CHANGES TO HOME CARE PACKAGES:

IMPLICATIONS FOR GOVERNANCE

FEBRUARY 2016

ABOUT HOME CARE TODAY

Home Care Today is your resource hub for new ideas and choices in home care. It is a national service that aims to support both consumers and providers to make the most of the implementation of consumer direction in Home Care Packages.

Home Care Today supports consumers accessing home care by providing information, resources and peer supports that focus on providing the tools to make the most of the benefits and opportunities of Consumer Directed Care (CDC).

To providers, Home Care Today offers a range of tools, resources, webinars, workshops and learning modules that will assist them to implement CDC across their organisations.

Home Care Today is an initiative of **COTA Australia**, the peak national organisation representing the rights, needs and interests of older Australians. COTA Australia is the national policy and advocacy arm of the COTA Federation which comprises COTAs in each State and Territory. COTA Australia focuses on policy issues from the perspective of older people as citizens and consumers.

Home Care Today is funded by the Department of Health, and support for providers is planned in partnership with aged care peak bodies, ACSA and LASA.

Home Care Today thanks CGA Consulting for conducting the research for this project and for preparing this resource and the accompanying videos. www.cgaconsulting.com.au

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DISCLAIMER

This guide provides some general practical advice for Home Care Package providers and is not intended as legal or financial advice. This guide should not be the only source of information on this topic for providers of Home Care Packages. Home Care Today encourages anyone who has questions about providing Home Care to get the relevant professional advice to discuss their organisation's particular situation.

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Please note that references to the Department of Social Services website may in the near future be moved to the Department of Health website.

WHO CAN I CONTACT FOR FURTHER INFORMATION OR ASSISTANCE?

Please feel free to contact us for assistance or conversations regarding the implementation of CDC.

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Access the resources on our website: www.homecaretoday.org.au

ACRONYMS

ACAR   Aged Care Approvals Round

ACSA   Aged and Community Services Australia

CDC   Consumer Directed Care

CHSP   Commonwealth Home Support Programme

HCP   Home Care Packages

HACC   Home and Community Care

LASA   Leading Age Services Australia

NDIS   National Disability Insurance Scheme

DEFINITIONS

Community Aged Care includes Home Care Packages and the Commonwealth Home Support Program (still known as the Home and Community Care Program in WA and Victoria).

Consumers is used to describe people who use aged care services, and also embraces their carers, family or allies who support them. The term customer may also be used.

EXECUTIVE SUMMARY

Aged care reform in Australia is a ten year process designed to ensure the aged care system can be sustainable and affordable, and be the best possible system for all Australians. Never has an industry been the subject of such a large paradigm shift – moving from a regulated grants based approach to a consumer driven competitive market environment. Consumers are being given more choice, flexibility and control over the supports they need to remain as independent as possible.

This resource has been developed by Home Care Today to prompt strategic discussions within current aged care providers. The aim of the resource is to identify key opportunities, issues and risks so that boards can take a systematic and strategic approach to managing the future direction of their organisation.

This resource was developed through a series of interviews with key aged care and disability sector stakeholders throughout the latter half of 2015. The resource is not an exhaustive governance guide but rather a synthesis of emerging strategic considerations. These considerations pose a series of key questions that may be useful for small to medium sized Home Care Package providers.

The resource prompts discussion on seven key areas:

1. Increasing choice for consumers

The February 2017 changes will increase the choices available to consumers in relation to who delivers their Home Care Package. Boards and executives need greater insight into how consumers will make those choices and what they perceive to be quality and value in Home Care Packages.

2. Fluctuating demand and revenue

The change in the way government funding will flow to providers of Home Care Packages has a major implication for an organisation's revenue stream and therefore for a board's financial oversight of the organisation.

3. Marketing and communications

Traditionally consumers and carers accessing community aged care were referred to the list of local approved providers. The reforms surrounding Home Care Package assessment and access, consumer choice and package portability mean a greater focus on marketing and communication is required to reach current and potential customers.

4. Workforce planning

The changes to a competitive Home Care Packages environment mean less predictability in demand for services. Workforce planning is likely to become more complex with Home Care Package providers needing to have flexible workforce models and availability based on changing demand.
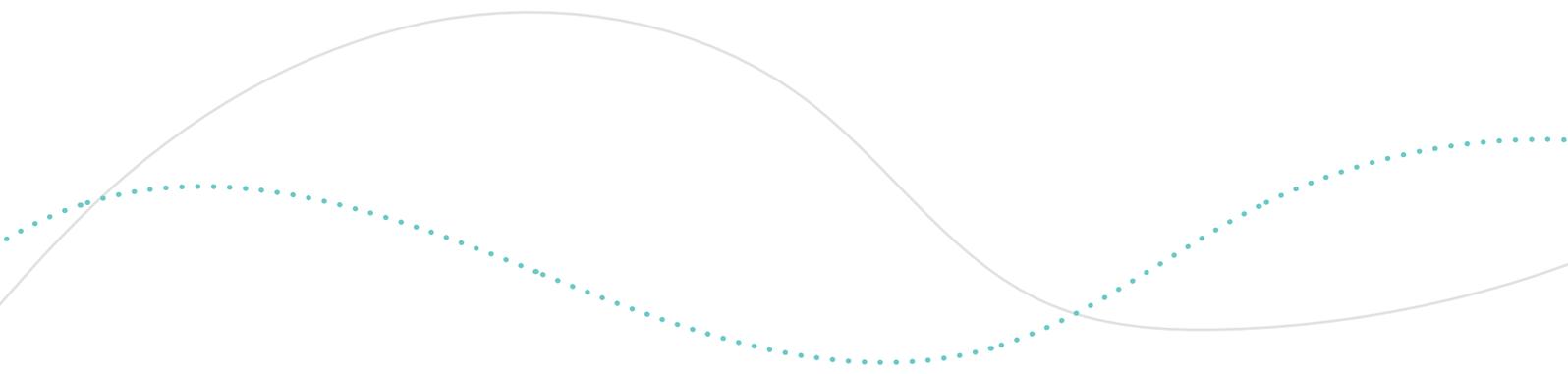
5. Innovation

Environments of change often encourage new ways of working. Today we are seeing the beginning of innovations that are responding to this changing environment. Boards need to consider how to create an innovative culture in the organisation to enable creativity to flourish.

6. Managing risk

Uncertain environments create greater risks for organisations and boards have a critical role in managing risk. There are clear risks to organizational viability and financial performance that need to be considered. However, it will also be critical for organisations to establish a positive risk-taking environment at the operational level to enable real consumer choice and direction.

7. Organisational strategy, structure and performance

There are a range of governance implications of these changes that require boards to critically examine their strategic directions, market position and methods of monitoring their performance. Boards may wish to review their skill mix, and consider whether their current ways of operating will be sustainable in the new competitive environment.

A board checklist provides a summary of *points for reflection* under the specific governance domains of insight, oversight and foresight. This checklist may enable the board to have a strategic conversation further enabling planning that incorporates managing the risks presented.

Australia's Home Care environment is in a time of rapid change. The more market focused environment provides great opportunities along with the challenges. Aged care providers have a long record of focusing on and responding to the needs of the consumers they support. With appropriate preparation, advice and planning at an organisational and board level Home Care Package providers can continue to be sustainable and will be well placed to support and meet the diverse future needs of older Australians.

1.INTRODUCTION

Aged care reform in Australia is being progressively implemented in three phases over 10 years. These reforms have been designed to ensure the aged care system can be sustainable and affordable, and be the best possible system for all Australians. Never has an industry been the subject of such a large paradigm shift – moving from a regulated grants based approach to a consumer driven competitive market environment. Consumers are being given more choice, flexibility and control over the supports they need to remain as independent as possible.

The Aged Care Sector Committee and the Government have agreed the following set of principles to guide the continuing reform of the aged care system (Aged Care Sector Committee, 2015):

• consumer choice is at the centre of quality aged care

• support for informal carers will remain a major part of aged care delivery

• the provision of formal aged care is contestable, innovative and responsive

• the system is both affordable and sustainable.

Consumer Directed Care has enabled greater choice and flexibility in how Home Care Packages are delivered. From 1 July 2015 all Home Care Packages are delivered on a Consumer Directed Care basis. February 2017 will see a change from Consumer Directed Care to consumer *driven* care where funding will follow the consumer and greater portability of Home Care Packages can occur. This is now contained in the Government's *Increasing Consumer Choice* Bill which has been tabled in Parliament (House of Representatives, February 2016). The implications of these changes are large for community aged care providers.

Home Care Today has been responding to the changing and evolving policy and service delivery environment. Initiated by COTA Australia, with funding from the Australian Government Department of Health, and planning in partnership with aged care peak bodies, Home Care Today continues to inform Home Care Package providers and consumers on the impact of likely changes to the sector.

This project was initiated to assist aged care or community boards to understand what they need to consider in relation to the current changes to Consumer Directed Care in Home Care Packages and also the future changes anticipated over the coming years.

The planned changes to the community aged care funding and service delivery environment will bring about a transformation in community aged care similar to that in the National Disability Insurance Scheme.

This resource focuses on the governance implications of this change including:

• understanding consumer expectations

• implications for the operation of the business, risk and compliance

• future challenges that require a strategic approach.

> *…after February 2017, the genie will be out of the bottle. Once people are given genuine options for control and autonomy, it cannot be taken back. There will be no return to the days of predictable block funding.*
>
> **ROBERTS, 2015**

1.1 WHAT THIS RESOURCE HOPES TO ACHIEVE

This resource has been developed by Home Care Today to prompt strategic discussions within current aged care providers. It is not intended to be a 'how to' on good corporate governance as it is assumed organisations have those processes already in place. Rather this guide aims to highlight some key issues boards and executives should consider in their planning processes for consumer driven care post February 2017.

One of the roles of a director is to strategically lead their organisation in times of uncertainty and to guide decisions of the organisation during times of change. The aged care reform environment is one such time.

The aims of this resource are to:

• identify key issues and risks for board directors and their executives that require consideration during the changing aged care funding and service environment

• prompt directors and executives of aged care service providers to take a systematic and strategic approach to deliberations on how to respond to the emerging environment

• highlight a series of methods and strategies which may assist organisations in preparing and responding to the aged care environment

• contribute to promoting good corporate governance and a sustainable aged care sector.

1.2 HOW THIS RESOURCE WAS DEVELOPED

This resource was developed through a series of interviews with key aged care and disability sector stakeholders throughout the latter half of 2015. These included a selection of:

• not-for-profit and corporatised community aged care executives and board directors

• aged care peak organisations

• aged care funders

• The Aged Care Financing Authority

• selected members of the National Aged Care Alliance

• disability peak organisations and providers in relation to the methods disability sector organisations have used to prepared for the National Disability Insurance Scheme

Research and evidence from community aged care and other industries who have undergone similar significant change and innovation have been used to inform the emerging issues for the sector.

> *February 2017 and July 2018 will be the biggest change this industry has seen. I haven't been able to find a parallel in any other industries. I'm concerned most of the industry has not seen the significance of the change – this is the mother of all disruptions.*
>
> **HOME CARE PACKAGE PROVIDER, 2015**

1.3 INTENDED AUDIENCE AND USE

This resource is not an exhaustive governance guide but rather a synthesis of emerging strategic considerations highlighted by some directors, executives and stakeholders as they prepare for greater competition and a changing governance environment. Based on suggestions of stakeholders, it poses a series of key questions board directors and executives may want to consider in assessing their organisation's preparedness for the future market driven Home Care Packages service delivery and funding environment.

The resource has been written with an intended audience of the directors and executives of small to medium community aged care providers. It may also be of use to service providers who deliver Home Care Packages as part of a broader health, aged care or social support offering. It also recognises that not all Home Care Package providers are members of aged care peak bodies, who may provide such information to their members.

The skill, diversity and expertise of the directors and executives governing organisations providing community aged care is recognised and acknowledged. Directors and executives bring passion and a broad range of experience to their governance roles. The issues and items highlighted in this resource may already be on the board's agenda.

However, some organisations may not have the internal resources available to develop a systematic and strategic approach to investigate and respond to the governance issues posed by the current and planned aged care reforms. This guide provides 'food for thought' and can assist with strategic planning for organisations, directors and executives.

