

## ***Response to *Designing the new integrated carer support service: A draft Service Concept for the delivery of interventions to improve outcomes for carers.****

Merri Health welcomes the opportunity to provide feedback on the draft Service Concept prepared by the Department of Social Services.

Merri Health is an independent, not for profit health service providing a wide range of services across the Northern Metropolitan region of Melbourne. We have 10 sites from which we deliver services, in addition to having various outplacement locations where Merri Health staff locate with other agencies to deliver services.

Merri Health creates healthy, connected communities through local health services for people at every age and stage of life.

We understand that at different times, health needs change. That's why we support people throughout life, with a range of wraparound and integrated services available all through the one local network.

Our approach addresses the medical, social, environmental and economic aspects that affect health, with services spanning across:

- Children and young people
- Carer support
- Chronic disease management
- Mental health
- Disability support
- Population health
- Aged care.

We've been the trusted health service of local communities for over 40 years.

As a not-for-profit organisation, our focus is on partnering with people, responding to local needs, and strengthening the health of entire communities.

Merri Health is a provider of dedicated carer support services through the Commonwealth Respite and Carelink Centre (CRCC) in the Northern Metropolitan Region (NMR) of Melbourne and its CarerLinks North services. We receive federal and state funding to deliver an integrated suite of carer support and respite services to over 3,000 carers per annum. Also additional carers and family members are supported by other Merri Health services all through our one local network.

Merri Health acknowledges the contribution carers make in the community and is proud to support carers across every age and stage of life!



## **1. The approach to the design of the new integrated carer support system**

Merri Health supports the set of carer-specific supports outlined in the draft Service Concept and agrees that they will contribute towards improving carer outcomes.

The proposed eight service supports listed in the draft Service Concept in relation to awareness, information, intake, education, peer support, multi-component interventions, counselling and needs identification provides a comprehensive overview of what would be required in an integrated carer support service. Furthermore, Merri Health suggests the inclusion of assessed need within the service supports to ensure a targeted approach to meeting individualized needs of carers.

Merri Health concurs that the proposed service supports need to be available at a national and local level. It is recognized that certain support services should be more readily available at a local/regional level (such as access to multi-component support, peer support, counselling), whilst other supports could be delivered at a national level (such as financial support and supports provided via the Carer Gateway). Geographic access is important to ensure equitable access by carers especially for hard to reach groups and special needs groups.

Merri Health supports the establishment of a local/ regional network of integrated carer support services that are nationally consistent and build on the former National Respite for Carers Program – CRCC sub programme. CRCC's have a track record in the delivery of respite and support services to carers and have established strong local partnerships, solid staff expertise which provides an ideal platform to further build upon.

We support the integration of carer support services to sustain the complex and multidimensional nature of caring. Carers access services through multiple service pathways across aged care, disability and community mental health sectors. Also many carers provide care to more than one person who may have multiple conditions. Our experience is that carers seek integrated service responses to their needs and for their loved ones. Merri Health is in a fortunate position that it can leverage its mix of carer support funding sources (from a range of government programs) to provide an integrated and holistic service to carers, this comes with an inherent 'value add' proposition for government with a corresponding service delivery benefit for carers.

Merri Health is concerned that the unprecedented and concurrent service system reforms occurring across aged care, disability, and community mental health, may result in the risk that carers feel lost in navigating the various service systems which increasingly have more a focus on the care recipient being the primary client of the service. Carers have reported increasing uncertainty about where they can access



the support they need whilst supporting the person(s) they care for. A model such as Merri's CRCC/CarerLinks North is a good example of the dedicated assistance provided to carers at a local/regional level. However, these types of models need to be supported by a national carer support policy framework and a network of integrated carer support services that are consistent at the national and local/regional level, the risk is that if this isn't supported, services will become fragmented for carers.

The draft Service Concept should build on the support services currently provided to carers through a range of funded programmes which focus on helping carers to sustain their caring role whilst improving carers' well-being as individuals in their own right. Merri Health has a commitment to redesigning its carer support service offerings' to ensure integrated responses to carers. Current carer support services offered range from information provision, education/training, carer coaching, carer counselling and peer support. This is supported through streamlined access to a carer intake and assessment service which identifies carer needs and goals.

