
PROJECT REPORT/ CORE SKILLS FOR ATSI HACC WORKERS

NORTHERN TERRITORY ABORIGINAL AND
TORRES STRAIT ISLANDER HOME AND
COMMUNITY CARE (HACC) TRAINING
RESOURCE PROJECT

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DEPARTMENT
OF
HEALTH AND AGEING



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1. **INTRODUCTION**

To identify the core skills that are required by direct care employees and coordinators to work in Aboriginal and Torres Strait Islander HACC services throughout urban, rural and remote locations in the Northern Territory several different approaches were taken. This included:

- Analysis of job descriptions of workers and coordinators in Indigenous HACC / aged care services. Job descriptions were analyzed in terms of position details, objectives, key responsibilities, and essential/ desirable skills and qualifications;
- Review of data from the Minimum Data Set database which collects statistics on the type of services provided and service users from each funded HACC service;
- Visits to Indigenous HACC service providers where interviews with coordinators and staff were undertaken and workers observed fulfilling their duties.

The intention has been to gain different perspectives on core skill requirements of workers and 'triangulate' the findings from the three perspectives. In the following three sections the perspective obtained from each of the above approaches is described and in the subsequent section conclusions drawn from the three perspectives.

2. **JOB DESCRIPTION ANALYSIS**

Position descriptions were gathered from various services throughout the Northern Territory either directly from service providers themselves or, where appropriate, from the higher administrative centre of a shire or municipal council. Of the nine Northern Territory shires, relevant job descriptions were obtained from eight shires *viz.*:

- Barkly Shire
- Belyuen Shire (ByS)
- Central Desert Shire
- East Arnhem Shire
- Mac Donnell Shire (MDS)
- Roper Gulf Shire (RGS)
- Victoria - Daly Shire (VDS)
- West Arnhem Shire (EAS)
- Darwin municipality

Tiwi Islands Shire does have auspiced HACC services; there is a Flexible Aged Care Service at Nguuu (Bathurst Island) however it is managed by Calvary Silver Circle.

Of the eleven Flexible Aged Care Services, six are sponsored by shires and as such job descriptions were obtained. For Angurugu which is in the East Arnhem Shire the pre shire job descriptions were obtained.

Position descriptions were also collected from relevant services in the Darwin Municipality, including Larrakia. In addition, generic HACC worker job descriptions developed by HK Training & Consultancy (part of the HCA team) and provided to, and taken up by, Indigenous HACC services throughout the Northern Territory were included in the analysis.

The following 30 position descriptions (with the shire source noted in parentheses) are those that were collected and form the basis of HCA's analysis:

- Aged & Disability Officer (WAS)
- Aged Care Assistant (MDS)
- Aged Care Assistant (VDS)
- Aged Care Coordinator (Larrakia)
- Aged Care Coordinator (CDS)
- Aged Care Supervisor (CDS)
- Aged Care Coordinator (VDS)
- Aged Care coordinator (BkS)
- Aged Care Worker (Larrakia)
- Aged Care Worker (RGS)
- Aged Care Worker (BkS)
- Aged Care Support Worker (CDS)
- Aged Care Worker part time (ByS)
- Carer Support (health and wellbeing of clients) (EAS)
- Carer Support (respite) (EAS)
- Casual Cleaner (EAS)
- Community Services Regional Manager (VDS)
- Cook (Generic HK Training & Consultancy)
- Driver (EAS)
- Home and Community Care Cook (HK Training & Consultancy)
- Home Care Services Coordinator (Generic HK Training & Consultancy)
- In Home Support Worker (Generic HK Training & Consultancy)
- Kitchen/ Light Garden/ Emergency Driver (EAS)
- Packaged Care Worker (Larrakia)
- Personal care assistant/ Home help Indigenous service worker (Generic HK Training & Consultancy)
- Shift Worker (EAS)
- Support Worker (EAS)
- Support Worker (male) (EAS)
- Team Leader Aged and Family Services (MDS)
- Transport Officer Urban Indigenous Home and Community Care Service (Generic HK Training & Consultancy)

The job descriptions most commonly included a description of the nature of the job, a list of duties, necessary skills and selection criteria. Duties and key responsibilities listed in job descriptions are generally listed in order of importance which allowed a list of skills in order of high to low prevalence to be compiled. It should be noted that not all duties are listed in job descriptions since the list of duties normally does not include minor tasks or tasks that might be requested by a coordinator outside or over and above that which is stated in the job description.

An aggregate list of key responsibilities of HACC workers constructed from the 30 'worker' job descriptions is provided below. The list of duties is in order of prevalence

from high to low based on both the number of job descriptions in which the duty was listed and the order of importance assigned to the duty.

