Responses to the DRAFT Service Concept for the Integrated National Carer Support Service Concept

Question 1.

How to raise awareness for individual carer early in their caring journey?

Broad generic advertising on television, radio and investigate the opportunity to do a reality television show highlighting the role of a family carer, could be quite interesting with some of the stories I have heard.

Include “awareness” of family carers and their needs in medical training for doctors, nurses and paramedics.

How to raise awareness for young carers?

The whole school population should be made aware of family carers and the caring role. This information could be incorporated into the Health and Society subjects early on in primary school so that carers are identified early and supports provided.

Information provision?

Ys information needs to be tailored to meet the needs of individuals. Specific information on topics that are relevant to each role and situation and essential e.g. young carer, people caring for loved ones with Dementia, carers of people with disabilities.

Question 2

Intake processes?

Intake process at gateway benefits carers when;

Use of suitably trained and experienced personnel who are responsible for taking details at this time so that the carer only has to share their story once and receive an explanation of how services operate and what is available.

Opt in options for emergency respite situations and a call back provision where chosen is essential.

Limit the intake to collection of basic contact and condition of person being cared for information for registration.

Referral to respite and mentor/peer support services requires more information that should be gathered by the service delivering the supports.

Question 3

Education and encouraging carer to access education.

Making delivery systems of program flexible to meet the needs of carers with some online, support in updating skills to use new technologies and the internet systems, financial support to access internet based systems, some group study is subject and carer prefer this style, and the ability to also do remote home study with a contact person to speak with face to face for additional support.

Individualised to meet the knowledge required. Most carers require skills to complement their caring roles and duties they are performing on a daily basis.

First aid

Medications

Manual handling

Personal care

Dementia awareness

Dealing with stress

Responding to a crisis

Longer term benefits for the carer will come from education of skill sets in resilience and wellbeing.

How can ICSS help carer access education outside carer focused supports?

Provide financial assistance

Provide respite options available for periods of time to access programs and study time.

Financial support to carer to access internet and IT equipment if required

4. Peer Support

How can the delivery of peer support be cost effective nationally?

It is essential to have a facilitator to guide and manage groups of people, facilitators are required as a point of contact for the group participants to know what, where and when to go. This person can also usually be a go to person for issues and information.

Generally once a group is established and peers have formed friendships then other group members can take on the facilitator’s role.

Guest speakers are provided free of charge from organisations that provide community education on services, such as Council of the Ageing, Aged Tights Advocacy Service, Legal Aid, Community policing, pharmacists, Road Side Assistance and respite services.

Access to peer supports?

The Carers I know have consistently responded that peer support groups along with mentoring are their lifeline to reducing isolations and depression. A less structured approach to accessing this support would I feel encourage people to attend as well as more options on the types of groups, age groups and places and activities they can do.

5. Needs identification and planning

To what extent should goal based planning be used at the assessment stage?

Planning toward a carers goals needs to be teased out after a relationship is established between the carer and mentor. Limited planning other than practical support or goals already identified by the carer can be established at the initial contact/ assessment stage.

Goals based planning can always be beneficial but the person/carer needs to first be able to understand the principle and benefits to the process.

Self-assessment?

Again the person conducting the assessment would require a certain level of skills and understanding to achieve this effectively.

6. Multi component intervention – direct payments

6.1. How to allocate supports to carers who will benefit the most? Criteria for determination.

Carers who are willing to participate in the key components of a multi vacated support system are more likely to gain increased benefit from supports.

Key elements include education, peer support and voluntary involvement in the continued support to the services providing support and the facilitation of peer groups and membership in advisory groups.

Criteria would be assessed at the initial assessment by determining the person’s willingness to participate in multiple aspects of the support grogram and reviewed at annual re-assessments.

6.2. Consumer Directed Care – How can we assist carers to ensure they spend the funs appropriately on supports that benefit them without large administrations burdens?

A hardcopy guide for specific supports and services appropriate for carers to access including peer groups, mentors, respite and education programs.

Some mentor support to navigate systems and online guide to do same. Peer support networks on social media as guided support.

Multi – component support: Carer mentoring

1. When would a coaching program be most effective for a carer?

Towards the beginning of their carer journey and when significant needs arise or caring role changes.

Some programs tailored to end of life or cessation of caring role.

2. Should intermittent contact be a mandatory part of the service? Or should mentors be able to determine whether the carer has the capacity to forgo coaching until another time?

You will find that carers themselves will determine this in most cases.

Mentors can encourage people to receive supports if the determination is that it is required but the person has to be willing to accept the supports offered.

Therefore mentors should make the determination at assessment or if further contact is initiated by the carer a reassessment is performed to determine the person’s capacity for the coaching offered.

Multi – component – Respite

1. Will a move to more of a CDC model, where funding is attributed to an individual carer result in unintended effects? What might these be and how can they be mitigated?

Unintended effects could include the current issues of the mind field of services and choice available which at times can make it more difficult and confusing for some, mainly elderly carers in accessing services.

Generally the CDC model is ideal for all carers and when support is provided with brokerage and coaching carers do not have any issues with this. In fact it becomes a part of their care plan and they are more likely to focus on their own needs when they are reassured they have regular access to suitable respite in an ongoing basis.