Overall, we support the proposed design of the integrated carer support services concept and provide further comment below on specific questions raised in the draft Service Concept paper.

## 1.1. Awareness

### **What would be the most effective and efficient means of raising awareness for individual carers early in their caring journey?**

Merri Health recognizes the importance of supporting a preventative system of carer support services whilst also being responsive to emergency/crisis situations that carers may find themselves in. This requires a proactive and multi-faceted approach to identify and build awareness for the needs of people who are carers within our community and should involve:

- Strong stakeholder engagement to facilitate early identification for the needs of carers in their own right, as distinct from the care recipient.
- Targeted communication across the broader community, focusing on the role/need of carers and the impact on their daily lives (e.g. schools, hospitals, GPs, practice nurses).
- Supporting GPs and other health professionals in the early identification and linking of carers to appropriate services.
- Establishing and maintaining robust relationships with local communities to increase consumer confidence and break down barriers to accessing services (e.g. emerging communities).



Additionally there needs to be dedicated resources focused on working with carers in their own right that can be accessed by referrers and carers in supporting the caring journey.

**In considering support for young carers, to what extent should awareness be raised through schools and how could this best be achieved in a cost effective manner?**

Merri Health currently engages with local schools to raise awareness of young carer issues. Schools are an important point of identification of young people with caring responsibilities.

Raising awareness of the impacts of the caring role is important as commonly young people do not see themselves as carers. They often view their responsibilities as a normal part of family life and do not seek help and support. Therefore, a range of mechanisms should be used in raising awareness amongst young people such as:

- Delivery of education and information sessions focusing on health and wellbeing in schools.
- Maintaining strong relationships with stakeholders.
- Supporting students to remain engaged with education through tutoring and mentoring programs.

Whilst schools work collaboratively with carer support services to assist young people with caring responsibilities this often occurs reactively. This means that child protection and/or other social services may already be involved, or the student has disengaged from the education system.

A proactive approach in engaging with teachers and student welfare workers would facilitate better outcomes and earlier intervention. Teachers should be empowered with information and hold a stronger understanding of signals, trigger points and strategies to identify and support young carers at risk.

**Should more resources be directed towards raising awareness about young carers (and carers in general) in the healthcare sector, rather than in schools?**

Merri Health concurs that the healthcare sector needs to be more informed about young carers and carers in general. Our experience, illustrates that schools play a more prominent role in identifying and supporting young people with caring responsibilities. Whilst allied health professionals in the healthcare sector are aware of carer issues and refer regularly for carer support, GPs however do not commonly make referrals to services. A concerted effort to facilitate access and streamline referral pathways for GPs may lead to an increase in engagement.



## 1.2. Information Provision

**Feedback from co-design participants to date has indicated that information provision must be tailored to a carer's individual situation or it is of limited value. While information is available through carer organisations today, as well as the Carer Gateway, would individualised recommendations be of benefit when carers are undertaking or receiving other services?**

Merri Health supports the view that information provision is of most value to carers when it is relevant to them and their situation.

In addition to the National Carer Gateway, we suggest the establishment of a network of local/regional carer support services to provide individualized services based on assessed need of carers. Assessed need is a fundamental element in ensuring service delivery is targeted to meet specific carer outcomes. This would be in line with similar reforms in aged care (which has seen the establishment of My Aged Care and regional assessment services). Assessment plays an important role in linking carers to required services; this assumes a strong connection with the community and an extensive understanding of the range of support services available locally.

Merri Health has developed multi component services including a coaching/mentoring model as part of its dedicated carer support services that provides an effective way to identify carer needs and to assist in the provision of information tailored to the individual needs.

Effective mechanisms of communication also need to be considered, dependent on the target community. For example, while telephone and internet information provision may work for some, our expertise in delivering carer services in the Northern Melbourne Metropolitan Region has shown us that culturally and linguistically diverse communities, older populations and Aboriginal and/or Torres Strait Islander communities benefit from face to face, tailored information sessions. Particularly with culturally and linguistically diverse and Aboriginal and/or Torres Strait Islander communities, a community approach is generally more successful because we are better able to demonstrate that services are culturally safe and inclusive.