> *This is a big change for an industry that is heavily regulated and where older people and their families have traditionally been 'service takers' (where the government decides what services they receive) rather than 'service makers' (where they actually choose or demand services).*

GLICKMAN, 2015

1.4 PREPARING FOR THE EVOLVING ENVIRONMENT

The issues and items highlighted in this resource may already be on the board's agenda, a topic of board discussion or have been incorporated into strategic planning processes. How board directors and executives consider, respond and operationalise these changes within the emerging community aged care environment will vary. The topic must remain high on the boards' agenda as the full operational implications of the reforms of February 2017 are further developed and communicated by government. From July 2018 the Home Care Packages Programme and the Commonwealth Home Support Programme will merge. While there are few details at this stage of how the integrated program will operate, boards need to take into account these future changes in their planning for February 2017 changes.

Board directors and executives will need to be continually agile and strategic in how they plan, deliberate on and oversee strategies to successfully govern and navigate within the evolving consumer driven aged care environment.

2. POLICY AND LEGISLATIVE CONTEXT

2.1 CONSUMER DIRECTED CARE IN HOME CARE PACKAGES AND THE AGED CARE REFORM JOURNEY TO DATE

Older people have managed their own lives for a lifetime and want to continue to do this with the support of aged care services. Recent reforms have recognised this with the Consumer Directed Care (CDC) approach in delivering Home Care Packages being rolled out across the sector.

The Australian Government has previously announced a range of aged care changes including the:

- introduction of the Home Care Packages Programme from 1 August 2013, which replaced the Community Aged Care Package Programme
- introduction of CDC to all new Home Care Packages from 1 August 2013. Since 1 July 2015, all Home Care Packages are being delivered on a CDC basis
- significant expansion of the Home Care Packages Programme. The number of Home Care Packages will increase from around 72,000 places to around 100,000 places nationally by 2017-18.

Under CDC, consumers make the decision on what mix of assistance and supports best fit their needs and preferences.

2.2 FEBRUARY 2017 AND BEYOND – CONSUMER DRIVEN CARE AND THE COMMONWEALTH HOME SUPPORT PROGRAMME

The Australian Government announced further reforms to Home Care Packages in the 2015-2016 Budget (Australian Government Department of Social Services, 2015a). Legislation was introduced into Parliament in February 2016 to effect these changes (House of Representatives, 2016).

These changes include:

- from February 2017, funding for Home Care Packages will follow the consumer so they are free to select any approved provider to deliver their care
- eligible consumers will be able to select any approved provider to deliver their care, with funding for the package paid to the approved provider selected by the consumer
- packages will be portable, allowing consumers to change their service provider, including where the consumer moves to another location.

There will also be changes to the provider application and assessment criteria. Legislative criteria for assessing suitability to become an approved provider for all types of care will be streamlined, with greater focus on the capacity of the organisation as a whole, rather than individual key personnel. All providers must continue to meet quality review or accreditation standards. Existing providers of residential care and flexible care will be able to 'opt in' to become home care providers (through a simplified process rather than a full application). Approved provider status will no longer lapse after two years if the provider does not hold an allocation of places - this will apply across home care, residential care and flexible care.

These changes will give older Australians greater choice in deciding who provides their care, and will establish a consistent national approach to prioritising access to care. These changes are likely to lead to increased competition, with an aim of enhanced quality and innovation in service delivery, and reduced regulation and red tape for providers. These changes are a key step in moving to a less regulated, more consumer-driven and market based aged care system.

> *Greater choice was inevitable... it has been clear for some time that this market segment [baby boomer] demands attention to choice and quality, which also helps stimulate competition.*
>
> **GLICKMAN, 2015**

Home Care Package providers no longer need to apply for packages through the annual Aged Care Approvals Round. In addition, from July 2018, the Government intends to combine Home Care Packages and the Commonwealth Home Support Programme (CHSP) (formerly the Home and Community Care Programme – HACC) into a single integrated care at home programme.

A more streamlined approach for information and access to Home Care Packages has been implemented through My Aged Care, which will have an even greater role in the February 2017 changes. There will be a consistent national system for assigning packages to eligible consumers through My Aged Care. The prioritisation process will take into account the relative needs and circumstances of eligible individuals and the time a person has been waiting for care.

Information about Aged Care Reform and the timelines for change can be found on the Australian Government Aged Care Reform webpage.[1]

The following diagrams illustrate the changing relationships between consumers or customers, providers and Government (Mussared, 2015).

From — Provider with Government
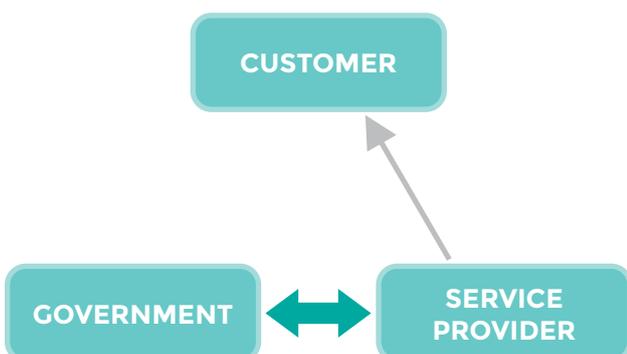
To — Provider with Customer
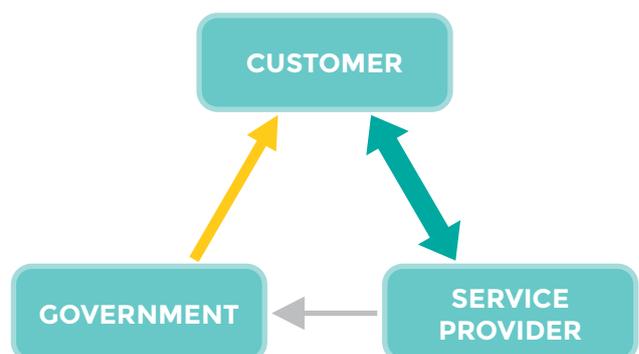
Fig 1: Changing relationships in Home Care Packages.

[1] https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-reform

2.3 THE DIVERSITY OF OLDER AUSTRALIANS

One of the important contextual factors for the future of home care supports in Australia is the diversity of older Australians. Organisations seeking to take a place in this future competitive market place will need to consider how they can best cater to this diversity of backgrounds, needs and preferences.

In the future providers may wish to differentiate themselves by focusing on specific service groups. This might open up a new market and is something that is a potential benefit for both consumers and providers. It will be important to ensure that your workforce is skilled and competent at working with people with special needs. In managing risk, you will also need to be aware of legislative requirements, such as the requirements of the Home Care Common Standards as detailed in the Quality of Care Principles 2014 (Australian Government Com Law, 2015) that ensure access to support for people with diverse needs.

You may consider how you can provide tailored services to people with dementia or people defined in the Aged Care Act 2007 as amended (Australian Government Com Law, 2016) as people with special needs, including:

- people from Aboriginal and Torres Strait Islander communities
- people from culturally and linguistically diverse backgrounds
- people who live in rural or remote areas
- people who are financially or socially disadvantaged
- Veterans
- people who are homeless or at risk of becoming homeless
- care-leavers
- parents separated from their children by forced adoption or removal
- lesbian, gay, bisexual, transgender and intersex people
- people of a kind (if any) specified in the Allocation Principles.

Australia is one of the most culturally diverse nations in the world. People from CALD backgrounds are a significant and growing proportion of the Australian population aged over 65. They have made important contributions to the Australian community in helping build the prosperous and culturally rich country that we live in today. Around 20 per cent of people aged over 65 years were born outside Australia which equates to more than 600,000 people. By 2021, more than 30 per cent of Australia's older population will have been born outside Australia.

It is important to recognise that older Australians from CALD backgrounds are not a uniform group. The diversity within Australia's CALD community is significant. Australians identify with more than 300 ancestries and there are more than 260 different languages spoken in Australia today, including Indigenous languages. (Australian Government, Department of Social Services, 2015c).

The National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Background (Australian Government, Department of Social Services, 2015c) has been developed to address the needs of this group. You may wish to identify people in your service area who speak a language other than English and consider ways to engage with this group, such as by employing bi-lingual staff.
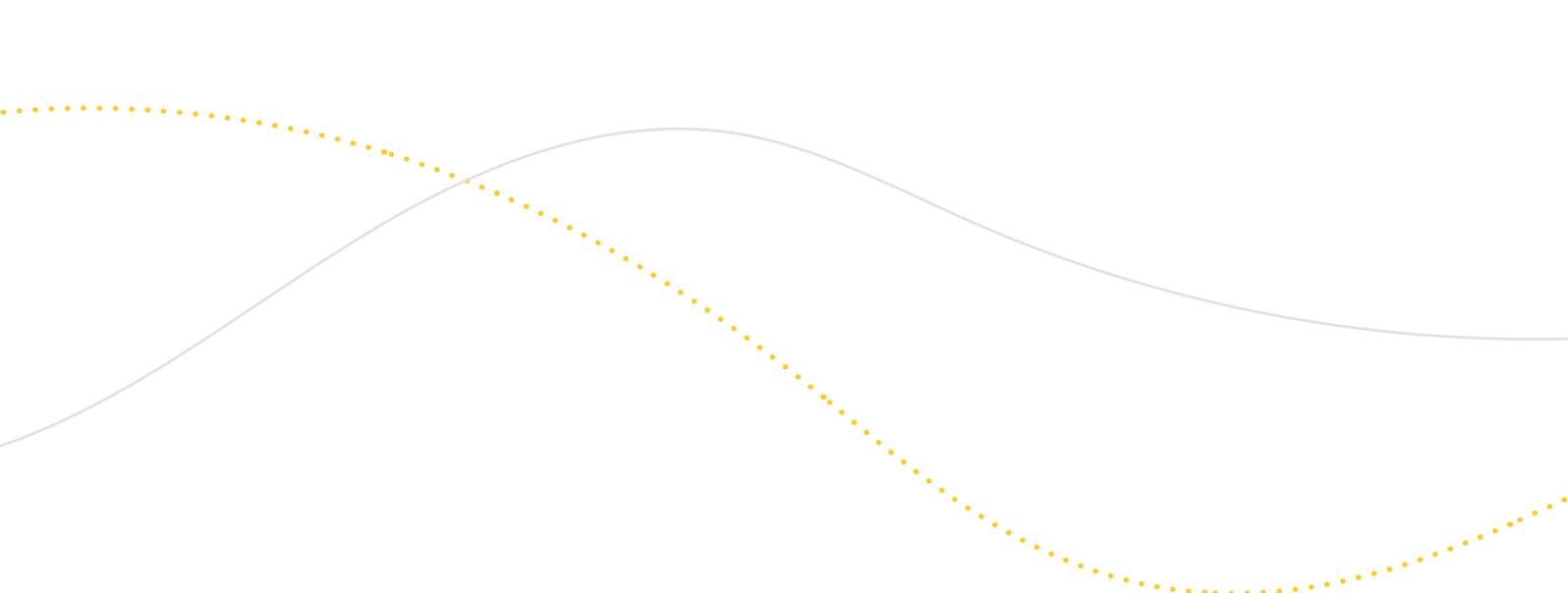
Although the number of Indigenous older Australians is rising, the population still has a relatively young age structure when compared with the non-Indigenous population. Because of this, and because the numbers of Indigenous older Australians are still relatively small, discussions on ageing in Australia may marginalise or exclude the needs of older Aboriginal and Torres Strait Islander Australians. (AIHW website, accessed Feb. 2016)

Older Aboriginal and Torres Strait Islander people hold a unique place within their communities as they are held in deep respect within the family structure. They are role models, decision makers, care providers and educators. Connections to land and cultural traditions are central to personal and community wellbeing. Culturally responsive services and community supports that address ageing and promote social participation are encouraged (Australian Government, 2015d).

The Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 supports a social and cultural determinants of health framework. Importantly, this model includes partnering with Aboriginal and Torres Strait Islander peoples, health services, and their representative bodies in all levels of planning, service delivery and evaluation. (Australian Government, 2015d). This is particularly relevant to the implementation of CDC and other aged care reforms to ensure the needs of older Aboriginal and Torres Strait Islander people's

needs are effectively met. While remote communities have particular challenges, 75% of Aboriginal and Torres Strait Islander people live in urban and regional areas (AIHW, 2011) thus the cultural safety of all services is essential.

