DESIGNING THE NEW INTEGRATED CARER SUPPORT SERVICE

RESPONSE TO THE DRAFT SERVICE CONCEPT PAPER

FROM

THE COLLECTIVE SOUTH AUSTRALIAN CRCC CONSORTIUM GROUP

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MAY 2016

OPENING COMMENTS

As the four agencies that constitute the State-wide delivery of carer programs under the Commonwealth Respite and Carelink Centres, we collectively bring many decades of experience to identifying carer needs and responding flexibly to their individual support requirements. Further to this, we bring a unique dynamic to the carer support model by working together across South Australia to ensure that synergies are maintained and that the carer experience and opportunities are; **consistent**, **holistic in their approach**, **inclusive**, **accessible**, **fair and equitable**, **flexible and tailored to individual needs**. We believe our experience demonstrates that it is possible to deliver services that are consistent across geographic areas whilst being effective in ascertaining and meeting carer's individual goals. We can also demonstrate an ability to deliver whilst being cost effective and focused on outcomes.

As a collective voice we share the same views in expressing the following considerations to the draft proposal:

- Carers **MUST** be considered as individuals in their own right, independent of the person they care for.
- Respite should **NOT** be a by-product of a service directed to primarily support the care recipient, but should serve to provide the carer with rest and recuperation for their own wellbeing.
- Carers need to easily engage with support – if and when they choose it
- Carer choice should remain front and foremost. 'Support' should be determined as whatever it is that the carer feels they need to sustain their caring role, within clearly defined clusters of support
- Carers need funded supports that move flexibly with the ebb and flow of the demands of many caring roles
- Information and access pertaining to carer support must be delivered in a manner that is neither cumbersome nor prohibitive to any carer, particularly those identified as requiring specialised support to access services (young carers, emerging communities, co-carers, carers with a disability or mental health concern of their own etc)

WHAT WORKS

Collectively, we endorse the 12 Guiding Principles as outlined in the draft. However, we believe there are a number of evidenced based efficiencies and outcomes in our inter-agency model that already effectively meet the principles that underpin the Integrated Carer Support Model (ICSM) Draft Plan. We suggest that these are considered as existing strengths when developing the new model and associated infrastructure.

Therefore, for the purpose of this submission; we wish to draw your attention to our experience and success in meeting the desired outcomes against each of the eight service objectives that support the principles:

Service Type	Current SA Position	Evidenced Outcomes	Benefits
Awareness	• The current suite of services offered by existing CRCC's is well known and familiar to carers, service providers and sector referrers • There is existing awareness and established referral pathways for referrals from all sources, including self-referral, clinical and non-clinical referrers	• New referrals are received constantly and consistently from a variety of referral points, indicating a community awareness of service availability • There is a long standing, historical working relationship with all CRCC's across the state which supports carers to access the right agency, irrespective of their geographical point of contact	• By working collaboratively to represent our common service types, we are able to maximise promotion, network and community awareness activities • Our synergies facilitate flexible but *consistent* responses to individual needs • Established statewide recognition and awareness of current services • Collectively, we are a well-established, united, reputable service that carers know and trust
Information	• This is the core function of existing CRCC's • We are well established and have extensive existing experience in providing information • The existing service coordination staff employed at the consortium organisations hold a vast array of general, local and specific knowledge around carer support and required services.	• Access to relevant information is easily navigated and obtained through known services • Existing model is inclusive and effectively supports enquiries from diverse and special needs client groups • Information is relevant, local and interchangeable between agencies • Commonly accepted "warm transfer" processes support ease of access.	• Local knowledge • Up to date, relevant, timely information is provided to carers • Information provided maintains a holistic approach and suggests complementary services in addition to those requested where appropriate • Carer only has to tell their story once • Services are responsive and effectively triaged • Carers trust the knowledge they are being given by local agencies • Agencies work together to identify common gaps and develop information activities accordingly
Intake	• A Statewide intake process has been established which utilises common tools and frameworks to ensure fairness and equity • The registration /assessment tools are comprehensive and consistent and identify carer goals • The intake process considers carers needs in their own right • Carers accessing My Aged Care frequently report dissatisfaction, lack of understanding, lack of relevant knowledge and don't feel valued or recognised • Further, they report an unwillingness to "go through that again" instead preferring to forego services. This poses a real danger to the future of carer support. A local intake process, targeted at	• Carer goals are established and identified at point of intake • Staff are able to ascertain a carers capacity to identify goals and work with them at frequent points of contact to develop them • Current common intake tools are tried and tested (evidence based) and able to be reviewed according to environmental changes in a timely manner	• Effective • User friendly • The carer experiences a consistent approach • Service follows person-centred methods to identify carer needs and their own individual goals • Carers report a sense of comfort and ease in working with a local agency • Process has been designed to support carers and not create barriers to access.

