

## **Victorian Carer Services Network (VCSN) Response**

The Victorian Carer Services Network (VCSN) consists of representatives from Carer Respite and Commonwealth Respite & Carelink Centres across the State and Carers Victoria. The VCSN members work collaboratively to build accessible, responsive and integrated support for carers.

The VCSN endorses the position of the CRCC National Working Party and submits the following additional feedback from a Victorian perspective for consideration in the further development and design of the Integrated Carer Support Service Concept.

### **AWARENESS**

It is imperative that MyAgedCare, NDIA and the National Carer Gateway develop robust methods of interface and cross referral pathways so that both carer and care recipient can be identified and appropriately linked in to the service systems best able to support them.

Increasing awareness of carers within the health care sector is a significant opportunity to identify carers earlier in their caring journey and support a preventative focus within the integrated carer support service system. For example:

- Embedding modules on carer health and wellbeing and the complexities of the caring role, into tertiary education for health professionals, and ongoing health professional education programs.
- Integrating identification of informal carers into routine health professional assessments, particularly in hospital and GP settings. Many new and hidden carers could be identified through hospital admission and discharge processes, and by GPs, in the context of a new diagnosis or functional decline in the care recipient. This can be as simple as asking the person with ongoing health needs / disabilities about who assists them at home. Once identified, carers can then be offered information about and/or connection to appropriate services.

The Victorian Carers Recognition Act (2012) formally acknowledges the contributions that carers make, including a right to 'have their social wellbeing and health recognised in matters relating to the care relationship' and 'be respected and recognised as an individual with their own needs'.

Feedback from carers to the Victorian CRCCs indicates that many service providers and/or healthcare professionals may be unaware of their obligations under the Act.

### **INFORMATION**

VCSN notes that there is considerable overlap between the service types Information and Education as described in the Concept. We agree with the position promoted in the service Concept, that information beyond factual service and entitlement information is most beneficial when provided within an educational or individual support context. For this reason, we believe that discussion and exploration of care recipient conditions, implications, future planning, and carer health and wellbeing are more appropriately delivered as part of Education or Mentoring service types.

The National Carer Gateway is a well placed platform from which to provide general information – what supports or services are available, associated costs, how to access services, locations, phone numbers, resources and online forums for carers, and generic information about health and wellbeing. However, information provision about locally available services and about particular situations that impact on the carer should be a part of the individualised supports offered at a local level so that response can be flexible and tailored to meet the specific needs of an individual carer at whatever point they are at in their caring journey.

## **INTAKE**

While the process of Intake is designed primarily to connect carers with appropriate services and supports, the information collected can also provide important data on service demand and supply and who is accessing these services. If Intake is not mandatory across all service types then any data collected will be skewed; further, the opportunity to better understand access and usage patterns and improve services and outcomes for carers may be missed. There is benefit to both carers and the service system in reducing the burden of Intake. In an environment where national platforms to access services are in place (MAC & the National Carer Gateway) the opportunity exists to create a central client record that can be accessed by all potential service providers. This would benefit carers by reducing the need to retell their story as they access different services.

## **EDUCATION**

Whilst we acknowledge the value of providing a range of online educational activities for carers there are also many limitations to this form of education - availability of computers, carer literacy levels, access to reliable internet, and socioeconomic considerations are some of the common barriers that carers may encounter. Education therefore needs to be designed to be flexible and responsive, and multiple modalities are required to ensure no carer is isolated from potential educational opportunities.

The emphasis should be on what a carer has gained from the education undertaken rather than completion rates. Online education could be offered in standalone modules. This would assist time-poor carers to select what is most relevant to them at the time. Persistent non-completion of a particular course or module may indicate need for review of content or suitability for the online modality. A robust feedback and evaluation mechanism should be integrated into education programs.

Delivery of online education on topics with high emotional content should consider how carer distress will be responded to and the need for referral on identified. This should apply to both moderated group education and self-paced individual learning.

Local, face to face education provides an environment where carer emotions can be appropriately supported, and may be a more suitable mode of delivery on more sensitive topics. Locally-delivered education is responsive to the local carer population, can be tailored to the specific needs of the local groups, and is therefore well-placed to engage carers in education programs and respond to their particular needs. State or regionally based hubs could be established to advertise and maintain information regarding educational opportunities, both through Carer Support Services and the broader network of local services. The National Carer Gateway would be well placed to provide links to these hubs.