The National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy has been designed to ensure that aged care services can cater to the needs of people who identify as LGBTI (Australian Government, 2012). Some organisations have undertaken the Rainbow Tick Standards accreditation process (GLVH & QIP, 2013) to demonstrate that they are committed to safe and inclusive service delivery for LGBTI people in our community. The Australian Government Department of Health has funded the National LGBTI Health Alliance to co-ordinate delivery of LGBTI aged care sensitivity training to a broad range of residential and other aged care providers and/or associated aged care staff. This training educates and informs service providers, policy makers, LGBTI people and communities about changes to inclusive practice in the Australian aged care sector.

Similar initiatives and innovations in home care services could be undertaken in partnership with other older Australians identified as having special needs, or with the organisations that represent them, to enable a vibrant array of home care services that cater to the diverse needs of all older Australians.

3.GOVERNANCE IMPLICATIONS OF THE CHANGING HOME CARE ENVIRONMENT

The changes announced in 2015 provide an exciting era for Home Care Package providers, but an era which comes with significant change and some uncertainty.

This resource has been developed at a point when the operational aspects for delivering Home Care Packages post February 2017 are not yet finalised. The full implications of the reforms and implementation processes continue to emerge. Board directors and executives need to watch and act when and as further guidance on the operational requirements of the Home Care Packages Programme are released with the passage of legislation that will enact the February 2017 changes.

Previously, providers of care at home had a level of predictability in the numbers of consumers they could support and types of packages they could provide. Under the reforms announced in the 2015 Budget, the service offering and funding envelope is likely to be less predictable. Attracting and retaining consumers will be essential for the viability of organisations. There will also be issues of financial management and workforce flexibility when the number of consumers cannot be predicted on a week-to-week basis. Investors will also take a different view of organisations that will be operating in a competitive environment without funding certainty.

Based on current turnover rates in Home Care Packages, from February 2017 through to February 2020 a service provider could have an almost complete turnover of consumers. Attracting and retaining clients will be imperative.

Table 1 below highlights important statistics in relation to Home Care Package duration. These statistics indicate that within a period of 3 years up to 85% to 90% of consumers will be new clients receiving Home Care Packages. This high level of turnover highlights the need for organisations to continually attract new consumers.

Therefore, contrary to feedback from some stakeholders that they felt their current consumers will remain, organisations and boards need to also focus on retention of existing consumers with the potential that they will choose to move to alternate providers with the new option of package portability.

TABLE 1: KEY HOME CARE PACKAGE STATISTICS

- 30% of consumers require a package for less than 6 months
- the average length of stay in a package is 94 weeks
- less than a quarter (22.8%) are on packages between 2 to 5 years
- turnover in Home Care Packages per year is between 30% and 40%
- 66,149 package places were filled by 83,144 people in the 2013-14 financial year

(Sources: Aged Care Financing Authority, 2015 and AIHW website, accessed Feb 2016)

The experience in Australia following the implementation of CDC, and overseas when greater de-regulation of social services has occurred, demonstrates not all recipients will want to change their provider. However, Home Care Package providers and their boards need to ensure they are maximising their organisation's service offerings, flexibility and responsiveness to consumers. This will be a primary factor in retaining or growing their market share.

> *One thing is for sure, if you don't know how your clients feel about you, it is impossible to respond appropriately and you risk losing them.*
>
> **ROBERTS, 2015**

3.1 INCREASING CHOICE FOR CONSUMERS

The February 2017 changes will increase the choices available to consumers in relation to who delivers their Home Care Package. Boards and executives need further insight into how consumers will make those choices and what they perceive to be quality and value in Home Care Packages.

. . . .

How strong is our name and brand currently in the home care environment?

. . . .

A number of stakeholders interviewed during the development of this guide suggested the Australian aged-care market has for too long relied on their historical brand. They felt that in this emerging market environment their 'good name' may not be enough to attract and retain consumers.

It was suggested by stakeholders that all organisations should undertake a detailed analysis of their **brand value** to determine what current and potential consumers of their products and service offerings really thought about their organisation.

Some stakeholders felt their brand was well known and strong. Longevity, mission and quality care were seen as reasons consumers would continue to choose their organisations as their preferred provider of care at home.

Other stakeholders suggested organisations should not assume 'brand is king'. These executives had commenced a process of obtaining a deeper understanding of the reasons consumers would choose their organisation over another.

. . . .

When there is a greater choice of providers, why will consumers and their carers continue to choose our organisation to provide their care at home?

. . . .

Differentiation and a deep understanding of the consumer choice drivers was seen by stakeholders as critical in the consumer driven care environment. Stakeholders suggested exploring what would drive a consumer to choose their organisation over another required detailed market research.

> *CDC offers the opportunity for some 'blue-sky' thinking and approaches as what CDC can do for a consumer to support their wellbeing, health and happiness and it will be the role of providers to assist consumers in that type of thinking and in providing the flexibility in services ultimately to survive themselves in a market that could be run/directed by consumers.*
>
> **RON (FORMER CARER AND CONSUMER ADVOCATE)**

Previously, limited market testing through advisory or focus groups had informed the development of service offerings. Some stakeholders have highlighted the need for broader market research and more detailed and sophisticated methods of determining the value consumers placed in their brand, the level of choice and flexibility the consumer required of them and the likelihood of consumers to remain with or choose their organisation.

Other industries have similar challenges determining choice and what service offerings their customers want. The Fortune 500 CEO survey (2015) reported:

- 38% of CEOs said they get their BEST ideas for new products and services from their customers
- but only 37% of companies reported having a formal method for collecting customer input.

Appreciating and responding to the various segments within the care at home market will now be more important than ever. Basic segmentation will consider full pensioners, part pensioners and fully funded retirees. The variation in co-contribution requirements and the levels of these contributions alone may drive different consumer behaviours and choices.

Further segmentation may occur around the desired levels of case management support, with those capable and empowered consumers deciding to self-manage their Home Care Package. Various groups with diverse needs may also be seeking niche providers who can better meet their needs.

> *My plea is for the use of language that speaks to Mum and others like her:*
> - *language that truly conveys that she is in charge;*
> - *language that connects with her life experience; and*
> - *language that makes a true commitment to being in her court.*

KATE (DAUGHTER)

> *I believe that providers have to listen to the client and improve the organisation's customer service function by demonstrating efficiency, reliability, honesty and empathy.*

ANNETTE (CARER)

Executive and stakeholders in aged care and other industries noted the need to respond to and respect consumers of their services will have greater choice. Some consumers consulted suggested varying reasons for choosing to remain or leave a current service provider.

In exploring perceptions of quality and choice related to CDC, consumers highlighted the following drivers and considerations regarding high quality service provision:

- how consumer centric and flexible the organisation and service offering is, and will be, to emerging and changing consumer needs and wants
- the level of personalised service offering available
- the strength of the relationship between, and connectedness of, care staff with consumers and families

- the responsiveness of the organisation to concerns and requests
- the positiveness of their experience and relationship with the care coordinators and during care planning
- flexibility in scheduling of care support visit times and a choice in care worker
- transparency, understanding and appropriateness of the cost of support, particularly in relation to administration, case management and overheads
- the ability to change the levels of case management/advisor support
- the ease and barriers to switching providers if they had the choice and the support available for guiding the process.
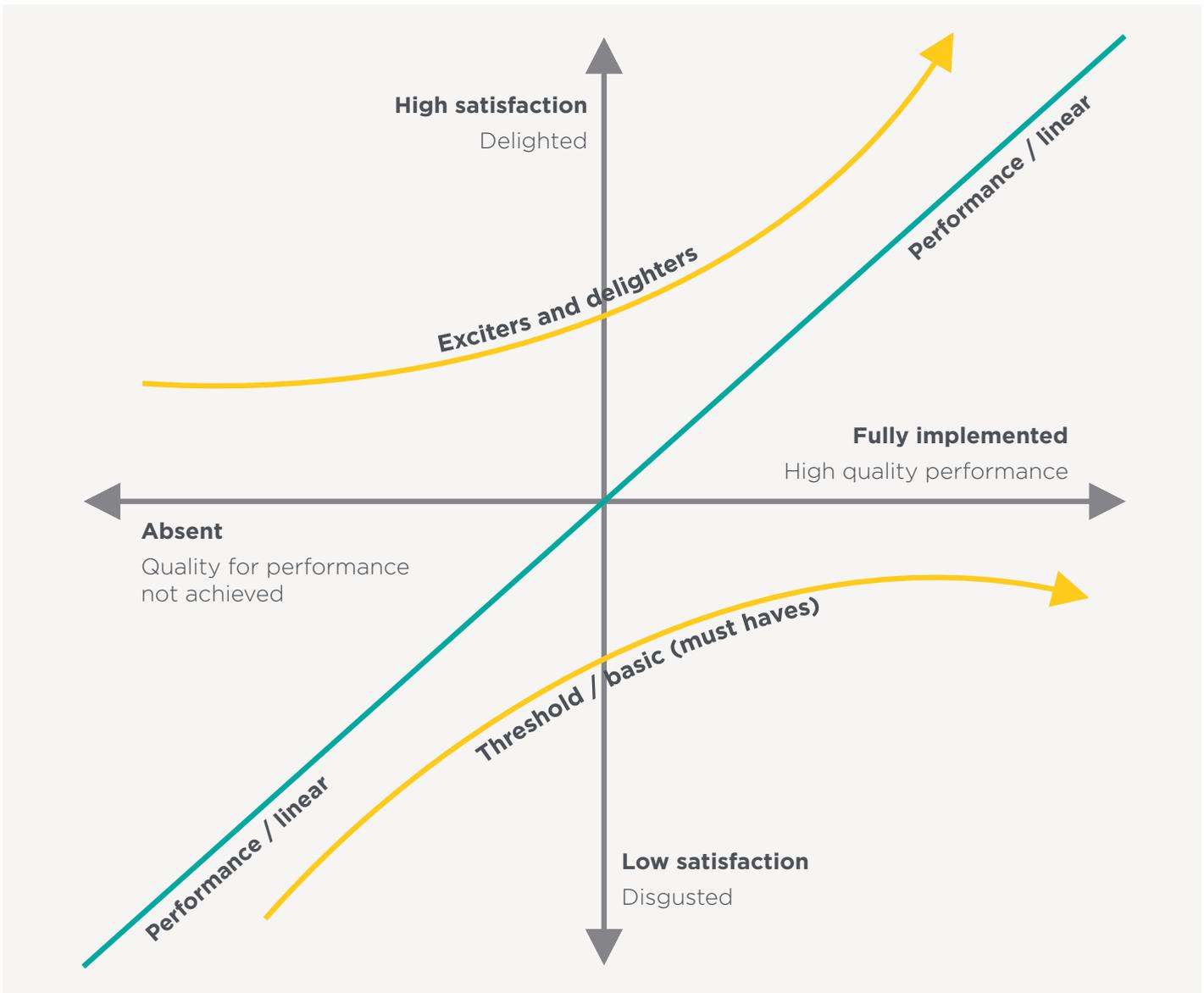
The above quotes indicate how consumers and carers or families view quality and value in Home Care Packages:[2]
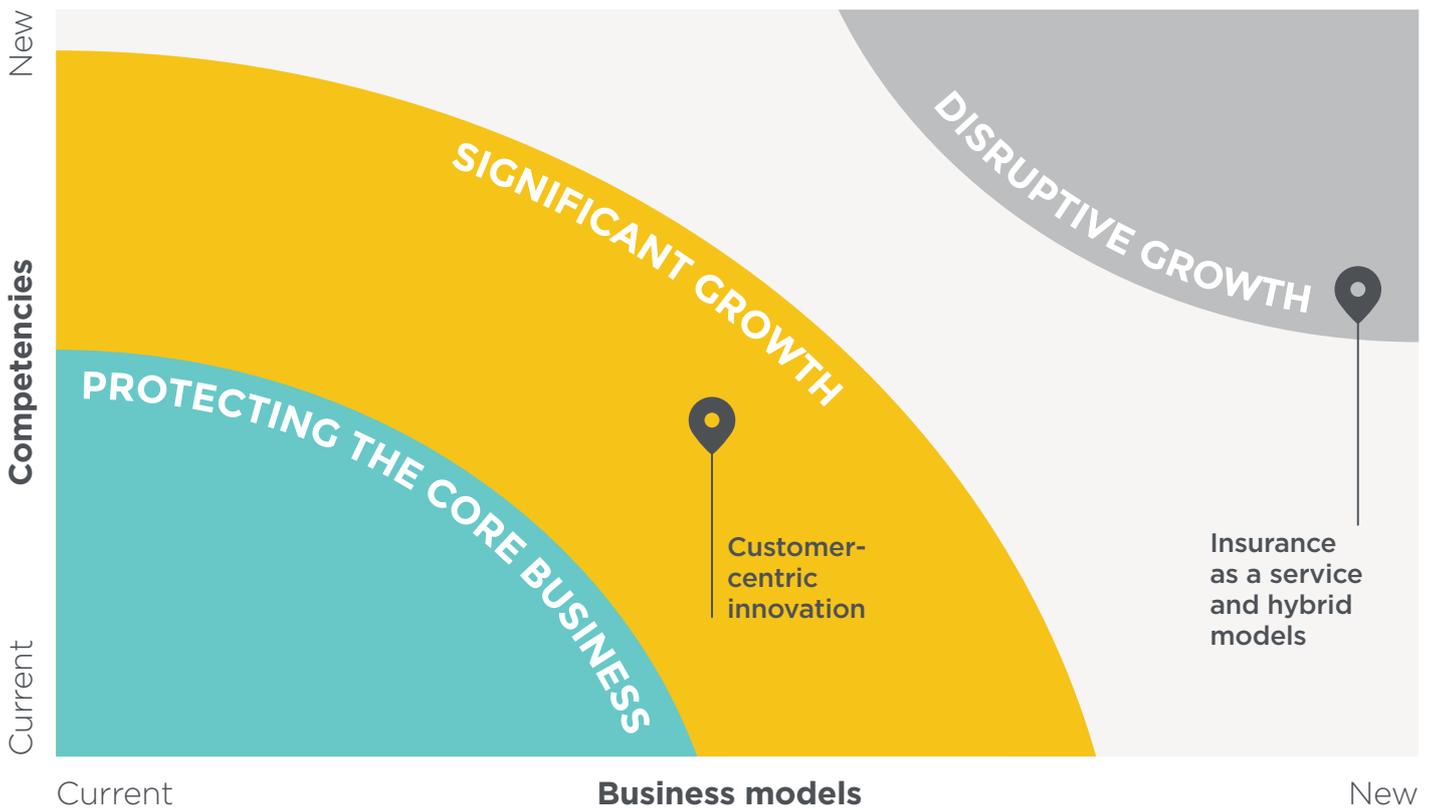
Figure 2: The stages of innovation across competencies and business models