1. Meals (Home/ at centre)
2. Transport
3. Domestic Assistance
4. Support to aged
5. Personal care
6. Work effectively in a community care environment
7. Social Support
8. Client coordination
9. Facilitation of cooperative behaviour
10. Assist with self medication
11. Communication/ Liaison with specified coordinator or positions
12. Workplace training
13. Emergency assistance
14. Maintain Occupational Health and Safety regulations
15. Ensure policies and procedures of programs are adhered to at all times
16. Respite Assistance
17. Oversee services/ Identify areas of need

The key responsibilities have been broken down into 17 categories. Under these broad categories is generally a range of duties or tasks which may be required to be completed each day. For example the broad responsibility of 'Meals' could require an Aged Care Worker to cook meals, deliver meals, order food supplies, clean stove tops, wipe out fridges and freezers and take out the rubbish. Job descriptions obtained in the sample process have been separated into two categories 'workers' and 'coordinator' type roles.

Job descriptions and duty statements vary according to position — having multiple positions under the same title (for example 'Aged Care Assistant') does not guarantee the same or even similar duties. Table 1 below shows the variation of tasks and duties between the job descriptions collected for this project.

Table 1: Duty statement elements included in the job descriptions of the 21 'worker' positions collected for this project

Objectives/ Accountabilities	Areas of key responsibility (see key to responsibilities in key below)																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Position																	
Aged Care Assistant				■							■	■			■	■	
Aged Care Assistant			■	■	■	■				■	■	■			■	■	
Aged Care Worker (pt)	■		■	■	■						■						
Aged Care Worker				■		■	■	■	■	■	■	■			■	■	
Aged Care Worker				■		■	■	■	■	■	■	■			■	■	
Personal care assistant/ home help indigenous service	■	■	■		■		■										
In Home Support Worker	■	■	■	■	■	■	■			■	■				■	■	
Cook	■		■														

Objectives/ Accountabilities	Areas of key responsibility (see key to responsibilities in key below)																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Position																	
Home and Community Care Cook			■								■			■	■		
Casual Cleaner			■														
Carer Support (health & wellbeing of clients)	■	■	■	■				■		■	■	■					
Carer Support (respite)			■	■									■			■	
Support Worker	■	■	■	■			■	■			■						
Driver	■	■	■					■		■	■						
Kitchen/ Light Garden/ Emergency Driver	■	■	■					■	■		■			■	■		
Shift Worker	■		■	■	■		■			■			■				
Support Worker (male)	■	■	■	■			■	■			■						
Aged & Disability Officer		■	■	■	■												
Packaged Care Worker	■			■			■			■							■
Aged Care Worker	■		■	■	■		■	■			■						
Aged Care Supervisor	■	■	■		■	■		■		■	■						
Aged Care Support Worker	■		■				■	■			■				■	■	
Aged Care Coordinator	■	■	■				■				■				■		
Aged Care Worker	■	■					■				■				■		

Key to areas of key responsibility

- | | |
|---|--|
| 1. Meals (Home/ at centre) | 11. Communication/ Liaison with specified coordinator or positions |
| 2. Transport | 12. Workplace training |
| 3. Domestic Assistance | 13. Emergency assistance |
| 4. Support to aged | 14. Maintain Occupational Health and Safety regulations |
| 5. Personal care | 15. Ensure policies and procedures of programs are adhered to at all times |
| 6. Work effectively in a community care environment | 16. Respite Assistance |
| 7. Social Support | 17. Oversee services/ Identify areas of need |
| 8. Client coordination | |
| 9. Facilitation of cooperative behaviour | |
| 10. Assist with self medication | |

The most common categories across 'worker' position descriptions shown in Table 1 above are the categories one, three, four, and eleven. These categories are meals (centre/home), domestic assistance (3), support to aged (4) and communication/ liaison with specified coordinator or positions (11). The least listed categories were sixteen and seventeen being respite assistance (16) and oversee services/ identify areas of need (17) listed in carer support and packaged care worker position descriptions.

While there were only six job descriptions to analyse, 14 key responsibility areas were able to be identified for the coordinator type roles (Managers, Coordinators and Leaders) in Indigenous HACC / Aged Care services. These are listed below.

1. Ensure program/ HACC policies and guidelines are adhered to and met
2. Support to aged/ carers
3. Coordination of clients/ programs
4. Communicate effectively with colleges and clients
5. Maintain records/ timesheet/ diary
6. Provide training to staff/ volunteers
7. Account to budget restraints/Seek funding
8. Assess clients/ referrals
9. Participate in relevant committees and meetings
10. Maintain Occupational Health and Safety/ ensure safe work environment
11. Strong administration and communication skills
12. Work effectively in community care environment
13. Strategic decision making/ innovative problem solving skills
14. Assess/ identify areas of need or integration

Table 2 below identifies for each of the Aged Care Coordinator type role job descriptions analysed the duties stated for that job. The most common categories amongst all positions are category one, ensure HACC program and policies are adhered to and category four, effective communication with clients and colleagues.