Consideration could also be given to offering carers access to accredited training or competencies that carers can then build on if looking at further education or return to employment, consideration also needs to be given to carers when the caring role ends.

## **PEER SUPPORT**

Peer support is an effective way of extending a carer's informal networks, reducing isolation and building resilience. Peer support can be both a direct service type, such as via carer support groups, and an outcome of other service types delivered within a group setting, such as education or carer retreats.

Carer support groups are a valuable means of peer support. Provision of centralised resources for facilitators will ensure they have access to appropriate support. VCSN supports the development of quality assurance measures to ensure appropriate delivery of this service type.

More cost-effective approaches might include the facilitation of informal support networks that are self-sustaining. For example, both multiple session education courses and carer retreats that include disclosure and sharing of caring experiences often create strong connections between participants. This facilitates the development of an informal support network and friendship group which continues to meet regularly.

VCSN would support the collection of basic demographic data from carers accessing peer support delivered through the Integrated Carer Support Service, to enable better understanding of access and usage patterns within this service type and identify opportunities to improve services and outcomes for carers.

## **NEEDS IDENTIFICATION & PLANNING**

Goal based planning conducted in partnership with the carer is critical to ensuring supports are individually focused, provide best use of resources, and enable clear measurements of outcomes for carers. Establishing goals flows naturally from assessment of need and should be part of all support planning, whether or not a carer will be receiving a funded package or other financial allocation. Goal-based planning is an effective means of identifying a broad range of resources available to carers that go beyond funded services, including utilisation of informal supports, community-based supports and referrals into the broader health and community service system or specialist services.

A carer self-assessment component could be included within the standard carer assessment.

## **MULTICOMPONENT PACKAGE**

We strongly support the position presented by the National CRCC Working Group in response to this service.

We agree that greater benefit may be derived from a combination of service types. However to be truly carer driven, flexible and responsive the Integrated Carer Support Service needs to be able to deliver service components either singly or in any combination, that reflects assessed need, including priority, and agreed goals.

## **FINANCIAL SUPPORT**

Financial support should be available as a standalone service type. Extensive planning is not always required. Tying it to carer mentoring and respite potentially increases the cost of delivering this form of support.

It is not uncommon for care recipients to decline in-home or residential respite, most frequently occurring for mental health carers. Financial support should be available outside of traditional notions of 'respite' so carers are not denied this form of support.

## **CARER MENTORING**

This is well aligned with the Victorian Carer Support model, which includes carer assessment and support planning, and may also incorporate (in any combination) individualised information on services and entitlements and assistance to access these, education, brokered respite and referral to a broad range of health and community services. VCSN advocates that Mentoring be available as a stand-alone service type.

## **RESPITE SUPPORT**

The VCSN strongly supports the value of this service component. Within the current service system there is considerable blurring in the use of respite for carer needs and for topping up services for the care recipient. We suggest consideration be given to distinguishing between appropriate and safe level of service being provided to the care recipient, and specific respite support for the carer.

Group respite in the form of carer retreats is a form of support that is greatly valued by carers. In addition to providing respite, retreats typically include an education component and peer support. Feedback from carers indicates that the impact of a retreat can be a turning point for carers who then go on to take up services and attend to their own needs. Consideration should be given to how group respite might be funded.

VCSN supports the availability of real choices in respite for carers. There is currently great variety in the accessibility and responsiveness of different respite types. Brokered in-home respite is most accessible and within metro areas can be arranged quickly with an appropriately trained worker; it is flexible according to need and relied upon by carers of people with higher or more complex care needs. At the other end of the spectrum, residential respite presents a number of barriers; it has a high administrative and entry burden, long minimum length stay, less individualised care and loss of usual activities often resulting in a decline in function. There has been a steady decline in availability of dedicated respite beds, which makes it difficult for carers to take a planned approach to respite care. This results in greater demand being placed on in-home respite services which are more costly to provide. Consideration should be given to ensuring the availability of dedicated respite, whether in residential facilities or purpose-built respite cottages, to ensure carers are able to use respite in a planned way. Up to date and accurate information on respite availability could be accessed via MyAgedCare and the Carer Gateway to support carers to navigate services independently, and as a resource for the Integrated Carer Support Service to aid the respite planning function.

Respite support should be available as a standalone service type.

**SUPPORTING ALL CARERS**

VCSN supports the National CRCC Working Group submission in support of the needs of ATSI and CALD carers, and adds that similar attention also needs to be paid to the needs of LGBTI carers across the nation.