Many organisations and industries struggle with becoming more customer centric. Figure 2 provides a framework from the insurance industry. Customer experience analysis has been identified as a key to understand, segment and respond to insurance clients; the same is true for the community aged care sector. A similar focus on satisfaction, quality and delighting Home Care Package consumers will differentiate Home Care Package providers in the future (see figure 3). The ability to respond to diverse needs, and the creation of an innovative culture were also seen as crucial in the response to growth needs and a step further in the journey to customer centricity (Ernst & Young, 2013).

High satisfaction
Delighted

Exciters and delighters

Performance / linear

Fully implemented
High quality performance

Absent
Quality for performance
not achieved

Threshold / basic (must haves)

Performance / linear

Low satisfaction
Disgusted

Figure 3: Customer experience analysis and design framework
Source: Kano model (2015)

The emerging experience in Australia from the implementation of CDC is that around 15-20% of consumers are opting to manage their own services. This is likely to increase over time, particularly as the baby boomer generation begin to take up Home Care Packages.

Co-designing Home Care Package service offerings, procedures and approaches with consumers and their carers was seen as an important strategy for organisations responding to increased levels of consumer choice. Co-design models, when implemented properly, help evolve an organisation's understanding of the levels of choice and options consumers require from their provider. Going beyond co-design to co-production enables consumers to be involved in the implementation and review of services to ensure it understands and meets consumer needs and preferences.[3]

> *The UK experience of self-directed care suggests the take-up of self managed packages is relatively slow and tends to be an option favoured by younger people. That said, some older people value the self-managed package option highly... As well as providing more control, this option [in Home Care Packages] would allow a greater level of services to be purchased...*

NATIONAL DISABILITY SERVICES, JULY 2013

How well do we understand the wants and needs of consumers and what they are willing to trade off for greater choice? What mechanisms do we have to listen to and communicate with consumers regarding available choices?

Not all choices are of equal value to consumers. In determining how to be consumer-centric, organisations need to investigate which choices consumers place a higher value on.

It was recognised that organisations may not be able to respond to every desire of the consumer they supported, but understanding the likely range of choices consumers would value was seen to be important. The ability to respond flexibly within a well communicated range of choices is a way to drive greater customer loyalty while allowing organisations to plan and develop their services.

The advice of stakeholders interviewed from research and other service provision industries was to not assume consumers are a homogenous group but to investigate the segments and types of consumers. This would allow organisations to provide a range of service options within a flexible but sustainable choice framework.

Models for measuring choice and choice tradeoffs have been developed for other service industries and products. The University of South Australia Institute for Choice provides a number of models and approaches for researching consumer choice.[4] Research areas applicable to Home Care Packages could include choice processes and econometric models of choice behavior as well as choice elicitation and preference measurement.

[4] University of South Australia http://www.unisa.edu.au/research/institute-for-choice/
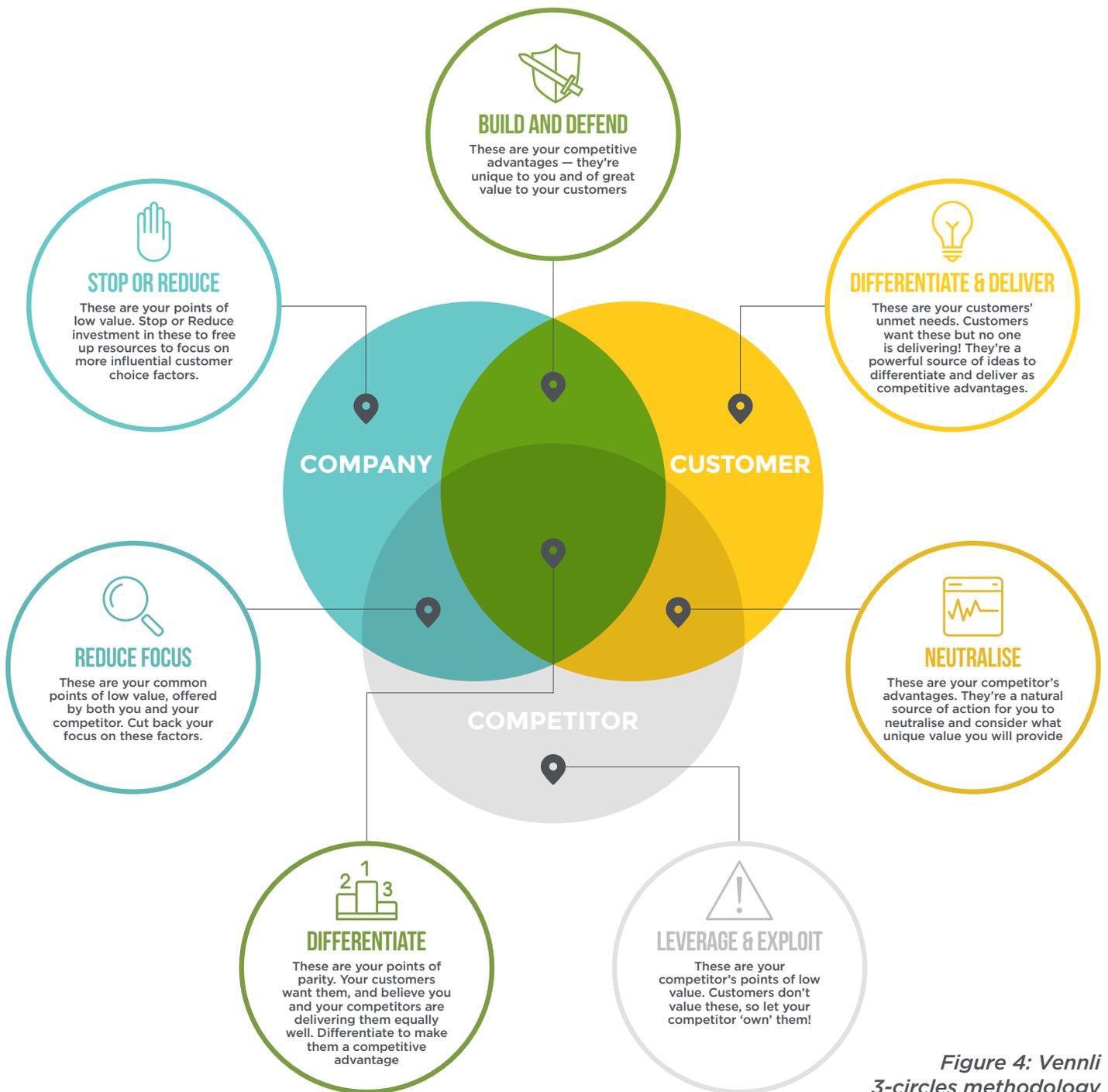
Figure 4: Vennli 3-circles methodology

The University of SA utilise the Vennli 3-circles methodology (Figure 4 above) to help organisations' research and deepen their understanding of:

- what customers think of your organisation's service offerings
- the factors your customers weigh when making a purchasing decision
- what the customer truly values and what they are prepared to tradeoff
- what customers think of what your competitors are offering and why they will choose them over you.

The survey process allows organisations to easily engage directly with current and potential customers and lets the customer voice drive strategic growth. The methodology suggests continuous growth will result when the customer's voice drives decision making. The research process provides rigorous, evidence based, real time and actionable customer voice data to drive growth. Snap shot and ongoing visualization of the competitive landscape (mapped against the Vennli circles) is obtained in order to align internal thinking on what customers value to actual perceptions.
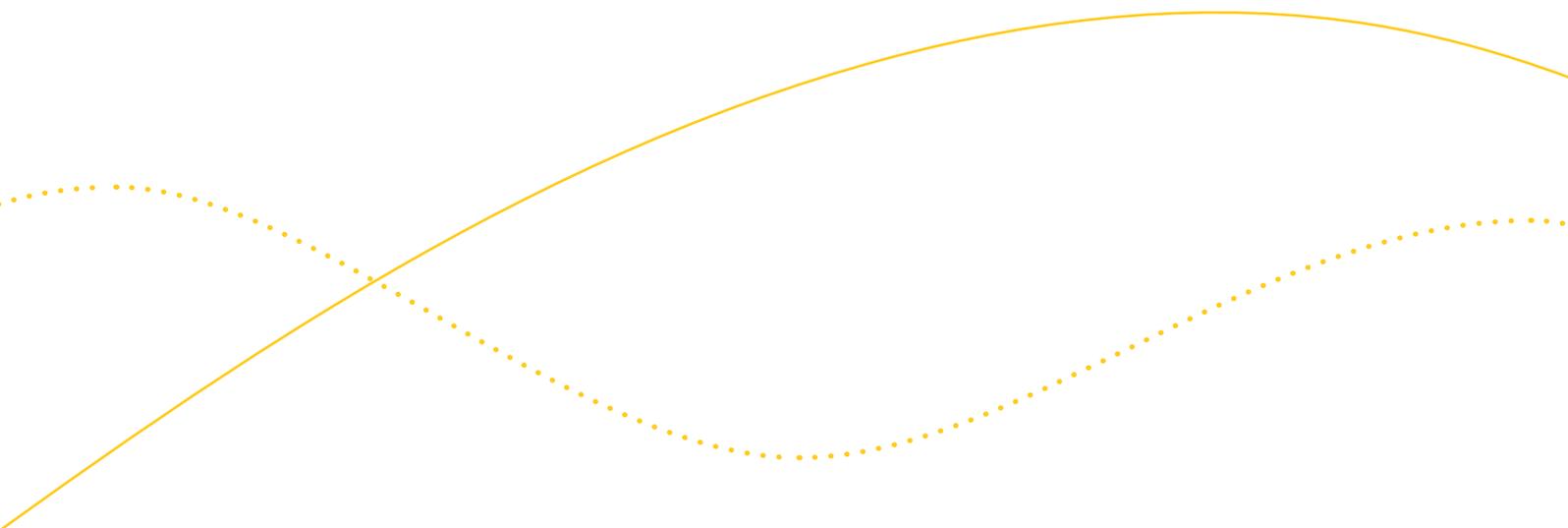
3.2 FLUCTUATING DEMAND AND REVENUE

The change in the way government funding will flow to service providers who deliver Home Care Packages has a major implication for an organisation's revenue stream and therefore for a board's financial oversight of the organisation.