Table 2: Duty statement elements included in the job descriptions of the 6 'coordinator' positions

Objectives/ Accountabilities Position	Areas of key responsibility (see key below)													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Team Leader of Aged and Family Services														
Community Services Regional Manager														
Aged Care Coordinator														
Home Care Services Coordinator														
Aged Care Coordinator														
Aged Care Coordinator														

Key to areas of key responsibility

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Ensure program/ HACC policies and guidelines are adhered to and met 2. Support to aged/ carers 3. Coordination of clients/ programs 4. Communicate effectively with colleges and clients 5. Maintain records/ timesheet/ diary 6. Provide training to staff/ volunteers 7. Account to budget restraints/Seek funding 8. Assess clients/ referrals 9. Participate in relevant committees and meetings 10. Maintain Occupational Health and Safety/ ensure safe work environment | <ol style="list-style-type: none"> 11. Strong administration and communication skills 12. Work effectively in community care environment 13. Strategic decision making/ innovative problem solving skills 14. Assess/ identify areas of need or integration |
|--|---|

Each position description analysed requires a specified level of qualification or experience to be selected into the role although allowances are made for equal opportunity of employment through the selection criteria. Selection criteria invariably entail essential and desirable requirements; an individual must in theory meet all the essential criteria to obtain employment. Below is a list compiled of firstly all of the essential selection criteria and then desired selection criteria. Both are listed in order of high to low prevalence according to the principles adopted and described earlier.

Essential Selection Criteria:

1. Developed communication skills
2. Strategic decision making and innovative decision making
3. Understanding/ experience of aged care services/ requirements
4. Work well under pressure
5. Cross-cultural competencies/ Knowledge of language
6. Administration skills
7. Knowledge of Occupational Health and Safety/ First Aid
8. Drivers license
9. Understanding of business and financial planning
10. Grant management
11. Provide support, advocacy, development and training for community initiatives
12. Develop working relationships

Desirable Selection Criteria:

1. Appropriate tertiary education/ qualification
2. Appropriate experience
3. Drivers license
4. Experience working with Indigenous/ knowledge of language

We can look at the distribution of selection criteria across job descriptions obtained for this study, a task performed in Table 3 below.

Table 3: Selection criteria elements applied to each of the 'worker' job descriptions collected for this project

Selection criteria	Essential selection criteria												Desired criteria			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Position																
Aged Care Assistant	■		■		■		■					■	■			■
Aged Care Assistant	■	■		■			■						■	■	■	
Aged Care Worker (PT)																
Aged Care Worker	■	■	■	■			■	■					■	■		
Aged Care Worker	■	■	■	■			■	■					■	■		
Team Leader of Aged and Family Services	■	■	■		■		■	■				■	■	■		■
Community Services Regional	■						■		■	■			■	■	■	■

Selection criteria	Essential selection criteria												Desired criteria			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Position																
Manager																
Aged Care Coordinator																
Aged & Disability Officer																
Personal Care Assistant/ Home help Indigenous service																
Cook																
Home and Community Care Cook																
Packaged Care Worker																
Aged Care Worker																
Aged Coordinator																
Aged Care Worker																
Aged Care Coordinator																
Aged Care Coordinator																
Aged Care Support Worker																
Aged Care Supervisor																

Key to selection criteria

1. Developed communication skills
2. Strategic decision making and innovative decision making
3. Understanding/ experience of aged care services/ requirements
4. Work well under pressure
5. Cross-cultural competencies/ Knowledge of language
6. Administration skills
7. Knowledge of Occupational Health and Safety/ First Aid
8. Drivers license
9. Understanding of business and financial planning
10. Grant management
11. Provide support, advocacy, development and training for community initiatives
12. Develop working relationships
13. Appropriate tertiary education/ qualification
14. Appropriate experience
15. Drivers license
16. Experience working with Indigenous/ knowledge of language

As not all job descriptions included selection criteria there are only 20 of the 30 job descriptions included in table 3 above. The most common selection criterion listed as 'essential' are categories '1' (developed communication skills) and category '3' (understanding of, or experience in aged care services). Listed under 'desired' the most common category was '13' (appropriate tertiary education and qualification). The most valuable essential skills of the sampled positions are therefore developed communication, understanding of or experience in aged care

services/ requirements. The most desirable skill criteria from the sampled job position descriptions are category (13) appropriate tertiary education and/ or qualification.