Merri Health has taken an active role in developing and facilitating a range of locally targeted information forums. These have delivered information to carers about issues impacting their caring role. The forums were organized in response to identified carer needs based on sector wide reforms (e.g. NDIS). The feedback from carers highlights the need to access accurate and up to date information to assist them to navigate these changes.

### 1.3. Intake

#### **Are there ways to make intake a more beneficial process for carers?**

When seeking support, carers expect services to be responsive, flexible and timely. The Intake role should function to identify initial needs to assist in determining the expectations and needs of carers. From experience, intake is the opportunity to source and/or consolidate carer information to ensure it is accurate and up to date. Carers have expressed to us that they want to minimize the duplication of information so that they don't have to repeat their story.

Additionally the intake function should respond to requests for emergency respite and/or changed carer circumstances.

#### **To what extent would intake be required to facilitate access to peer support or education?**

Access to peer support and education may be accessed directly by the carer with the assistance of the information provided by Intake, or facilitated by the Intake referral.

### 1.4. Education

#### **Carers report they are commonly time poor and dedicating time to undertaking an education programme may not be perceived as helpful by carers. Given this, how can we encourage carers to access education support?**

Our experience has indicated that access to education support for carers should be flexible and responsive to the time pressures of carers, that is it should not adversely impact on, for example employment, recreational activities, relationships, caring responsibilities etc. The modes of delivery should include on line, mobile applications, after hours, individual and group sessions; delivered at locations easily accessible to the carer (e.g. workplace, residence etc). Access to respite is also important to enable carers to participate in education.

#### **How can the future Integrated Carer Support Service help carers to be aware of, and access education which may be relevant to them outside of these carer focused supports?**

The model should work collaboratively with other support services and embrace a variety of communication methods such as social and mainstream media to increase awareness of education programs specific to carer needs.



## **If education were to be offered online, how can we encourage carers to participate and complete an education programme?**

To facilitate carer access to and completion of online education and information programs, the following should be taken into account:

- Carers must have access to a computer; have computer skills and effective internet connections to be able to access the modules.
- Respite is available to ensure the carer can be focused on the training.
- Content is appropriate to the audience.
- There is a mechanism to communicate with others completing the training, via phone, chat room or a face to face catch up, to support ongoing learning and debriefing opportunities. For example, consider establishing *study groups* based on local area or interest.

### **1.5. Peer Support**

#### **What are some of the tools or supports which could assist in delivering peer support to a broader base of carers in a cost effective manner?**

Merri Health has developed a Carer Peer Support framework that proves cost effective, whilst developing the leadership capacity of individuals. The model:

- Provides initial support to participants with set up costs, resource material and professional guidance to assist with establishment of the group for a period of 8-10 weeks.
- Offers the opportunity for carers to focus on areas of common/relevant interest and need.
- Uses a combination of paid and volunteer group facilitators. This generates efficiencies in delivery while ensuring a variety of peer groups can be implemented at the same time, targeting a broad scope of carers simultaneously.
- Engages participants in the ongoing planning and delivery of the group beyond the initial period and provides mechanisms for seeking support as needed.
- Empowers participants to function independently through the establishment of a Peer Led model and provision of leadership training.
- Partners with local councils and other community organisations to provide access to low cost meeting spaces and volunteer transport.



## **How can a peer support model be designed which encourage carers to participate and remain engaged?**

To encourage carers to participate and remain engaged, the model should include the following key considerations:

1. Carer choice and empowerment.
2. Shared decision making.
3. Cultural competency.
4. Strengths based problem solving.
5. Access to respite when required.

## **Should peer support be a service able to be accessed without pre-conditions or structure processes?**

Ideally, peer support should be able to be accessed by any carer at any time and it should not have pre-conditions or require a structured process.

### **1.6. Needs Identification & Planning**

#### **To what extent do you think goal based planning should be used at the assessment stage of the process? To what extent should self-assessment form part of the future model?**

Merri Health supports goal based planning with all new carers and where carers have changed circumstances. Needs identification and goal based planning should form part of a holistic process to aid in establishing informal and formal supports. Merri Health supports the proposal to utilize the self-assessment approach for carers who have the capacity, whilst assisting those requiring additional support.