What is our current market share and service demand? How is this likely to change in the future and are we prepared to respond?

How well have we modelled the various future service demand scenarios (e.g the impact of an increase/decrease in Home Care Packages) and other scenarios? How will those scenarios impact our revenue, profit and viability?

Accurately predicting future service demand and revenue fluctuations were reported by stakeholders as one of the biggest challenges and risks for providers of Home Care Packages.

The changes in working capital that result from being paid in arrears can be significant and board directors and executives need to recognise and plan for this. Transitioning from block funding in advance to the new model of payment in arrears will pose significant transition and sustainability challenges.

The sector has identified the following areas for focus in their service delivery models and operational processes:

- having an accurate and predictable understanding of unit costs and attributable overheads
- ensuring every service stream of the organisation is financially viable
- predicting and accurately modelling future demand scenarios, periodic fluctuations and their impact on revenue
- the level of detail and sophistication of financial systems to accurately track, attribute and report on costs and expenditure at the client and service type level
- the ability of current systems and processes to identify and respond with agility to demand and funding changes, particularly in relation to workforce costs
- the ability to determine the price point consumers will and won't be willing to accept to access services.
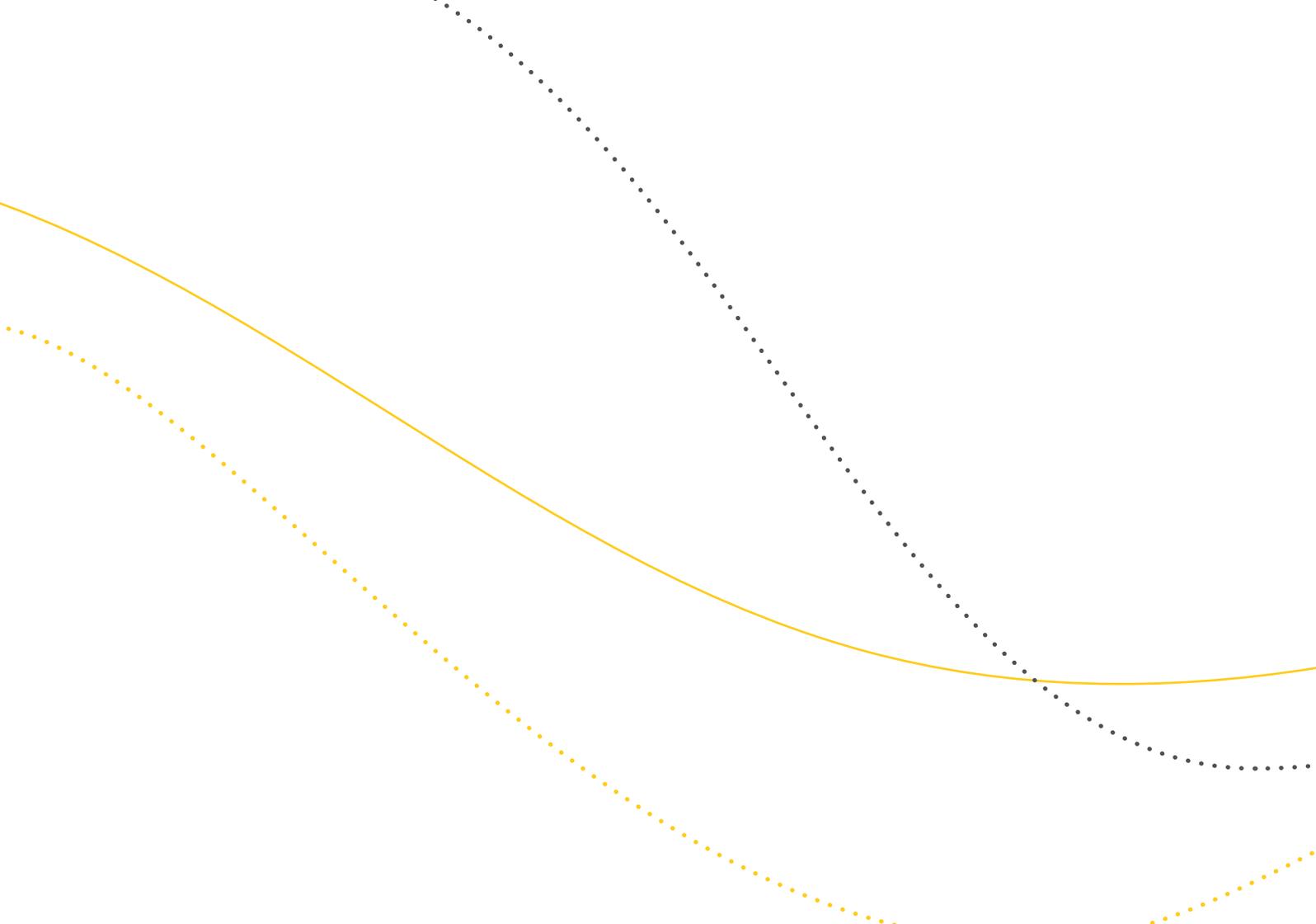
However, a number of stakeholders pointed to the sector's long history and its track record in being able to respond to change. The experience in preparing for and responding to the current CDC reforms may help organisations mitigate for some of the unpredictability in the future funding environment. Large numbers of organisations have navigated the change to greater transparency and communication of the Home Care Package consumer's budget and expenditure and this experience can be built upon.

The most common advice provided was for executives and board directors to assure themselves that detailed modelling of demand and funding scenarios were being considered, reviewed and monitored regularly at the board level. Increasing each director's level of financial literacy, a board with the ability to comprehend detailed demand/financial scenario models and developing board endorsed strategies to respond early to changes were all seen as essential.

Understanding the organisations cost model, cost drivers and profitability parameters were not seen as the remit of the CEO or Chief Financial Officer only but rather the responsibility of each and every board member.
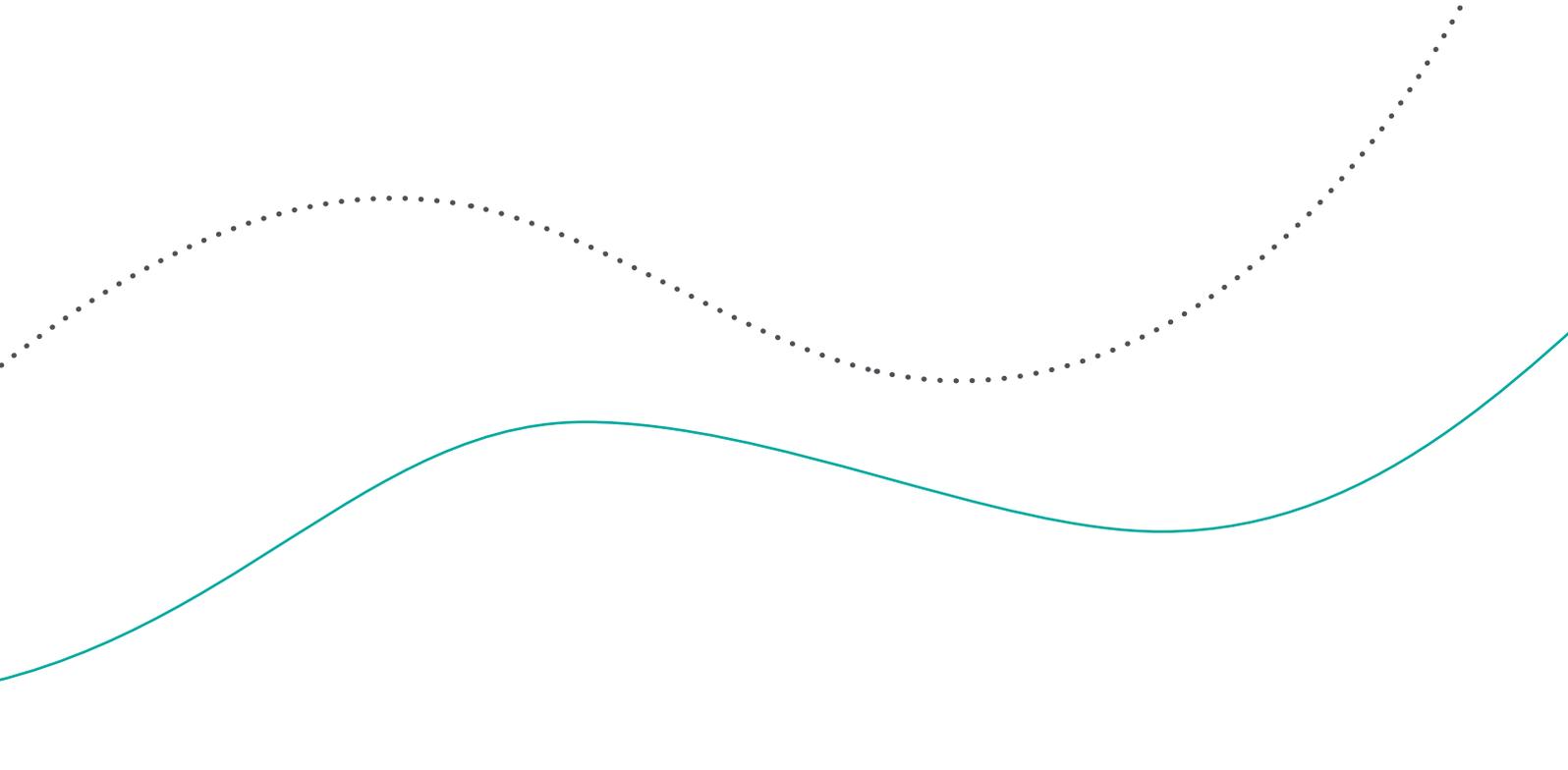
3.3 MARKETING AND COMMUNICATIONS

Traditionally, consumers and carers accessing community aged care were referred to the list of local approved providers. The reforms surrounding Home Care Package assessment and access, consumer choice and package portability mean a greater focus on marketing and communication is required to reach current and potential customers.

Is our marketing and communication strategy fit for purpose? Are our marketing and communication activities reaching and resonating with the right people?

While My Aged Care provides access to information about potential Home Care Package providers, consumers will want to know more about providers in order to make informed choices.

Direct consumer-to-care worker platforms (similar to Uber and AirBnB) are also likely to bring further innovation and disruptive technologies to the aged care market. Over the longer term these digital environments may see recipients of packages able to bypass the historical aged care provider and engage individual approved carers directly, with the possibility of lower in-direct and overhead costs. While Home Care Package funds will continue to be

managed by an Approved Provider from February 2017, empowered consumers over time will be seeking more direct engagement with the carer of their choice and the ability to contract carers directly for some or all aspects of their package.

Greater competition from new home care market entrants is also likely to occur, particularly from current Approved Providers who are likely to be able to offer Home Care Packages to consumers from February 2017. Existing and new providers who operate in the community aged care space may seek to become Approved Providers. Boards need to understand their current and future competition in order to position themselves in the market.

Peer-to-peer, peer-rated and other digital platforms are likely to see the voice of the customer (and their positive experience) become paramount. The NRMA has commenced a peer-based 'OWL' rating system of retirement villages and these models are likely to expand to the home care sector.[5]

Service users will invariably communicate their views, experiences and recommendations through these ratings systems, social media and word of mouth. Executives and their boards need to ensure their image, brand management and marketing are sophisticated, contemporary, engaging, inclusive and responsive. Their customer relationships and customer service need to be of a high standard to ensure repeat business and positive word-of-mouth referrals.