3. HACC Program Minimum Data Set

3.1. Client population

Compared to the rest of Australia, the HACC client population in the Northern Territory is composed of significantly more Indigenous people, and a substantial higher number of female clients which reflects a national trend. This is shown in Table's 4 and 5 below.

Table 4: HACC clients by Indigenous status for the Northern Territory 2006-07¹

Indigenous status	Northern Territory (number of clients)	Northern Territory (percent)	Australia (percent)
Indigenous	1,962	45.2	2.3
Non-Indigenous	1,928	44.5	83.4
Not Stated	446	10.3	14.3
Total	4,336	100.0	100.0

Table 5: Northern Territory HACC clients by gender 2006-07²

Gender	Northern Territory (number of clients)	Northern Territory (percent)	Australia (number of clients)
Male	1,836	42.3	35.5
Female	2,500	57.7	64.5

Over a third (44%) of HACC clients in the Northern Territory are situated in a private residence rented from an Aboriginal community (compared to the total Australian of 0.6%). There is also a higher level of clients in private residence - public rental than the total percentage of HACC clients in Australia.

The age profile of Northern Territory HACC clients is almost the complete opposite of the profile for clients nationally (see Table 6 below). The fact that Indigenous people are eligible for aged care services from the age of 50 explains the higher percentage of clients in the 50 in the 50 – 64 age ranges. Age groups from 75+ in the Northern Territory percentages fall well below national figures indicating the gap in life expectancy between Indigenous and non Indigenous Australians.

¹ Sourced from Table A7 Home and Community Care Program Minimum Data Set 2006-07

² Sourced from Table A4 Home and Community Care Program Minimum Data Set 2006-07

Table 6: Northern Territory HACC clients by age 2006-07³

Total Age in Years	Northern Territory (number of clients)	Northern Territory (percent)	Australia (percent)
0-49	1030	23.8	11.5
50-54	257	5.9	2.8
55-59	333	7.7	4.0
60-64	443	10.2	5.3
65-69	523	12.1	7.6
70-74	550	12.7	11.2
75-79	539	12.4	16.9
80-84	361	8.3	18.9
85+	299	6.9	21.8
Total	4336	100.0	100.0

The huge difference in the 0-49 age group with the Northern Territory at 23.8% and Australia at 11.5% can be attributed to the larger prevalence of disability due to substance misuse. It could also be due to the fact that many Indigenous people do not know their actual date of birth and therefore a "dummy" date of birth is recorded on MDS.

While most of the Australian HACC client population resides in cities or nearby (88.2%) most of the NT HACC client population resides in outer regional (54.8%) or remote areas (45.2%). The accommodation setting for NT residents reflects this quite different pattern of place of residence as shown in Table 7 below. Over a third (44%) of HACC clients in the Northern Territory are situated in a private residence rented from an Aboriginal community (compared to the total Australian of 0.6%). There is also a higher level of clients in private residence - public rental than the total percentage of HACC clients in Australia.

Table 7: Comparison between Northern Territory and Australia of accommodation setting of HACC clients 2006-07⁴

Accommodation setting	Northern Territory (%)	Australia (%)
Private residence - owned/purchasing	24.1	73.1
Private residence - private rental	5.7	8.4
Private residence - public rental	22.1	9.1
Independent living unit within retirement village	0.4	4.0
Boarding house/ private hostel	0.8	0.5
Short term crisis or transitional accommodation	1.2	0.2
Supported accommodation	2.2	1.9

³ Sourced from Table A3 Home and Community Care Program Minimum Data Set 2006-07

⁴ Sourced from Table A11 Home and Community Care Program Minimum Data Set 2006-07

Accommodation setting	Northern Territory (%)	Australia (%)
facility		
Institutional setting	0.5	0.3
Public place/ temporary shelter	0.4	0.2
Private residence rented from Aboriginal community	40.0	0.6
Other	2.5	1.7

The higher level of "other" residence possibly indicates the lack of a data item to accurately record unserviced shelters such as a lean to or humpy. This is also the case for clients housed in old people centres or pensioner houses.