A goal based assessment is the beginning of a care plan and ensures a preventative approach whilst maintaining focus on the carer's wellbeing. Merri Health has adopted a pre-questionnaire used in single sessions which enables a carer to self-assess and commence the process of problem-solving. We are currently exploring the use of a client portal to enable the carer to complete a virtual registration using this tool.

#### **Goal based assessment and planning approaches are common to Consumer Directed Care principles, usually in conjunction with a funded package or financial allocation of some form. Given that a carer may not necessarily receive this, would a goal based planning approach be worthwhile?**

Goal based assessment assists in planning for potential adverse situations, however consideration should be given to ensuring both a reactive (needs approach) and proactive (early intervention approach) response are available.





## 1.7. A multi-component intervention

**Given that this model is seeking to apply preventative thinking, how can we ensure these supports are allocated to those carers who will benefit the most from them? What should be the criteria by which this is determined? Other issues that could be considered.**

Merri Health supports interventions at multiple points during the caregiving journey. Additionally, the proposed multicomponent interventions of financial support, carer mentoring and respite support are consistent with interventions currently provided through Merri Health's carer support services. Merri Health delivers Consumer Directed Respite Care packages, provides coaching/mentoring/counselling to carers and respite services. However, these interventions are based on initial needs identification and assessed need. These components should also be recognized as integral to this approach.

Merri Health has developed a coach/mentor program to work with carers on improving their health and wellbeing. The focus of the program is to conduct a general health and wellbeing assessment of carers, develop a goal directed care/support plan and monitor progress against that plan.

Some of the criteria we use to determine the need for a multi-component intervention include consideration of:

- Complexity or severity of the health and wellbeing risk i.e. health/safety of the carer is at risk.
- Ability of the carer to maintain the caring role e.g. caring relationship is at risk.
- Need for support coordination for access to or receipt of other support services.
- Level of health and financial literacy of carer.

## 1.8. Counselling

**Will utilization of lower cost channels such as telephone or online to deliver counselling mean more carers will be able to receive counselling?**

At Merri Health, we provide carers the option of working together over the phone, in their homes, at a neutral venue or at our offices or co-located venues. We have found face to face consultations more effective when working with carers.

Merri Health would caution reliance on a model of delivery that relies solely on telephone and online support. If the model is to be genuinely client centred, the model should provide multiple options for engagement by the carer.

Of particular concern, newly settled or emerging communities may not be familiar with the concept of “counselling” services. Therefore, face to face engagement would be necessary to educate and familiarise the community of the value of counselling and that it is their ‘right’ to access these services.

In addition, these communities can also be reluctant to use a counsellor if an interpreter is required as the interpreter may already be known to the family/friends/community, and so there is a risk their privacy could be breached. Therefore, it is important that trained staff reflect the client demographic, to connect linguistically and to create a culturally safe service.

**Much of the evidence relating to effective counselling programmes for carers is focused on CBT. What other counselling programmes and techniques would be beneficial in reducing carer burden?**

Merri Health has recently implemented a counselling model which is offered both face to face and over the phone. The triggers for referral into the service stream include:

- Carer feeling overwhelmed and stressed.
- Grief and loss issues for carer.
- Bereavement where the care recipient has passed away recently (last 8 weeks).
- Where there is risk of a breakdown in the caring relationship.
- Family conflict around the caring role.
- Transition issues relating to care recipient needing to go into residential care.
- The need to develop coping skills and problem solving techniques that are related to the caring role.

Under a single session work approach, a series of frameworks are used. At Merri Health these include Narrative and Solution Focussed frameworks. Our dedicated counsellors send a pre-questionnaire to the carer to complete prior to the session. This helps the carer prepare for the session and encourage thinking about issues they would like to explore. The sessions are a 90 minute discussion. During and at the conclusion of the session, additional resources are offered to the carer, including the offer of a *therapeutic letter*. A post appointment call is made to review the situation and offer an additional single session if required.

The *therapeutic letter* adopts a Narrative Therapy approach which intends to document the counselling conversation. The aim is to highlight people’s knowledge and skills and acknowledge ‘insider knowledge’ as opposed to ‘expert knowledge’. The letter allows for reflection, both for the writer and the person receiving the letter. It provides an opportunity for further questions and exploration and deeper personal connection and rapport to be built.