[5] https://www.mynrma.com.au/living-well-navigator.htm

> *Recruiting and retaining a flexible workforce could mean the difference between success and failure for a not-for-profit disability organisation under the National Disability Insurance Scheme (NDIS). One of the biggest challenges for providers will be engaging, supporting, retaining and continuously upskilling a flexible workforce that will meet the needs and wishes of people with disability. If workers and services are unavailable or rationed, the concept of consumer choice and control will have little meaning.*

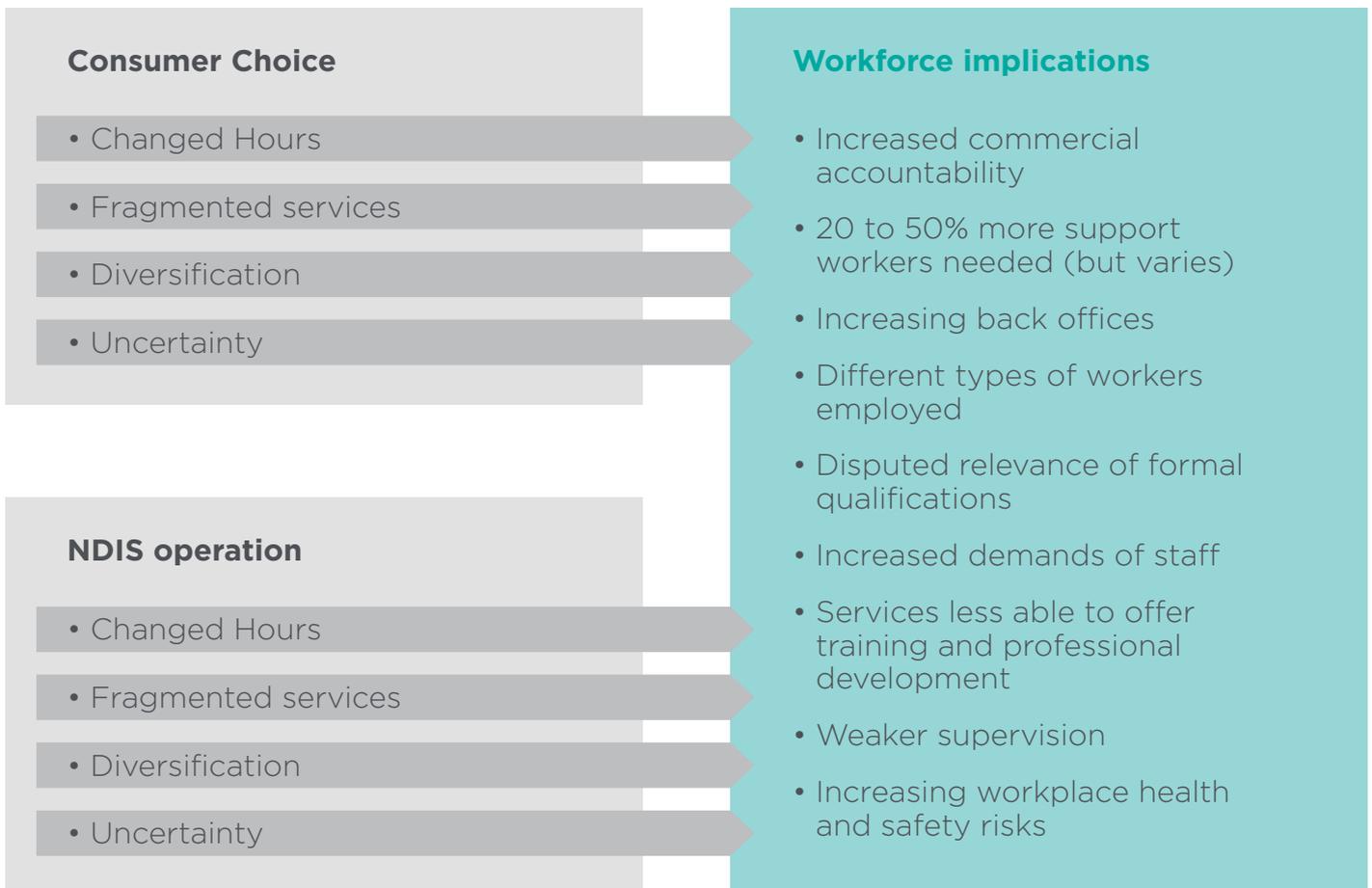**NATIONAL DISABILITY SERVICES, FEBRUARY 2014**

3.4 WORKFORCE PLANNING

The changes to a competitive Home Care Package environment mean less predictability in demand for services. Workforce planning is likely to become more complex with Home Care Package providers needing to have flexible workforce models and availability based on changing consumer demand.

. . . .

How agile are our employment, recruitment and staff profile models to respond to variations in service demand?

. . . .

Stakeholders suggested organisations should assess their care staff attraction, employment and retention models to be able to better flex workforce during periods of higher and lower demand. It was also suggested organisations should consider and understand lead times for recruiting and on-boarding of new staff and the maximum and minimum staffing requirements to support likely variations in demand. The experience to date in the implementation of the NDIS has suggested workforce as one of the greatest enablers and a significant challenge, as demonstrated by the quote above.

WORKFORCE IMPLICATIONS IN THE TRIAL SITES

Consumer Choice

- Changed Hours
- Fragmented services
- Diversification
- Uncertainty

NDIS operation

- Changed Hours
- Fragmented services
- Diversification
- Uncertainty

Workforce implications

- Increased commercial accountability
- 20 to 50% more support workers needed (but varies)
- Increasing back offices
- Different types of workers employed
- Disputed relevance of formal qualifications
- Increased demands of staff
- Services less able to offer training and professional development
- Weaker supervision
- Increasing workplace health and safety risks

Figure 5: NDIS workforce implications from trial sites (National Disability Services, April 2014)

Detailed workforce and demand scenario modelling, along with a more mobile and flexible workforce were suggested strategies to assist organisations in planning future workforce needs in the changing consumer driven care environment.

The experience of the NDIS implementation sites highlights additional workforce challenges and changes. Figure 5 and the quotation on page 26 summarise some of the initial findings from research conducted by National Disability Services. Their research and discussion paper suggest the need to constantly adapt service models, monitor service demand changes, invest in cultural shifts surrounding consumer choice and flexible workforce engagement and to allow flexible staff deployment.

> *An initial picture is emerging of a sector rapidly evolving as it tests and reshapes service models and modes of workforce engagement, management and deployment.... Services and workers in trial sites report new demands and pressures arising from expanded consumer choice and control, as well as from the NDIS pricing structure, rules and requirements. The reported workforce implications of these challenges are outlined in the figure on page 25.*

NATIONAL DISABILITY SERVICES, APRIL 2014

Are there additional service offerings or areas for growth so we can drive demand and growth? Do we have a proactive innovation plan?

The majority of executives and board directors will have a thorough understanding and appreciation of their organisation's current strategic plan and direction. However, stakeholders advised a more detailed and sophisticated tactical innovation plan may be required during this reform period.

As an adjunct to the strategic plan a board endorsed tactical, innovation or contingency plan should include:
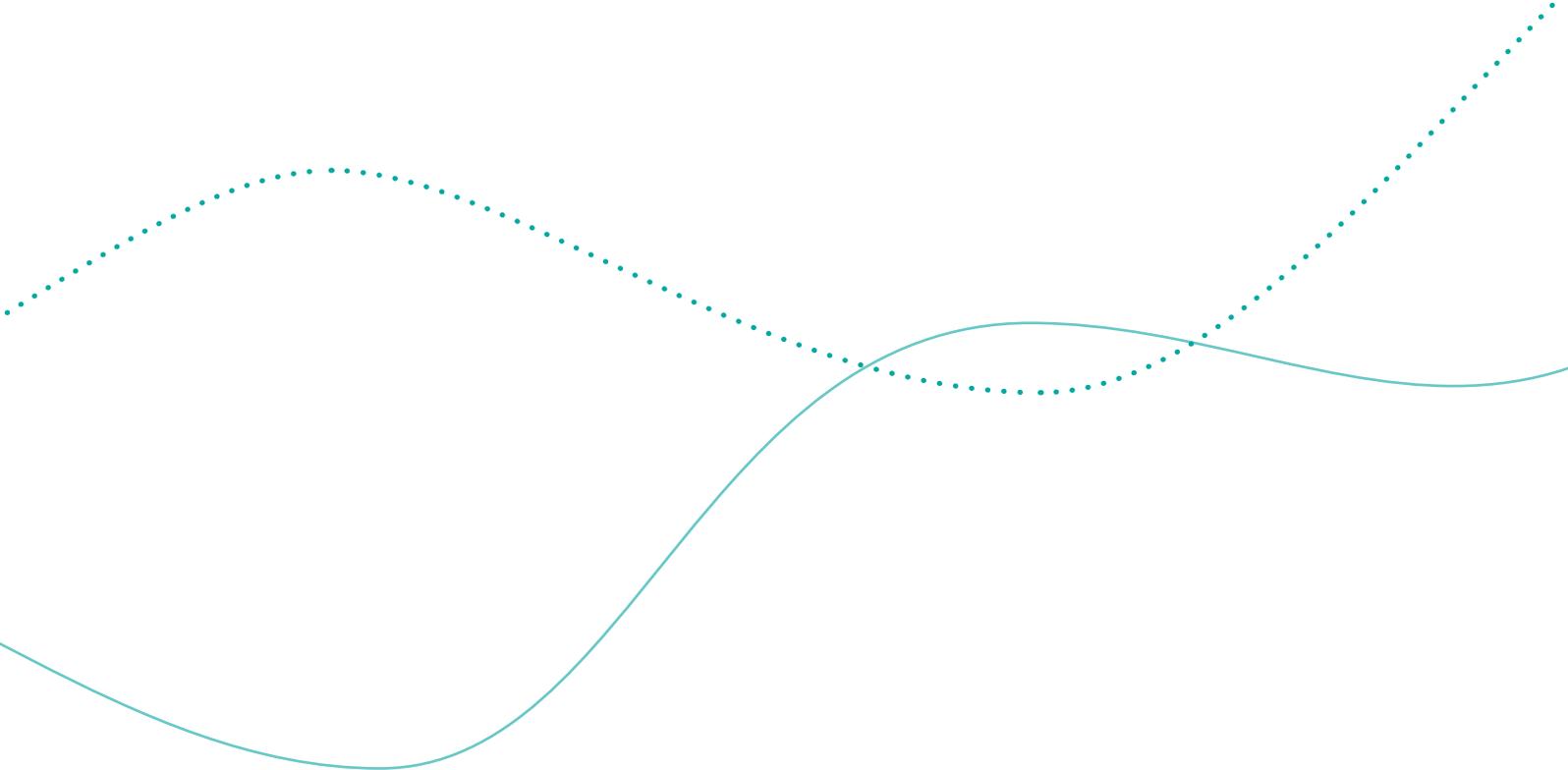
- current size and minimum/optimum viability
- organisational strategic focus and plan - maintenance or growth strategy, parameters, targets and key performance indicators
- market gaps and growth opportunities – including geographical, likely points of market failure, special needs and niche offerings, and exploring other markets (e.g. disability/NDIS, mental health, other social models of support)
- additional value-add offerings
- cost reduction strategies
- innovation opportunities and options
- workforce cost modelling and planning
- risk management and monitoring processes - risk appetite, parameters and mitigation, monitoring and reporting strategies
- contingencies - plans and triggers and monitoring processes

3.5 INNOVATION

Environments of change often encourage new ways of working. Block funding of the past has focused more on looking the same and meeting quality indicators that have been centrally set. Today we see the beginning of innovations that are responding to this changing environment.

Some examples of innovative changes to date include:

- significant changes to the role of case managers/advisors with a focus on advising and partnering with the consumer
- an expansion of Telehealth and the use of tablet technology by older people
- staff who operate without an office and communicate with each other online and work from home
- new approaches to brokerage that enable accessing direct care workers online.

Barriers to innovation can include a culture that is resistant to change. There may have been an experience of new ideas not working, where innovation has not been subject to a rigorous process. There may be a lack of innovation skills and formal systems that enable creativity to flourish.

Innovation is defined as 'creating new value' and is becoming more central to strategic planning. Boards now need to set expectations that enable their organisation to prioritise and fund their innovation strategy.

Some innovation strategies include:

- creating a specific team across the organisation of staff with diverse experience
- creating a space for the work and development of skills and a system to innovate
- creating mechanisms to engage with consumers to hear about their experiences, unmet needs and preferences
- segmenting the market place to drill down into specific needs and hence new markets.

There are important questions that boards need to ask themselves in relation to innovation.

Do we have expectations/key performance indicators for innovation activity?

How are we fostering innovation skills in the organisation?

Do we have a specific budget for innovation?