Table 8 Comparison of Northern Territory and Australia HACC source of referral 2006-07⁵

Source of Referral	Northern Territory (%)	Australia (%)
Self	15.4	27.8
Family, significant other, friend	22.7	15.6
GP/ medical practitioner – community based	8.6	11.9
Aged care assessment team	7.3	4.6
Community nursing or health service	12.2	4.0
Hospital	5.9	16.0
Psychiatric/ mental health service or facility	0.5	1.3
Extended care / rehabilitation facility	0.2	1.2
Palliative care facility/ hospice	0.2	0.6
Residential aged care facility	0.9	0.7
Aboriginal health service	7.5	0.4
Other medical / health service	2.9	2.6
Other community-based government medical/ health service	13.2	9.5
Law enforcement agency	-	0.4
Other	2.5	3.5
Total	100.0	100.0

In comparison to the total Australian percentage the Northern Territory has a significantly higher level of referral from family, significant other or friend (see Table 8 above). Higher levels of referral also apply to Community nursing or health service, Aboriginal health service and other community-based government medical/ health service sources. This is a reflection of the relationship between Health Clinics and Aged Care Services in communities.

⁵ Sourced from Table A13 Home and Community Care Program Minimum Data Set (2006-07)

On the other hand, there is a lower level of self referral in comparison to other Australian States and Territories with also lower levels of referrals from a GP / medical practitioner and hospital sources. These services are not as accessible to the Indigenous population in the Northern Territory.

3.2. Types of services received

A count of services received by HACC clients according to the categories of service type as defined by the MDS reveals quite a different service profile for clients in the Northern Territory compared to what the total Australian HACC client population receives (Table 9 below). The services are in order of high to low prevalence within the Northern Territory.

Table 9: Comparison of Northern Territory and Australia HACC clients' assistance type ⁶

Assistance type (MDS categories)	Northern Territory (number of clients)	Northern Territory (Percentage)	Australia (percentage)
Domestic Assistance	1,864	43.0	31.3
Meals (Home)	1,857	42.8	13.2
Case Management	1,683	38.8	11.9
Transport	1,577	36.4	18.5
Social Support	1,538	35.5	13.2
Client Care Coordination	1,417	32.7	16.6
Assessment	1,404	32.3	34.2
Carer Counselling Support	1,109	25.6	4.6
Centre-Based Day Care	830	19.1	9.3
Personal Care	739	17.0	9.9
Meals (Centre)	640	14.8	6.3
Home Maintenance	516	11.9	15.7
Counselling/Support Information and Advocacy	458	10.6	6.4
Support and Mobility Aids	459	10.6	2.4
Other Food Services	325	7.5	0.6
Nursing Care (Centre)	319	7.4	5.4
Respite Care	196	4.5	4.3
Other Goods and Equipment	129	3.0	1.1
Self Care Aids	102	2.4	3.0
Medical Care Aids	95	2.2	0.6
Nursing Care (Home)	92	2.1	20.9
Allied Health Care	49	1.1	11.7

⁶ Table xx sourced from Table A15 Home and Community Care Program Minimum Data Set 2006-07

Assistance type (MDS categories)	Northern Territory (number of clients)	Northern Territory (Percentage)	Australia (percentage)
(Centre)			
Car Modifications	26	0.6	0.3
Allied Health Care (Home)	24	0.6	8.7
Aids for Reading	16	0.4	0.4
Communication Aids	16	0.4	0.6
Home Modification	0	0.0	3.6
Formal Linen Service	0	0.0	0.3
Totals	4,336	-	801,290

*Please note clients may access more than one service

Table 9 shows that for many service types Northern Territory HACC clients have little or no access compared with that which the overall Australian client population might access; particularly the 'higher order' types of assistance such as allied health care and home based nursing care (which are largely not funded in the NT as in other states). On the other hand, some service assistance types are more commonly provided to NT HACC clients, especially meals, domestic assistance, social support and transport, client care coordination, centre based day care and advocacy (mainly advocating for clients in relation Centrelink issues).

The Northern Territory has higher levels in every category in relation to direct client service delivery. This illustrates the dependence on home care and lack of residential options in remote areas. This illustrates that HACC is an essential service in remote communities.

In order to provide a trend analysis, Minimum Data Sets from the years 2004-05, 2005-06 and 2006-07 Program Annual Reports were collated. In comparing the Data Sets it must be noted that 2004-05 and 2005-06 were collected using version 1 of the MDS definitions, whilst 2006-07 was collected using version 2. There are also minor differences in the two collection processes which have resulted in differences in reporting and must also consider that the Northern Territory participation rate rose considerably from 65% in 2004 -05 to 94% in 2005-06 and 92% in 2006-07.

