

## The Context of Veterans' Home Care

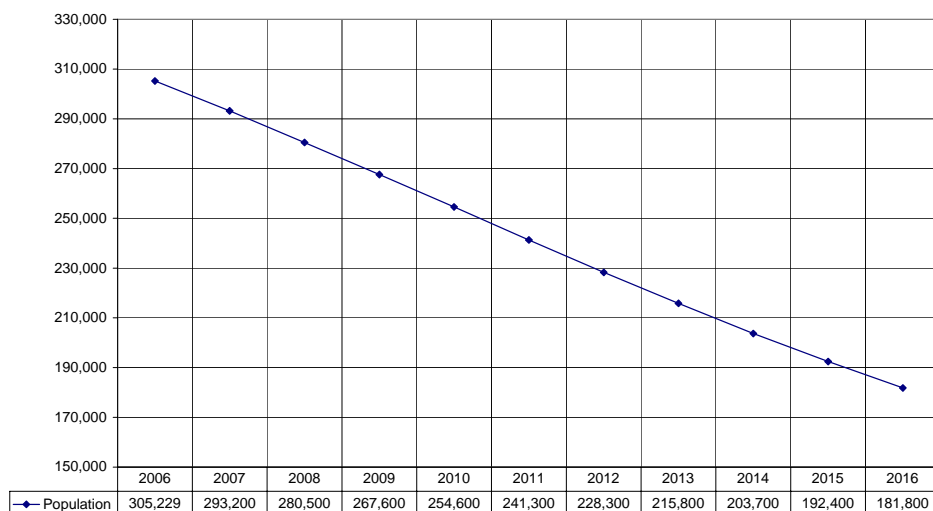
The Review of the program is looking forward in time to understand what will be the best way to meet the needs of veterans and war widows and their dependents in the future.

There are a number of important facts that guide the types of questions we are asking in the Review, based on the current population in the program and how it is changing over time.

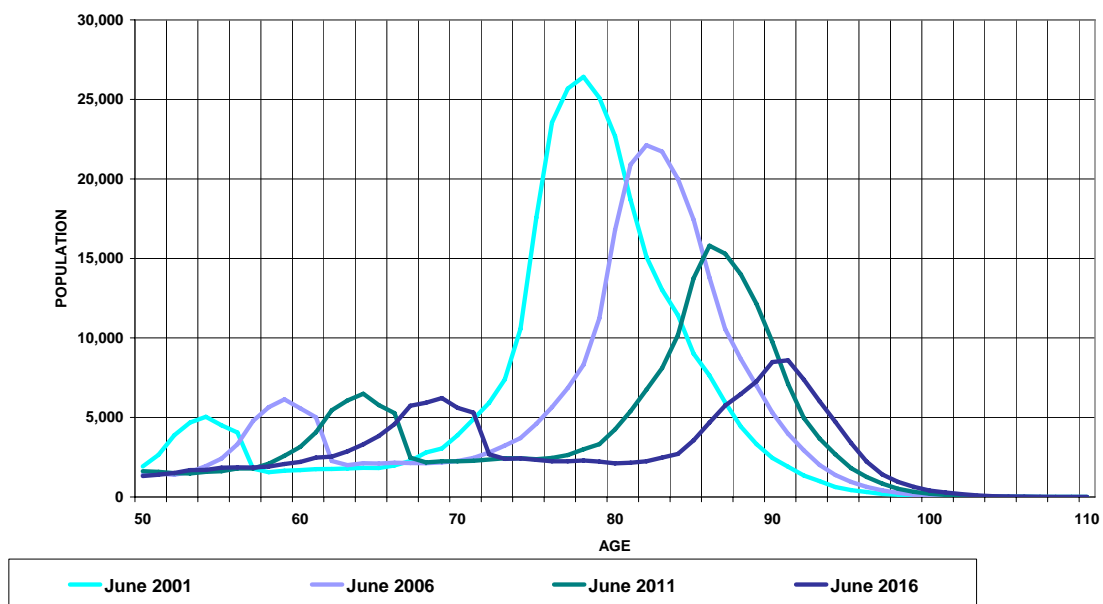
1. The average age of the veteran population is currently 83 years.

That means their needs for support in activities of daily living and personal cares, as well as the needs of their carers, are increasing. However, the program is primarily focussed on providing relatively low levels of support within a limited number of service types.

2. The DVA treatment population is expected to decrease significantly over the next decade and beyond. The 10 year projection is that the treatment population will be approximately 181,600, down from the current population of 305,229 in 2006 (a 40% decline).



3. At the same time, the average age of the remaining veterans and war widows will increase.



The Vietnam Veterans cohort is represented by the much smaller 'hump' in the graph, and it is likely that their needs might be different to the World War Two group. So over the next ten years there will be a significantly smaller number veterans, war widows and their carers who are eligible for the program, and those who are eligible will have higher levels of need. An increasing proportion of those eligible might also have needs beyond personal care and domestic assistance.

Assuming the status quo, the implications for VHC are:

- Consistent with their ageing profile, veterans will increasingly need a greater *range* of services than currently provided by VHC in order to live in their own homes. That will make 'navigation support' for the smooth transition to a range of other (likely HACC) services or some form of packaged care a key activity for either VHC or other case management agencies.
- Veterans will also increasingly need *more intense* services (more hours per week) than currently provided by VHC in order to live in their own homes. That will put pressure on the current VHC guidelines (that encourage low intensity services) to allow increased intensity of service provision within the VHC service types.
- Assuming the status quo continues, VHC services will represent a decreasing share of the services provided to each veteran. Services available as part of community packages plus services provided by community nursing will represent an increasing share of the services provided to each veteran. Veterans will also increasingly require more assistance in coordinating and organising the services that they, and their carers, need.

Given this situation, the purpose of holding meetings and consultations with various stakeholders inside and outside the VHC program is to gather their insights into what changes the program might make in response to these changes to the population it serves.

The focus of the Review is on this *forward planning* aspect, not on current organisational issues for veterans or their service providers. These various organisational issues are already well understood from previous surveys and reports, and from representations made through the program's reference group and by the network of assessment agencies.

A number of more specific and speculative questions are therefore being asked as part of the consultation process. These cover (but are not limited to) areas of concern to providers and assessors and other stakeholders such as:

- how the changing profile of veterans' needs will best be accommodated in future
- whether new or different service types might be included in the program over time
- if there are new services that are likely to be needed, what are they likely to be?
- whether the types and methods of assessment and referral can be modified to better integrate VHC activities with community care services for the general population.

We appreciate your assistance in providing your time and your best ideas, to assist the Review in coming up with well grounded and informed commentary on how best to meet veterans' needs into the future.