> *Positive risk-taking is: weighing up the potential benefits and harms of exercising one choice of action over another. Identifying the potential risks involved, and developing plans and actions that reflect the positive potentials and stated priorities of the service user. It involves using available resources and support to achieve the desired outcomes, and to minimise the potential harmful outcomes. It is not negligent ignorance of the potential risks... it is usually a very carefully thought out strategy for managing a specific situation or set of circumstances.*

STEVE MORGAN, 2004

3.6 MANAGING RISK

Preparing for and managing risk within disruptive and changing service provision environments can be challenging, particularly when the implications of reform continue to emerge over time. Recent governance surveys have suggested board directors have been devoting more time to managing risk than being involved in strategy (PwC Australia, 2014). However, greater and ongoing linking of the two issues may be required to meet the challenges of changing external environments (KPMG, 2015; PwC, 2105; Ernst & Young, 2015).

There are a range of risks for organisations that relate to the changed financial model and ability of consumers to choose their provider.

There is also a need to reorient the operational environment to one that has a positive risk-taking approach to service delivery and to consider the implications of this for the governance of the organisation.

CDC enables a view that risk needs to be considered as the probability of an event that will occur with beneficial or harmful outcomes for the consumer or with others with whom they come into contact. CDC also encourages dignity of risk for the consumer. This means that all consumers can have autonomy and self-determination to make choices for themselves.

Consumers have managed their own lives for a long time. They should be able to continue to manage their own lives by having control over the care and support they receive. This requires the provision of, and assistance to access, information about all of the possible options that enable consumers to build a package that supports them to live the life they want.

> *It is clear that performance measurements based only on financial criteria are not sufficient to evaluate the performance of a business. As a performance and strategic management tool, Balanced Score Card enables businesses to transform their strategic objectives into financial and non-financial performance indicators. Therefore, interest in the Balanced Score Card approach to strategic management continues to grow... Airline businesses seem to need a multi-dimensional performance management system, such as BSC to help them achieve their strategic objectives more easily. Thanks to such a performance management system, airlines can determine their critical performance indicators to accomplish strategic objectives and to build cause-effect relationships between non-financial indicators and financial performance.*

ERDOGAN AND KAYA, 2014

3.7 ORGANISATIONAL STRATEGY, STRUCTURE AND PERFORMANCE

There are a range of governance implications of these changes that may lead boards to critically examine their strategic directions, market position and methods of monitoring their performance in this more uncertain environment. Boards may wish to review their skill mix, and consider whether their current ways of operating will be sustainable in the new competitive environment.

Do we have the right skill sets, structures and performance frameworks at a board, executive and service delivery level?

Modern concepts of good corporate governance see boards continuing to review and evolve their governance frameworks and processes. Board membership and skill sets may need reviewing and refreshing, along with other governance, performance and corporate frameworks and

structures. What has worked to date with relatively predictable funding streams, and a known customer base, is unlikely to work within the advent of the free market home care environment.

As a board are we confident we know how our organisation is performing, preparing and responding to the changing home care landscape?

Rigorous and regular monitoring of the organisation's key performance indicators will never be more important. The performance framework for the future free market home care environment needs to be:

- fit for purpose
- easily understandable
- responsive.

The quote above from the airline industry highlights the need to measure a customer-centric organisation's achievements and performance across a broad range of financial and non-financial parameters.
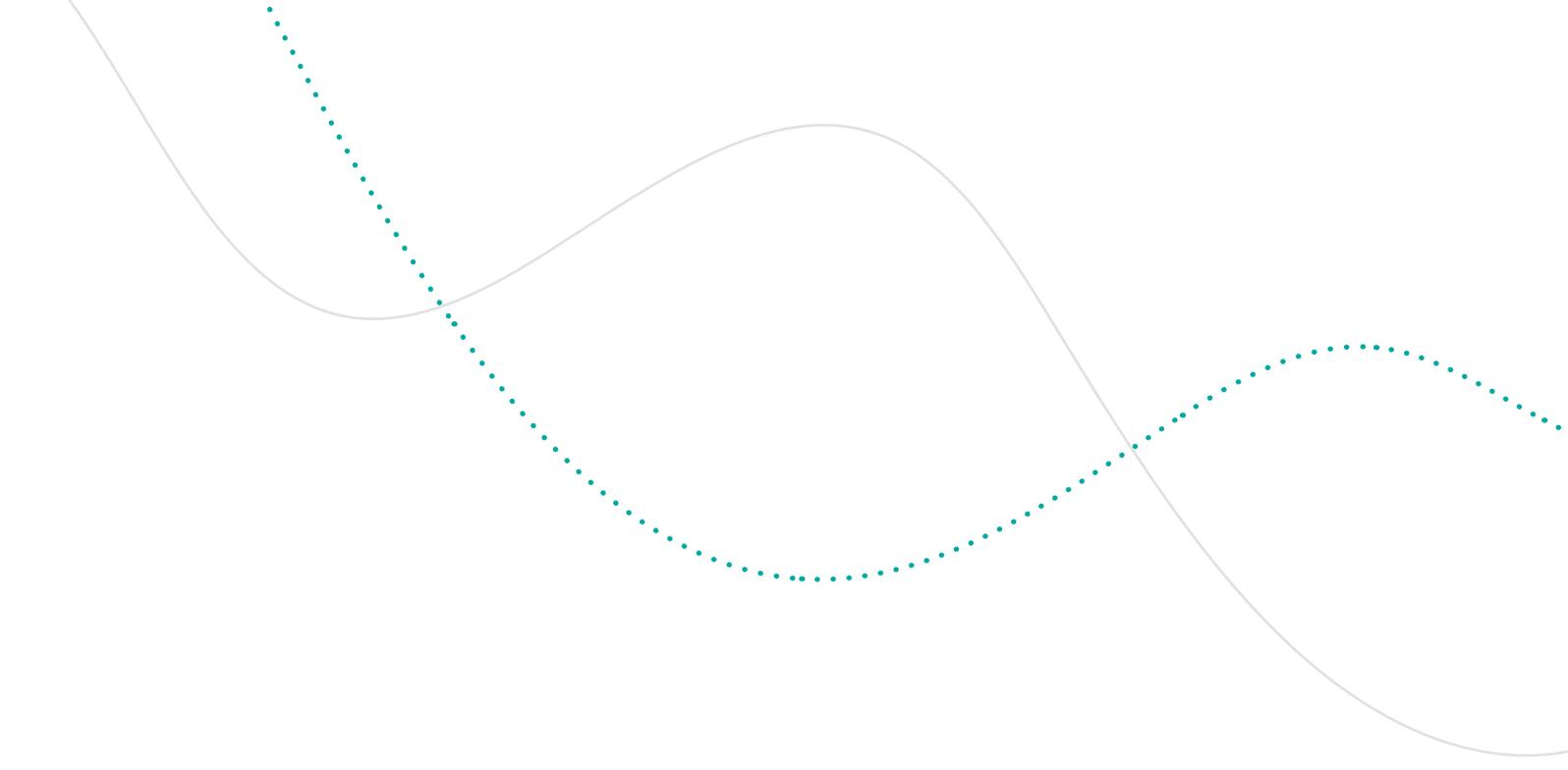
The Balanced Scorecard ensures that more than just the financial perspective is taken into account. It also includes the customer perspective, internal business processes and the innovation and learning perspective. For more on this approach see Kaplan and Norton (1992).

Stakeholders suggested board directors and executives review their performance reporting and monitoring frameworks to ensure measurement and reporting of the 'right' indicators across balanced customer, financial, operational and workforce areas. Performance against the marketing and communications strategy, tactical plans and workforce development strategies also need to be included.

Are our corporate structures right for the changing environment? What contingencies, options and opportunities do the executive and board need to explore and plan for?

Some organisations may have the scope, size and service offerings to respond to the market driven environment. Others may need to explore different organisational structures and options to be sustainable.

The need, structure and appetite for exploring other relationships and corporate models will vary from one organisation to the next. These may be based on alignment of mission and purpose between partners. Some options for boards to explore include:

- continuing with current structures where size and sustainability is likely
- seeking shared corporate service opportunities
- partnerships and alliances
- mergers and acquisitions
- federated and co-operative models
- considering both vertical and horizontal integration.

The key message and advice from stakeholders was to ensure boards take the time to plan early for contingencies and opportunities, and to make sure these were regular and ongoing strategic board discussions with appropriate time and weight. As one stakeholder suggested, "You don't go into a marriage overnight, a lot of planning and dating occurs first."

Considerations around vertical integration has been highlighted as an important first step. Only 49 organisations across Australia currently have integrated CHSP, Home Care Packages and Residential Aged Care. For organisations that have Home Care Packages a key source of clientele will come from the CHSP. Links and ownership of these programmes will be a critical source of new clients into the future.

4.CONCLUSIONS AND FUTURE DIRECTIONS

Australia's home care environment is in a time of rapid change. The more market focused environment provides great opportunities along with the challenges.

Aged care providers have a long record of focusing on and responding to the needs of the consumers and clients they support. With appropriate preparation, advice and planning at an organisational and board level the Home Care Package providers can continue to be sustainable and will be well placed to support and meet the future needs of older Australians.
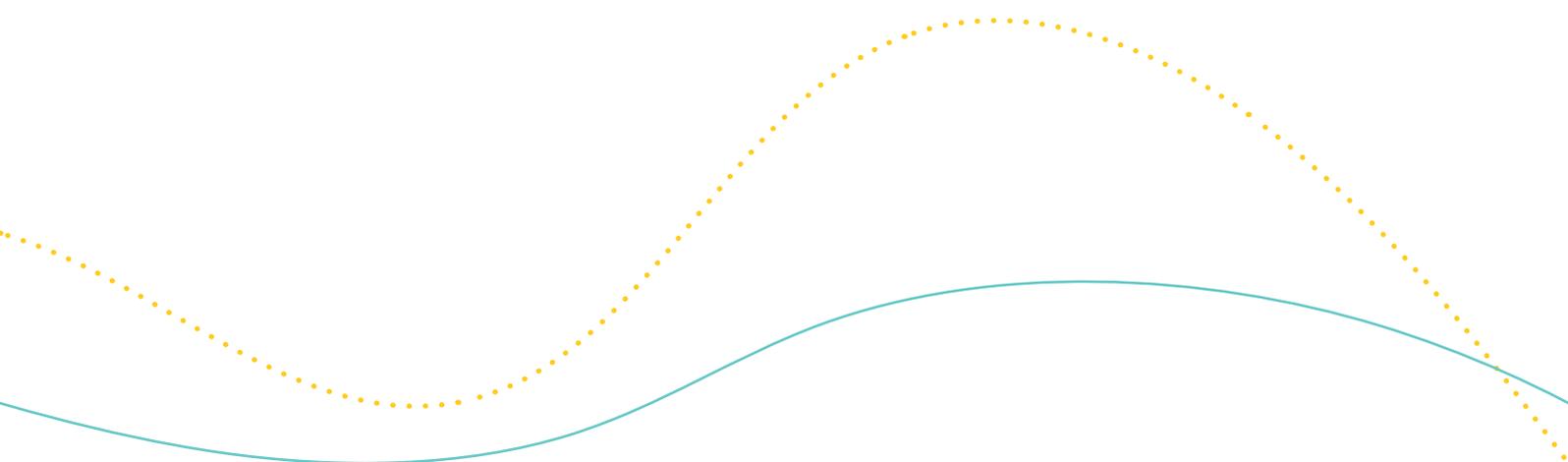
5.HOME CARE TODAY RESOURCES

The Home Care Today website at www.homecaretoday.org.au is a resource hub for both providers and consumers to support the successful implementation of Consumer Directed Care in Home Care Packages. You can find information there in relation to:

• Understanding CDC

• Legal issues

• Service costing and pricing

• Quality

• Responding to diversity

• Workforce planning

• Cultural change

• Consumer engagement and co-production

• Governance.

Home Care Today also provide a range of resources for staff development and regular webinars on topics of interest. Subscribe to our monthly newsletter to receive updates on new resources and learning opportunities as they arise.

You can contact us if you would like any further information about the implications of the changes to Home Care Packages for your organisation.

Email us at:

homecaretoday@cota.org.au

Phone:

COTA Australia   03 9909 7910

You might also wish to access the governance resources that have been collated by **National Disability Services** (NDS) for organisations impacted by the NDIS. These are available on the NDS website

http://www.nds.org.au/projects/article/47#Resources and http://www.nds.org.au/projects/article/37#.