Table 10: Comparison of HACC services received between 2004-05, 2005-06 and 2006-07 in the Northern Territory

Assistance Type	Unit of analysis	2004-05	2005-06	2006-07
Allied health Care (Centre)	Hours	90	581	784
Allied Health Care (Home)	Hours	35	104	225
Assessment	Hours	761	7,047	5,214
Case Management	Hours	598	Not published	8,903
Centre Based Day Care	Hours	452	78,061	64,137
Client Care Coordination	Hours	-	Not published	16,590
Care Counselling	Hours	1,075 *	24	1,863

Assistance Type	Unit of analysis	2004-05	2005-06	2006-07
Support		(combined with carer)		
Carer Counselling Support	Hours	1,075 * (combined with care)	7,909	6,547
Domestic Assistance	Hours	1,568	92,202	79,308
Home Maintenance	Hours	435	11,734	10,521
Home Modification	Dollars	-	-	-
Meals (Centre)	Quantity	415	28749	36076
Meals (Home)	Quantity	1,359	311,750	277,105
Medical Care Aids	Quantity	<10	97	122
Nursing Care (Centre)	Hours	88	206	1693
Nursing Care (Home)	Hours	67	1,799	389
Other Food Services	Hours	196	18,779	14,651
Personal Care	Hours	564	41,502	44,264
Respite Care	Hours	35	7,371	7,981
Aids for Reading	Quantity	-	3	16
Communication Aids	Quantity	-	20	16
Car Modifications	Quantity	-	3	27
Other Goods and Equipment	Quantity	44	125	150
Self Care Aids	Quantity	17	155	131
Social Support	Hours	1,141	59,869	54,752
Support and Mobility Aids	Quantity	44	459	632
Transport	Single Trips	1,878	133,832	91,511

Trend analysis shows that there has been a rise in access to Allied Health Care both centre and home based, also in personal care, respite care, support and mobility aids, and other goods and equipment. These trends though do not fit easily with a 'ground level' understanding and the possibility must be considered that there are inaccuracies in data collection due to incorrect reporting.

In the direct service delivery categories of meals, domestic assistance, transport and social support there is a trend downward. This could be explained by more accurate reporting following training provided by the Northern Territory Department of Health and Families in 2006, which may have resulted in the removal of CACP clients from MDS data.

4. Site visits

Consultation visits were made to the following sites:

- Larrakia Aged Care
- Darriba Nurri
- Belyuen
- Naiuyu (Daly River)

The current coordinator of Larrakia Aged Care is the immediate past coordinator of a flexible aged care service, Ma'lala Aged Care (Maningrida), who has also worked as coordinator at the Docker River flexible aged care service. The

coordinator of Larrakia provided useful information into the nature of work and skills required in flexible aged care services.

During the four site visits coordinators and staff were consulted and where possible observed whilst undertaking their daily responsibilities and position duties.

With the exception of Darriba Nurri all sites visited also deliver Community Aged Care Packages (CACP). This causes a great deal of confusion even at the coordinator level as they find it difficult to distinguish between HACC duties and CACP duties. Therefore the duties become a part of one essential role as an aged care worker. This is also the case for the Flexible Aged Care services that also receive HACC funding.

The only time roles are clear in any aged care service is in remote communities where there is a single funded service (that is receiving HACC or CACP but not both) or if HACC funding is only a specific service such as for meals and therefore the cook becomes distinguished as a HACC worker.

During consultations it was made clear that this project was only researching HACC, each interviewee thought this was an oversight and that CACP should be included.

It was difficult to ensure coordinators and staff were exclusively referring to HACC duties. The coordinators did not have a detailed knowledge of the service types they were funded for in their Service Level Agreement with Northern Territory Department of Health and Families. It also became clear that they tend to confuse HACC and CACP clients when reporting to the Minimum Data Set.

Table 11 was developed utilising information obtained from site visits and historical unpublished HACC training data held by HK Training & Consultancy. It details the core skill areas by providing a brief explanation clarifying what is involved in each skill area. It also details which position in a HACC service undertakes duties in a particular area. This table may not be the final result as it is envisaged that further information may be received during the life of the project.

Table 11: Identified Skill Areas for Northern Territory HACC Workers

SKILL AREA	BRIEF EXPLANATION	POSITION
Advocacy	What advocacy is and the role of an advocate. Assist clients to meet their needs in regards to advocacy	Coordinator
Ageing	Understanding of changes associated with ageing Recognise and report changes in an older person's care needs	Coordinator Care Workers Drivers Cook
Cleaning	Vacuuming Mopping Cleaning kitchen, bathroom and toilet Bed making Dusting Cleaning electrical appliances	Care Workers