Feedback from carers in relation to the Narrative Therapy approach has been positive with carers reporting that they are able to identify strategies and new ideas to assist with maintaining improved health and wellbeing, thereby reducing carer burden.

## 2. Supporting All Carers

The following provides some additional information in relation to Merri Health's experiences in delivering carer support services to key target groups.

### Young Carers

Merri Health supports the concept that young people with caring responsibilities are a very unique group who require a targeted approach to service delivery. This was evidenced through a consultation we held in April of this year.

At this event young carers expressed the importance of engaging with other young carers in their age group and in similar situations. They strongly value the peer support model that provides opportunities to talk about their shared experiences and participate in activities that assist with building confidence and skills relating to their caring responsibilities. Merri Health is using the evidence gathered at the consultation to undertake a program refresh to take account of the expressed needs of the young carers.

### Aboriginal and/or Torres Strait Islander Families

Merri Health has increasingly focused on building our capacity to engage with and increase delivery of services to the local Aboriginal and Torres Strait Islander community.

Merri Health launched our Reconciliation Action Plan in May 2015. This was developed in consultation with local community members and outlines our vision for Reconciliation through acknowledgement, organizational change, staff development, community consultation and service delivery.

At the service delivery level, Merri Health has been building our capacity to work more effectively with Aboriginal and/or Torres Strait Islander families. We have implemented a service delivery protocol which outlines details and principles for staff to follow when working specifically with Aboriginal and /or Torres Strait Islander people. The aim of the approach is to ensure streamlined, quick access to our services and to ensure continuity of care is received by the family. The protocol also outlines that services delivered:

- Are respectful of Aboriginal and/or Torres Strait Islander people, their history, culture and beliefs.

- Take into account barriers impacting on Aboriginal and Torres Strait Islander families accessing services.
- Are culturally appropriate, culturally inclusive and promote a feeling of trust and safety for Aboriginal and Torres Strait Islander families.
- Are based on good practice principles of how to commence service delivery to and complete assessments with Aboriginal and Torres Strait Islander families.
- Are family centred, based on different approaches, styles and strategies to adopt when working with Aboriginal and Torres Strait Islander families.

### LGBTI Community

It is vital to take into account people who identify as LGBTI, same sex attracted or gender diverse when designing and delivering services in the community. It must also be taken into account that while many carers do not themselves identify as being part of this community, they may have caring responsibilities for someone who does. Specific issues related to LGBTI carers can include:

- Increased social isolation as a result of fear of discrimination.
- Potential lack of other supports for care and respite.
- Lack of support to carer to debrief and talk about issues and challenges of caring.

Merri Health is one of only eight organisations across Australia that is Rainbow Tick Accredited. This means that our services meet particular standards as summarized below.

- The organization embeds LGBTI-inclusive practice across all organizational systems and continuously seeks opportunities for improvement.
- Services and programs identify, assess and manage risks to ensure the cultural safety of LGBTI consumers.
- Professional development is provided to ensure all staff in the service are confident about LGBTI-inclusive practice and understand their responsibilities in relation to service delivery to LGBTI consumers.
- LGBTI consumers are consulted about, and participate in, the planning, development and review of the service.
- LGBTI consumers feel safe to provide personal information, including disclosure of sexual orientation or gender identity because they know systems are in place to ensure their privacy.
- Access and intake processes send a message of welcome to LGBTI consumers.



## Support when caring changes or ends

Merri Health recognises that changes to the care relationship, such as death or permanent placement may have a significant impact on the carer's sense of identity. Therefore, Merri Health supports a transition period for carers to ensure they are supported through this adjustment period.

Whilst not all carers will wish to access this support, it may assist others to adjust to their changed circumstances without the Care Recipient. Services may include counselling, and assistance to re-engage with employment/education and recreational activities.

## Summary

Merri Health appreciates the opportunity to comment on the draft Service Concept and is committed to improving outcomes for carers in our community. Merri Health would be pleased to share our experience and examples of recent innovations that are relevant to the concepts articulated. We would also welcome the opportunity to pilot areas of the proposed integrated carer support service as part of the implementation phase.

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