BOARD CHECKLIST

Directors have three key areas of responsibility in governing an organisation, which can be thought of as having insight, oversight and foresight (Nahkies, 2010). Here is a brief explanation of each of these perspectives, and some questions for reflection in relation to the changes in Home Care Packages in February 2017.

INSIGHT

To fully understand an organisation's strategic environment, strategic thinkers need to be able to 'make sense of things' as a stimulus to creative and innovative thinking. The Insight mode of governing is more an attempt to articulate the right questions than a quest for the right solutions. Insight is a reflective process, encouraging the board to look more deeply into relevant issues and to explore concepts and perspectives without the pressure of making decisions. It is an ideal vehicle for increasing individual and collective understanding and enhancing learning. It is important to head into the future with the benefit of the hindsight or the wisdom that accrues from an understanding of your consumers, how the organisation operates, past organisational highs and lows, and their implications for the future.

Points for reflection:

- **How strong is your current name and brand?**

- **What is your current marketing strategy? How effective is it?**

- **How well do you understand current and future consumer's diverse characteristics, needs and preferences?**

- **What mechanisms do you have in place to listen to consumers and communicate with them?**

- **Do you understand the basis on which consumers may choose providers into the future?**

- **How have consumers been engaged to date in working with you to design your service approach?**

- **How well do you understand your competition?**

- **Is your board skill mix appropriate for the competitive environment of the future?**

- **Is your organisational culture one that will embrace change, innovation and positive risk-taking?**
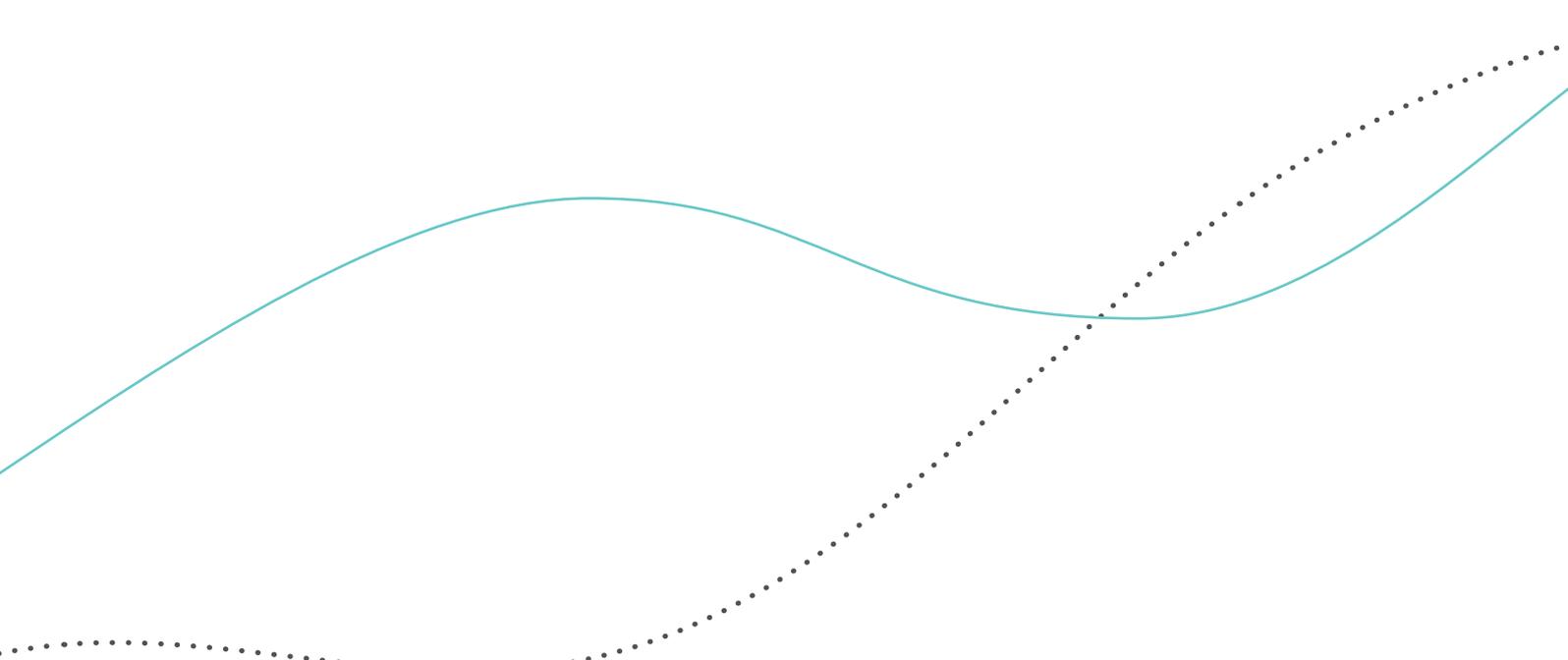
OVERSIGHT

A governing board has a responsibility to oversee or 'supervise' the operations of its organisation so it can provide an assurance that 'all is as it should be'. For example, that all legal requirements are being met and that the implementation of the organisation's policies has resulted in sound organisational health and the delivery of appropriate client, shareholder or customer outcomes.

Points for reflection:

• **What will the key performance indicators be for your executives in this new competitive environment?**

• **What are the risks emerging from the reforms and how will you manage these?**

• **Does the organisation have a change management strategy in place to adequately adapt to the changing environment?**

• **What measures do you have in place to protect and build your reputation?**

FORESIGHT

Directors are responsible to be ready for what lies ahead. Aided by information, analysis and dialogue, directors should evaluate scenarios concerning possible alternative future environments in which the organisation must operate. Working in this mode, boards assist management in developing plans and addressing contingencies in relation to possible future conditions. The results are usually captured in the organisation's strategic plan.

Points for reflection:

• **What are you doing to ensure continuity for and loyalty of clients into the foreseeable future?**

• **How is your market share likely to change in the future?**

• **Have you developed scenario plans to cater to different possibilities in the future?**

• **How have you modelled current and future demand?**

• **How will this impact on revenue, profit and viability?**

• **Do you have a workforce plan in place to cater for increased flexibility needed in the workforce?**

• **Do you have an innovation strategy and plan?**

• **What is your growth plan?**

• **Have you considered the corporate structure that will best sustain the organisation into the future?**

• **Do you have a specific budget for innovation?**

• **How agile are your employment, recruitment and staff profile models to respond to variations in service demand?**

REFERENCES

Aged Care Financing Authority (2015) **2015 Report on the Funding and Financing of the Aged Care Industry.** Australian Government, Canberra. https://www.dss.gov.au/ageing-and-aged-care/aged-care-reform/aged-care-financing-authority/2015-report-on-the-funding-and-financing-of-the-aged-care-industry

Aged Care Sector Committee (2015) **Statement of Principles.** https://www.dss.gov.au/sites/default/files/documents/02_2015/aged_care_sector_statement_of_principles_-_final_feb_2015_0.pdf

Australian Government Com Law (2015) **Quality of Care Principles 2014 as amended.** https://www.comlaw.gov.au/Details/F2015C00075

Australian Government Com Law (2016) **Aged Care Act 2007 as amended.** https://www.comlaw.gov.au/Details/C2016C00138

Australian Government Department of Social Services (2012) **The National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy.** http://www.health.gov.au/LGBTI-ageing-strategy

Australian Government Department of Social Services (2015a) **2015 Budget announcement Fact Sheet - More choice and better care for older Australians.** https://www.dss.gov.au/sites/default/files/documents/05_2015/2015_budget_fact_sheet_-_increasing_choice_for_older_australians.pdf

Australian Government Department of Social Services (2015b). **Increasing Choice in Home Care – Stage 1 Discussion Paper.** October 2015.

Australian Government Department of Social Services (2015c) **The National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds.** www.health.gov.au/caldstrategy

Australian Government Department of Health (2015d) **Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.**

Australian Institute of Health and Welfare (AIHW) Website **Diversity in older Australians.** Australian Government. http://aihw.gov.au/aged-care/diversity/ (accessed Feb. 2016)

Australian Institute of Health and Welfare (AIHW) (2011) **The health and welfare of Australia's Aboriginal and Torres Strait Islander people: an overview.** Cat. no. IHW 42. Australian Government, Canberra. http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737418955

Australian Institute of Health and Welfare (AIHW) website **Residential aged care and Home Care 2013–14**. http://www.aihw.gov.au/aged-care/residential-and-home-care-2013-14/ (accessed Feb 2016).

Erdogan D and Kaya E (2014) **Understanding Performance Indicators of Organizational Achievement in Turkish Airline Companies.** Journal of Management Research. Vol 6, No.4, pp 109 – 123

Ernst & Young (2013) **The journey toward greater customer centricity.**

Ernst & Young (2015) **There's no risk without reward: global governance, risk and compliance survey.** July 2015.

Fortune 500. **CEO Survey 2015.**

Gay and Lesbian Health Victoria (GLHV) and Quality Innovation Performance (QIP) (2013) **Rainbow Tick Standards website** https://www.qip.com.au/standards/rainbow-tick-standards/ (accessed Feb. 2016).

Glickman R (2015) **Why market competition won't diminish NFPs.** Community Care Review. Nov 2015. Pp 26-27.

House of Representatives (2016) **Aged Care Legislation Amendment (Increasing Consumer Choice) Bill 2016.** Parliament of Australia – http://parlinfo.aph.gov.au/parlInfo/search/display/display. w3p;query=Id%3A%22legislation%2Fbillhome%2Fr5617%22

Kano model website (2015) http://www.kanomodel.com (accessed Feb. 2016).

Kaplan R S and D P Norton (1992) **The Balanced Scorecard: Measures that Drive Performance.** Harvard Business Review, (January-February): 71-79.

KPMG (2015) **Calibrating Strategy & Risk: A Board's Eye View.** October 2015.

Morgan S (2004) **Positive risk-taking: an idea whose time has come.** Health Care Risk Report, 10(10):18-19.

Mussared J (2015) **Presentation to the SA Innovation Hub Workshop** (unpublished).

Nahkies G 2010 **The Fully 'Sighted' Board.** (Director, BoardWorks International) Philanthropy New Zealand.

National Disability Services (February 2014) **A Guide to Employing a Flexible Workforce in A Person-Centred Environment.**

National Disability Services (April, 2014). **Forming a National Disability Workforce Strategy: Discussion Paper.**

National Disability Services (July, 2013). **Policy Paper. Bridging the ageing-disability interface: Options for Reform.**

National Disability Services (February, 2013). **Policy Paper. Choice and Risk in the NDIS.**

Not for Profit Financial Literacy Survey Grant Thornton Australia and Pro Bono Australia, June 2015.

PwC Australia (2015) **2015 Annual Corporate Directors Survey: Strategy and Risk.**

Roberts R (2015) **Sizing up the competition.** Community Care Review. Nov 2015. pp 30-31.

Stanford Social Innovation Review (2015) **The Wall Street Takeover of Non-profit Boards. June 2015.**

University of South Australia **Institute for Choice** website http://www.unisa.edu.au/research/institute-for-choice/ (accessed February 2016).

STAKEHOLDER CONSULTATIONS

Home Care Today and the authors wish to thank the following consumers, carers, aged care, disability and other sector stakeholders for the expert advice, input and time to the production of this resource.

- Richard Hearn – Resthaven Incorporated

- Jonathan Pietsch – Home Care Today

- Ronda Held – Home Care Today

- Ian Yates – COTA Australia

- Maria Lambides – University of South Australia, Institute of Choice

- Glenys Webby – Blue Care

- Lynda O'Grady – Aged Care Financing Authority

- John Kelly – Aged and Community Services Australia

- Ron Sinclair – Carer

- Dale Renner – Iconic Consulting

- Paul Ostrowski – Care Connect

- Gillian McFee – RSL Care

- Kathleen Heron – Carer

- Robert Heron - Consumer

- Sue Martin – Consumer

- Brenda Parker - Consumer

- Marion Davis – Consumer

- Barbara Giurini - Consumer

- Jason Howie – Kincare

- Paolo Totaro – Seniors Rights Service

- Christine Callaghan – NSW Department of Family and Community Services

- Kim Birch – National Disability Insurance Agency

- Liz Neville- National Disability Services

- Michelle Watkins – Australian Government Department of Health

- Sandra Larkin – Mercy Community Services

- Matt Moore – Tomembec; Institute of Urban Indigenous Health