SKILL AREA	BRIEF EXPLANATION	POSITION
	Cleaning windows and other surfaces Emptying commodes Cleaning out refrigerator	
Client Rights	What the rights of older people are How the rights of older people are protected What I need to do to look after the rights of older people About the right to privacy and confidentiality How to help older people and/or their advocates look after their rights How an older person and/or their advocate can make a complaint	Coordinator Care Workers Drivers Cook
Common health problems	Could include: Diabetes Eye Care Oral Care Wound management Heart disease Parkinson's Disease Renal Specific issues related to current client health concerns	Coordinator Care Workers Drivers Cook
Communication	Effective communication Purpose of communication Assertive Communication Carer-client interactions Carer-family interactions Helping Relationships Develop your listening skills Attend to body language Conflict, Conflict resolution & collaboration	Coordinator Care Workers Drivers Cook
Computer Skills	Basic computer literacy Microsoft applications Internet Email	Coordinator
Dealing with Challenging behaviours	Possible causes of difficult behaviours Difficult Person Coping Plan Prevention and Early Intervention Plan responses Apply response Seeking help Follow up & behaviour agreements Report and review incidents	Coordinator Care Workers Drivers
Dementia (included in its own right as identified by	Understanding dementia Looking for signs of early stage dementia Communication Challenging behaviours	Coordinator Care Workers Drivers

SKILL AREA	BRIEF EXPLANATION	POSITION
services as a priority)		
Disability awareness	Types of disabilities Differences Legislation Attitudes Interactions	Coordinator Care Workers Drivers
Diversional Therapy/ Activities	The importance of activities for the older person Types of appropriate activities How to program activities based on the client's leisure needs Mental stimulation through activities Sensory stimulation ideas Helping carers provide leisure at home for their client/family member	Coordinator Care Workers
Documentation	Client assessment Client care plans Care plan reviews Referral to another agency HACC MDS Complaints Privacy and confidentiality Daily job record sheet Daily work sheet Time sheet	Coordinator Care Workers Drivers Cook
Driving	Competencies from Certificate I in Access to Employment & Further Study UCO007 Develop Knowledge Required to Obtain a Learners Permit for Driver's UCO008 Develop Skills and Knowledge Required to Obtain a Driver's Licence	Drivers
Duty of Care	Introduction to the principles of Duty of Care Duties of Employers Duties of Employees	Coordinator Care Workers Drivers Cook
Financial management	Dependant on level of responsibility Will range from nil to requiring high level skills	Coordinator
Food Safety	Awareness of the nutritional value of food. Compliance with food safety standards whilst carrying out food handling activities Understand food safe practices including- temperature monitoring, delivery monitoring and scheduled cleaning	Coordinator Cook

SKILL AREA	BRIEF EXPLANATION	POSITION
Infection Control	<p>Effective hand washing</p> <p>The correct use of Personal Protective Equipment</p> <p>Correct disposal of waste</p> <p>Use of sterile techniques</p> <p>Disposal of sharps by no-touch</p> <p>When to use standard precautions</p> <p>Extra precautions</p> <p>Transmission of infection</p> <p>The chain of infection</p> <p>Personal Protective equipment</p> <p>Scabies</p>	<p>Coordinator</p> <p>Care Workers</p> <p>Drivers</p> <p>Cook</p>
Laundry	<p>Washing (including bringing in, hanging out and folding)</p> <p>Use of washing machine</p> <p>Correct usage of powders and liquids</p>	Care Workers
Manual Handling (included in its own right as identified by services as a priority)	<p>Types of lifts</p> <p>How to operate electric and manual hoists</p> <p>Other equipment used with transfers and lifts</p> <p>Overview of Occupational Health and Safety Issues</p>	<p>Care Workers</p> <p>Drivers</p>
Meal Preparation	<p>Understand the nutritional dietary needs of aged care clients</p> <p>Balancing a meal</p> <p>Shopping on a budget</p> <p>Special considerations in the elderly eg. texture, loss of taste, poor appetite</p> <p>Common disease states requiring dietary modification</p> <p>Diabetes mellitus</p> <p>Cardiovascular disease</p> <p>Renal disease</p>	Cook
Medications (FLEXI ONLY)	<p>Storage and handling of medications within the legal framework and current guidelines</p> <p>Assist clients to self-administer their medication</p> <p>Administer prescribed medications</p> <p>Monitor their effectiveness within the context of relevant legislation and established guidelines to document whether clients take their medications</p>	<p>Coordinator</p> <p>Care Workers</p>
OHS	<p>Identify manual handling hazards, assess related risk and follow risk minimisation procedures</p> <p>Identify sources of risks to personal safety, assess the level of risk and follow risk minimisation procedures</p>	<p>Coordinator</p> <p>Care Workers</p> <p>Drivers</p> <p>Cook</p>