	carers eliminates this experience.		
Education	• Collectively, our agencies are well practiced in delivering a suite of diverse education programs including Dementia Education and Training, Mindfulness, Acceptance and Commitment Therapy, Stress Management, Financial Counselling, Goal Planning • We involve carers in the co-design of education programs to meet their needs • Services are delivered using multiple methods including online, groups and individual settings according to carer preferences • We proactively deliver and/or promote local complementary education programs and activities via "warm referral" as identified by skilled coordination staff • Outcomes measures (eg: Results Based Accountability RBA) frame the delivery of education activities	• Education is considered and discussed at point of intake and goal planning as appropriate • Carer is able to self-select the activities that are of most interest/use to their caring role • Carers are able to have a voice in the types of education most valuable to them • Activities are often delivered in partnership with other agencies, thereby increasing community awareness and participation • Promotes carer capacity and self-direction through forward planning • Activities are able to be designed and delivered to meet individual needs; eg: specifically employing the use of interpreters for common groups, applying youth focused content or scaling content to allow delivery in smaller components according to current carer capacity	• An existing diversity of options • Ability to be responsive to individual needs and design activities to address specific gaps • Cross promotion/collaboration provides more choice to carers • Cross collaboration/promotion ensures viability, sustainability and cost effectiveness • There is a constant supply of relevant activities for carers to access • Access is easy for participants • Evaluation and outcome tools evidence impact
Peer Support	• Currently provide a large scope of flexible peer support options • Peer support is accessible via a number of methods including: online forums, existing and well established support groups, peer facilitated carer action and advisory groups, peer led information sessions, 1:1 support	• Available options are both local and diverse • Not bound by geographical boundaries • Carers can self-select the types of peer support they would like at a time that is of most use to them • Cost efficiencies are achieved via a shared delivery approach between agencies • Co-design proposals are supported • Local knowledge and agency support promotes trust and confidence	• Tailored service with a diverse range of options responsive to individual needs • Formal or informal support provided by agency according to carer preferences • Warm, knowledgeable referrals in to existing services • Inclusive and adaptable suite of services for carers to access • Not perceived as forced, patronising or demeaning • Peer support designed specifically for special needs groups
Multi Component Interventions	• There is a broad and diverse range of services existing within our agencies that we are able to include in carer support packages including financial counselling, psychology, respite, 1:1 goal planning, peer support and lived	• Carers only require one interaction to identify and establish a suite of services that meet their needs • Established linkages and referrals promote a seamless transition when accessing multiple services	• Staff have the skills and expertise to identify holistic support needs and co-design effective and individual support plans alongside the carer • Transfers and referrals are warm; carer only has to tell their story once • Agency has an overarching view of components of a support plan that can readily be considered in

	experience workshops • Agencies frequently cross refer to support the holistic needs of each carer • Respite is identified and delivered flexibly according to each individuals definition of respite and its support requirements • *(please see supporting attachment)*		measuring outcomes • Cost efficiencies in working with our agency partners to deliver a suite of complementary services: reduces duplication
Counselling	• Current model considers and provides an array of counselling options, both formal and informal as determined by individual client preference • Referrals are made to formal services as appropriate • Counselling is most frequently accessed via informal discussions both with coordination staff and at agency facilitated support and social groups • Delivered via a variety of methods including online, 1:1, socially and within group settings according to carer preference	• Carers can self select the method in which they access counselling in a manner and time that is best for their own needs	• Counselling type support is available AND accessible to carers 24/7 • Flexible and adaptable approach to counselling encourages uptake and participation, resulting in greater outcomes
Needs identification and planning	• Carer goals are discussed, identified and documented at point of registration • Carer goal plans are developed alongside a carer and are considerate of carer capacity – and supported as required • In turn, this activity alone fosters confidence and assists capacity building • Carers with special needs, young carers and carers with complex caring roles are all equally supported in a manner which is appropriate to their individual needs • Existing evaluation and outcome frameworks (eg. RBA) are applied	• Carers only have to tell their story once • Carers receive tailored, individual support according to their readiness, familiarity and confidence in accessing services and identifying goals for themselves • Carers can access planning support via a number of methods, including face to face, over the phone and/or in group settings • Agencies can design and facilitate peer led groups to assist new carers to build skills in planning their own support needs	• Ease of access to services • Carers are well supported • Variety of options to choose from in assisting to develop goal plans • Carers feel they are considered in their own right, with their own unique set of needs • Proven, effective evaluation tools assist carers to continue to evolve their goal plans in palatable, easy to digest stages • Carers are most responsive to a local approach

In summary, we strongly suggest the evidenced based outcomes and benefits from our shared and extensive collective experience is considered in adopting a new framework. There is a wealth of current and well established, known and trusted activity between our consortium agencies that we feel goes a long way to addressing the key objectives of the draft concept. It would reflect common sense if the demonstrated strengths of our existing activities were harnessed and refined as opposed to rebuilding a carer support model that isn't entirely broken.

We trust our submission will be considered in the redesign process and welcome any further engagement.

Kind Regards

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for and on behalf of

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