services/programs
- Complementing other community programs

Capacity of an Organisation to Deliver the Service

Ensure that the organisation has the infrastructure, resources (staff etc) to effectively deliver the service now and in the future. In determining the organisation's capacity to provide CBDC the following should be considered:

- Suitability of the organisation's key staff to provide support (ie CALD clients and CALD staff);
- Ability to provide and demonstrated experience in providing care;
- Ability to meet/comply with relevant standards of the provision of care;
- Ability to comply with HACC Program requirements; and,
- Record of financial management, methods used, or proposed to use to ensure financial management.

(d) Design

Creating a CBDC Environment

A familiar home-like environment has shown to be important for effective CBDC and should:

- Address the basic goals and philosophy of the program
- Meet the needs of staff and participants
- Accommodate cognitively impaired clients
- Maintain optimal level of functioning for clients
- Present a warm, stimulating and caring environment

The design of a centre should comprise three components: people, activities, and physical setting that is organised in a coherent fashion. The focus needs to be placed on the system of interaction between the people and the physical setting.

Estimated Space for Facility

The gross floor of 400 to 500 sq. m is estimated as sufficient for about 30 to 45 service users. Preferably, about half or more of this space should be allocated to the main activity areas for clients, bearing in mind that adequate secure space has to be provided for clients who wander. The rest of the space should be used for the staff office, rooms for the assessment (if needed) of clients, special rooms (one or two) for clients who require more individual attention and/or particular nursing care, storage spaces and other facilities such as kitchen, toilets, bathrooms etc.

Consideration should be given to the type of building to be established, for example a transportable facility or a brick and tile/colourbond facility. The location and utilisation of the facility would need to be taken into account. The most cost effective building for CBDC is shown to be a modular (demountable) type.

A checklist is provided at Appendix 1, and should also be completed with the application.

ASSOCIATED DOCUMENTS

- **Getting it Right - Guidelines for the HACC Program National Service Standards**
[http://www.healthconnect.gov.au/internet/wcms/publishing.nsf/Content/hacc-pub_old.htm/\\$FILE/isd_git.pdf](http://www.healthconnect.gov.au/internet/wcms/publishing.nsf/Content/hacc-pub_old.htm/$FILE/isd_git.pdf)
- **Centre Based Day Care Report**
'Centre Based Day Care Report (2007)' prepared by the Aged Care Policy Directorate that outlines current models, practices, activities, structure of costs of centre based day care services. Useful when considering funding for CBDC. The Report is available on the HACC website:
http://www.health.wa.gov.au/HACC/publications/docs/Report_Centre_Based_Day_Care_2007.pdf
- **Location of Centre Based Day Care**
CBDC Mapping information provided by Aged Care Policy Directorate, Policy and Planning.

APPENDIX 1 - CHECKLIST FOR GROWTH FUNDING APPLICATION FOR CBDC

Has your application evidence for:	Tick if yes ✓	Office use only
Funding Sources		
Need for the service		
• Advertised as a priority		
• Level of Need		
• Type of Need		
• Geographic Area Need		
• Target group Need		
Service Delivery		
Elements of Best Practice		
• Consumer/Client Focus		
• Coordination and Integration		
• Education		
• Access		
• Program Assessment and Evaluation		
Priority of Target Group		
Duplication of Services		
CBDC Close to Home		
Linkage to the Community		
Capacity of an Organisation to Deliver the Service		
Design		
Creating a CBDC Environment		
Estimated Space		