SKILL AREA	BRIEF EXPLANATION	POSITION
	Identify sources of infection and apply industry accepted practice to minimise risk of infection to themselves, clients and others Identify other hazards and assess risk Follow procedures and strategies for risk control Understand their role in OHS in the workplace	
Palliative Care	What is Palliative Care Improve communication between palliative care providers & Indigenous clients, their families & communities in a sensitive manner that values cultural differences. End Stage Management Communication Skills Loss & Grief Spirituality and Pastoral Care Cultural Issues Stress and Caring	Coordinator Care Workers
Personal care	Will include but not limited to: Washing Showering Toileting Dressing and undressing Grooming Hair and nail care Manual Handling Feeding Massage Foot care	Coordinator Care Workers
Program Knowledge	High level knowledge of own program either HACC or Flexible Aged Care Knowledge of other aged and disability programs Community Aged Care Packages (CACP) Residential Aged Care Commonwealth State & Territory Disability Agreement (CSTDA) National Respite for Carers Flexible Aged Care Services EACH EACH (Dementia)	Coordinator
Reporting	Requirements of own program HACC or Flexible Aged Care Maintaining statistics Written communication skills	Coordinator Care Workers (some aspects) Drivers (some aspects)

SKILL AREA	BRIEF EXPLANATION	POSITION
	Computer skills	Cook (some aspects)
Safe Transport of Clients	Safe driving Looking after their own health and safety; Support passenger mobility Handle and care for common mobility aids and specialist equipment; Deal with an accident or emergency	Drivers
Stock control and ordering	Dependant on level of responsibility and size of service Will range from minimal to requiring high level skills	Coordinator Cook
Supervision/ Management	Dependant on level of responsibility and size of service Will range from minimal to requiring high level skills	Coordinator
Understanding boundaries	What is a boundary How involved is too involved How to say 'no' without feeling guilty Why is it important to say no Boundary distortion How to can practice effective boundaries	Coordinator Care Workers Drivers

5. Summary of findings

Three approaches to understanding the core skill requirements of Northern Territory Indigenous HACC service workers were taken; analysis of job descriptions, review of MDs statistics, and interviews and observation at a limited number of site visits to relevant HACC services. The findings from the job description and MDS statistics review were highly correlated while the site visit data put significant 'flesh' on the bones of these findings.

The main areas of work and therefore skill requirements of HACC workers in Indigenous services are (in general order of importance):

- Preparation and delivery of meals mostly to clients living at home
- Providing domestic assistance
- Transporting clients for a range of purposes
- Providing social support
- Providing personal care in the home or centre environment

- Working effectively in a community care environment
- Facilitating cooperative behaviour
- Assisting with self medication

Translating these more important areas of work into key competency requirements delivers a large array of skills and knowledge associated with each work area. These requirements are explored in Table 11. For instance the **meal preparation and delivery** work area requires:

Meal Preparation

- Understand the nutritional dietary needs of aged care clients
- Balancing a meal
- Shopping on a budget
- Special considerations for the elderly eg. texture, loss of taste, poor appetite
- Common disease states requiring dietary modification
 - Diabetes mellitus
 - Cardiovascular disease
 - Renal disease

Stock control and ordering

Food Safety

- Awareness of the nutritional value of food.
- Compliance with food safety standards whilst carrying out food handling activities
- Understand food safe practices including – temperature monitoring, delivery monitoring and scheduled cleaning

Other areas of the HACC workers role can be similar detailed after reference to Table 11. In addition though to the skills required to perform the identified important areas of work, some specific areas of knowledge were able to be identified, especially through the site visits and discussion with coordinators. This included knowledge of:

- Understanding of changes associated with ageing
- The importance of activities for the older person, mental stimulation through activity
- Duty of care issues
- Infection control
- Understanding dementia
- Dealing with challenging behaviour
- Common health problems

HACC service coordinators were found through the site visits to be playing a very 'hands-on' role which requires them to have much the same core competencies as their workers. In addition though their role includes:

- Ensuring program/ HACC policies and guidelines are adhered to and met
- Assessing clients referred to the service
- Providing training to staff and volunteers
- Maintaining a range of required service documentation including client records/ the timesheet/ a diary

- Keeping account and operating within budget restraints/ seeking funding
- Maintaining Occupational Health and Safety/ ensuring a safe work environment
- Coordinating of clients / programs

This layer of coordinator work calls for additional knowledge which has been detailed in Table 11. Some of the knowledge / skill requirements particular to coordinators includes:

- Advocacy for clients which in turn requires an understanding of their rights
- Computer skills
- Planning responses to challenging behaviours
- Understanding of the different types of disability and legislative issues
- Program knowledge especially the funding and approved activity boundaries between different programs
- Reporting requirements for different programs
- Supervision especially of staff

The work of this project now entails reviewing the above findings on core competency and knowledge requirements for HACC / Aged Care workers and their coordinators against the National Training Package units of competency and qualifications and the Financial Management course modules. This in turn will facilitate an analysis of resources available to support workers and coordinators develop the competence required to perform the work demanded of them.